

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Wednesday 6 August 2008, in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 1:30pm

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Board Members

Pat Snedden (Chair)	Jo Agnew
Susan Buckland	Harry Burkhardt
Dr Chris Chambers	Rob Cooper
Dr Brian Fergus	Dr Ian Scott
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker
Ian Ward	

Management in Attendance

Garry Smith – Chief Executive
Roger Jarrold – Chief Financial Officer
Greg Balla – Director Performance and Provider Development
Taima Campbell – Executive Director Nursing
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager HR Operations
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 2:02 pm.
There were no declarations of conflicts of interest relating to any agenda items.

2. CONFIRMATION OF MINUTES 2 JULY 2008

Moved Susan Buckland, seconded Seiuli Dr Juliet Walker

That the minutes of the Auckland District Health Board meeting held on 2 July 2008 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 2 JULY 2008

Half Day Re-Orientation

Only one response had been received to the proposal to have a half day re-orientation. Suggestions are to be forwarded to the Board Administrator.

One Pager “Issues”

This had been actioned.

4. MINISTRY OF HEALTH – OUR HEALTH JOURNEY

Dr Jim Primrose from the Ministry of Health presented to the Committee on the “Our Health Systems Journey” with a Primary Healthcare focus, building on the papers in the agenda which had provided background. His presentation covered:

- The environment of an aging population, inequalities and workforce challenges with, in 2004, 55,000 over 65 expected in 2051 to be 320,000.
- Chronic diseases increase with age and 30% of children are over weight or obese.
- Development of the Primary Care Strategy to decrease inequalities at a cheaper cost.
- 80 PHOs established since 2002 with 4m people enrolled with a 50% reduction in scheduled fees, 28% of population accessing low cost and cheaper pharmaceuticals with improved utilisation of services.
- GPs visits with new approaches, particularly for chronic conditions, with a 50% reduction in barriers to access.
- Improvement in data including NHI and ethnicity.
- With diabetes 66% of Europeans, 75% of Maori and 83% of Pacific already diagnosed with control similar to US academic centres.
- Child immunisation rates had improved with Pacific doubling from 45% to 80.7%.
- Trends in smoking 1996 – 2007 had shown significant decreases, including for Maori.
- Indicators of health status improving with life expectancy rising over the last 9 years, a continued decline in deaths from cardiovascular disease and people rating their health status as good or excellent improving.
- Non Maori – Maori differences in life expectancy at birth had shown the gap closing from over 15 years to 7 years.
- The question of what service models would be successful in the new environment with keys being greater DHB leadership in primary healthcare development, positioning PHOs as the change agents and reviewing current incentives.
- Aligning system wide performance measures and monitoring and ensuring that all performance information is publicly available.
- A different approach would require vision, leadership, reliable data and evidence and improved relationships.

The Board thanked Dr Primrose for a very informative presentation.

7. CHIEF EXECUTIVE OFFICER

7.2 Highlights 2007 - 2008

Garry Smith presented to the Board and tabled achievements for the year ended 30 June 2008. Lifting the Health of the People of Auckland City included HEHA, an intersectorial approach being a member of the Committee of Auckland, enhance primary interface between diabetes centre and primary care and other initiatives. Leading Performance Improvement was the Buchanan Rehabilitation Centre becoming smoke free, celebration of 100 years of delivering Oral health services, baby friendly accreditation and ACH being selected as one of 8 hospitals in the world for the pilot study of Safe Surgery Saves Lives introduced by Professor Alan Merry. AVERT was an early intervention strategy for stroke victims. There was a new graduate programme established in CVICU and DCCM to address workforce issues. Living Within Our Means was achieved with breakeven in 2007 – 2008 with the financial performance improving by over \$14m.

The Board thanked the CEO and his support team and all staff for the achievements made in 2007-2008.

7.1 CEO Report – June 2008

This report was taken as read.

Moved Ian Scott, seconded Chris Chambers

The ADHB Board thanks the CEO and his support team and all staff for the achievements made in 2007-2008.

Carried

8. FINANCIAL REPORT – JUNE 2008

Roger Jarrold, Chief Financial Officer reported to the Board with an emphasis on the future. This included doing what ADHB does well with improved rostering, planning and scheduling using prediction production planning tools. There is still a need to operate as one hospital as demonstrated by the full capacity in Auckland City Hospital being supplemented by beds in Children's and Women's so there was a need for systems to look across all services for forward planning. Challenges going forward were wage increases outstripping FFT with that gap needing to be closed. Budgeting could be improved by having a combination of both bottom up and top down as individually bottom up became a wish list and top down did not get organisational buy in. There needed to be further expenditure in IT and on facilities.

