

## AUCKLAND DISTRICT HEALTH BOARD

### COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee  
meeting held on Wednesday 4 June 2008 in the  
Marion Davis Library, Building 43, Auckland City Hospital, Grafton  
commencing at 9:00 am**

#### 1. KARAKIA, ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

##### **Committee Members**

Pat Snedden (Chair)  
Susan Buckland  
Dr Chris Chambers  
Dr Ian Scott  
Ian Ward

Jo Agnew  
Harry Burkhardt  
Brian Fergus  
Bob Tizard

##### **In Attendance**

David Hunter, Chair, ProCare Network Auckland  
Jude Keys, CEO, ProCare Network Auckland  
Harold Van Blommestein – Tihi Ora Mapo

##### **Management in Attendance**

Garry Smith – Chief Executive  
Dr Denis Jury – Chief Planning & Funding Officer  
Dr David Sage – Chief Medical Officer  
Kerry Hiini – Funding & Planning Manager  
Dr Celia Palmer – Clinical Leader, Planning & Funding  
Janice Mueller – Director Allied Health  
Aseta Redican – GM Pacific Health  
Ian Bell - Board Administrator

##### **Karakia, Attendance and Apologies**

The Chair declared the meeting open at 9.02 am.  
Kerry Hiini commenced the meeting with the karakia.

An apology had been received from Rob Cooper and the Committee expressed its condolences to him on the death of his brother. Further apologies had been received from Seiuli Dr Juliet Walker and Naida Glavish.

Moved Pat Snedden, seconded Brian Fergus

*That the apologies be sustained.*

Carried

Pat Snedden advised that his statement of interest in the Interest Register needed amendment with his stepping down from the ASB Community Trust. There were no notifications of conflicts of interest for any item on the agenda.

Moved Pat Snedden, seconded Bob Tizard

*That the Interest Register and notifications of no conflicts of interest be noted.*

Carried

## **2. CONFIRMATION OF MINUTES 7 MAY 2008**

Moved Jo Agnew, seconded Susan Buckland

*That the minutes of the Community and Public Health Advisory Committee meeting held on 7 May 2008 be confirmed as a true and correct record.*

Carried

With regards to Item 7, Emergency Contraceptive Pill and Health Promotion, Brian Fergus and Ian Ward asked that their vote against the recommendation be recorded.

## **3. ACTION TABLE 7 MAY 2008**

Information on developing relationships with PHOs was contained in Item 4.

## **4. PRIMARY HEALTH ORGANISATIONS IN AUCKLAND CITY**

The Committee was advised that relationships with PHOs were steadily improving with formal meetings of the PHO CEO forum and the Primary Care Clinical Advisory Group as well as through informal communications. Procure covered 80% of ADHB's population but did have conflicts with their regional spread with different priority demands from other DHBs. Another concern was the viability of smaller PHOs. The Committee asked that PHOs be scheduled to present to the Committee.

The structure did not support changes that ADHB wished for primary care an example being a wish to do more minor surgery at primary care level but the systems and incentives in the systems did not encourage PHOs.

The Chair advised that he had visited each PHO and observed that a number of things were going well and a number not so well. The connections with PHOs had not been as he had seen while at Counties Manukau and he saw the development of the Primary Healthcare Plan as being very important. Of PBF funding of \$800m half goes into non hospital services of which \$100m is in the Aged Residential Care contract. This demonstrated the large amount of activity being undertaken in primary care, comparable with the activity in the hospital, with ADHB taking a whole system emphasis including the primary care/secondary care interface and relationships.

The Primary Healthcare Plan was to implement the Primary Healthcare Strategy and involved all stakeholders with the Plan initially going to PHO Boards for feedback and then for general consultation. Tamaki PHO feedback had overall been positive and they had made some contributions and Procure commented that the Clinical Director and Primary Care Manager would be invited to their next Board meeting. They saw the Plan as being very positive. They had trained GPs that could do minor surgery and were

moving to have this recommenced. The Primary Healthcare Plan was important to initiate different ways of working and developing relationships. Information was one of the key things in the plan and IT were on a working party to agree principles relating to data.

It was suggested that the Plan needed measuring points such as “Get Checked” and Immunisation to measure health advances and outcomes. Immunisation rates were steadily improving however with “Get Checked” it was more difficult with issues of IT, a relatively low payment and a difficult template to use which made GPs reluctant to participate. There was international evidence that investment in primary care improves health outcomes and the measures to get a bigger picture needed to be greater than the narrow focus on immunisation and “Get Checked”. ADHB was using virtual networks to communicate ADHB’s services with funding extended to primary care to be included on Healthpoint and communications through PHOs on waiting lists. The Clinical Board was also addressing the question of interaction between primary care and private practice with secondary services.

The Committee confirmed the request to have PHOs present to the Committee and ask for key performance measure stemming from the performance management programme to be advised. It was noted that the After Hours Plan project would dovetail into the Primary Healthcare Plan.

Moved Pat Snedden, seconded Susan Buckland

*That the Community and Public Health Advisory Committee notes the issues and the way ADHB is working with PHOs, requestes a schedule of presentations to the Committee from PHOs and evidence of PHOs performance through key performance measures through the performance management programme.*

Carried

## **5. ADHB TOBACCO CONTROL PLAN**

Jan Marshall, Smoke Free Coordinator, was in attendance. It was a MoH requirement to have a Tobacco Control Plan with the emphasis being on cessation particularly with Maori, Pacific and parents. Work was being done in schools starting with 11 year olds and working with their parents to try and stop them smoking before age 20. There was also work being done with Counties Manukau and Waitemata on a consistent regional approach. The downward trends were a Public Health success story. The question of taxation was a matter of a Government policy and political will. The aim of ADHB was that anyone entering primary care or secondary care is asked about smoking and offered access to cessation support.

Moved Chris Chambers, seconded Ian Ward

*That the Community and Public Health Advisory Committee:*

1. *Notes the content of the draft Tobacco Control Plan and possible implications for funding in out years.*
2. *Notes that only limited consultation has occurred to date.*
3. *Notes that a regional component is being developed in conjunction with CMDHB, WDHB and Auckland Regional public Health Service (ARPHS).*
4. *Notes that a draft final plan is due to be submitted to the Ministry of Health by 30 June 2008.*
5. *Notes that a final plan will be developed once the regional component has been finalised.*

Carried

## **6. PLANNING AND FUNDING MONTHLY REPORT**

### **Maori**

The Maori Health Advisory Committee had received a report which highlighted the work being done and the areas that needed focus on for improving Maori health outcomes including KPIs. They had been updated on Did Not Attends (DNA). DNAs were everyone's business and meetings were being held with the GMs to target areas where improvements could be quickly made and test systems as to where barriers were. There was planning for workforce development and development of career pathways for Maori.

### **Pacific**

Healthy Village Action Zones (HVAZ) worked in with the Primary Healthcare Plan. The Pacific Health Advisory Committee had met and identified five priority areas with a suggestion of a Summit however the proposed August/September timeline was unrealistic and this may now be a smaller focused session this year with the aim of a bigger Summit next year. This would tie in with the development of the Strategic Plan. HVAZ had been nominated for the Health Innovation Awards.

A briefing paper was tabled on the Government Budget 2008 Announcements of which a number of the funding streams had been advised pre budget. It must be noted that much of the funding is over a 4 year period with this being included in FFT in outer years. The confirmation of elective funding supported the \$10m included in the District Annual Plan (DAP). The bedside verification of drugs project related to bar-coding for medication identification.

The DAP had been filed on time with a break even position, included electives and outlining the associated risks. A major programme being developed was the B4 Schools Check programme which would sit at the primary care level however the tight timetable was difficult for PHOs. It was noted that there was a potential to duplicate databases with this type of programme as well as immunisation registers etc.

The Primary Healthcare Plan would be coming to the Committee in the next month and it had a neighbourhood approach to primary care/community working better together through networks rather than structures. The Child Health Plan does set out aspirations and measures in terms of health outcomes.



Moved Pat Snedden, seconded Chris Chambers

*That the Community and Public Health Advisory Committee notes the Planning and Funding Monthly Report and the briefing paper on the Government Budget 2008 Announcements.*

Carried

The requirements for child palliative care were different from adults and sat outside the work being done by the Palliative Care Steering Group. The independent review of mental health pricing relating to treatment of overheads had gone well.

**7. GENERAL BUSINESS**

There were no items of general business.

**8. NEXT MEETING**

The meeting closed at 10:35 am

The next meeting is scheduled for  
9:00 am, Wednesday 2 July 2008  
Marion Davis Library  
Building 43  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....**DATE:** .....