The MoH had been very supportive of ADHB and that open relationship needed to be maintained. With the other regional DHBs coming under financial pressure there needed to be a better way of working with them in both capital and service planning taking a view of planning for 1.5m people not just each DHBs population. While there was regional service planning and arriving at service solutions, these tended to be hampered when pricing was applied with the requirement to break even in each DHB. What was needed was a fiscally neutral regional approach supported by the Crown. One approach being applied to the 5 true regional services was to pool the share of PBF for that service and manage it within that funding.

The Board requested that the CEO provide a paper on defining the regional problems to get clarity on the issues.

Moved Ian Scott, seconded Bob Tizard

That the Board notes the financial report and results for the year ending 30 June 2008 and thanks the CFO for his financial leadership.

Carried

6. COMMITTEE REPORTS

6.5 Quality Committee

Brian Fergus advised that the Committee had reviewed where they had come from during the year and were fortunate in having a CEO committed to quality. Quality information was required which included relationships with the private sector in insisting on quality in providers funded by ADHB. There was a need for national protocols on the private/public interface with development of private services such as radiotherapy. It was noted that the Clinical Board was doing some work on this to inform the debate.

6.4 Pacific Health Advisory Committee

Seiuli Juliet Walker reported that the Committee had received a presentation on the HPV vaccination programme with the Committee advocating an educational approach. The Pacific Mainstream Responsiveness Plan would be going to the CPHAC with cultural responsiveness being viewed as a quality issue. AuckPac had presented on the HVAZ screening and the connections between communities, churches and PHOs. The Committee had also received a presentation on the Pacific Workforce Development Plan. The Committee had developed and members were committed.

6.2 Disability Support Advisory Committee

Susan Buckland reported that there had been new members of the Committee in attendance. The Interim Funding Pool had been on the last three agendas with the move to devolution and a need to solve the boundary issues. Taikura Trust, a provider for disabled persons under 65, had presented to the Committee. The Auckland Disability Research Project into the profile of the disabled population in Auckland was expected at the November meeting.

6.3 Maori Health Advisory Committee

The Committee had had discussions on immunisation with a need to make improvements with Planning and Funding and PHOs being requested to come back with strategies. The Committee had endorsed the Primary Healthcare Plan. The Committee was clear on what they wanted achieved in improving Maori health gains.

6.1 Audit Committee

There were a number of approvals recommended to the Board.

6.1.2 Expenditure Proposals

Deed – Authorisation for Execution

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board authorises the change of signatures as specified to sign Equigroup Finance Ltd IT Leases.

Carried

Contract Renewals

Moved Harry Burkhardt, seconded Ian Ward

That the Auckland District Health Board approves the renewal for service contracts with Salvation Army New Zealand Trust MHCR07, MHCO1C and MHCSO1C totalling \$6,124,295.56 and Odyssey House Trust MHCR07, MHCR19, MHCS36A and MHCSO1C totalling \$8,248,619.43 and authorises the Chief Planning and Funding Officer to sign the contract on its behalf.

Carried

Helipad Car Park Extension

Moved Harry Burkhardt, seconded Brian Fergus

That the Auckland District Health Board accepts the revised price of \$3,473,000 (excluding GST) for the Helipad Car Park Building extension.

Carried

6. COMMITTEE REPORTS

Moved Rob Cooper, seconded Harry Burkhardt

That the reports from the five committees be received.

Carried

Leave of Absence

Ian Scott and Jo Agnew applied for leave of absence for the next meeting. Rob Cooper expressed his appreciation for the words and support from the Board on the death of his brother.

9. PUBLIC EXCLUSION

Moved Pat Snedden; seconded Brian Fergus

That, in accordance with the provisions of Schedule 3, Clauses 32 and 33, of the New Zealand Public Health and Disability Act 2000, the public be excluded for consideration of Item 8.1.

The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:

<i>General subject of each matter to be considered:</i>	<i>Reason for passing this resolution in relation to each matter:</i>	<i>Ground(s) under clause 34 for the passing of this resolution:</i>
9.1 Confidential Minutes 5 March 2008 9.2 Confidential Minutes 2 July 2008 9.3 Community Laboratory Services Contract	<i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i>	<i>That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.</i>

Carried

10. GENERAL BUSINESS

10.1 Delegation Appeal Court Decision

Moved Rob Cooper, seconded Ian Scott

That the Auckland District Health Board approves delegation to the Board Chair to manage initial response and process requirements for the Appeal Court judgment release.

Carried



11. NEXT MEETING

The meeting closed at 5:10 pm

The next scheduled meeting is
1:30pm, Wednesday, 3 September 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: