

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday 6 August 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

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

In Attendance

David Hunter, Chair ProCare Network Auckland
Jude Keys, CEO ProCare Network Auckland
Tereki Stewart – CEO Tamaki Healthcare PHO

Management in Attendance

Garry Smith – Chief Executive
Taima Campbell – Executive Director Nursing
Lisa Gestro – Planning & Funding Manager
Kerry Hiini – Planning & Funding Manager
Janice Mueller – Director Allied Health
Dr Celia Palmer – Clinical Leader Planning & Funding
Aseta Redican – GM Pacific Health
Ian Bell - Board Administrator

Karakia, Apologies

The Chair declared the meeting open at 9.07 am.
Kerry Hiini commenced the meeting with the karakia. Apologies had been received from Denis Jury and Naida Glavish. There were no notifications of conflicts of interest for any item on the agenda.

2. CONFIRMATION OF MINUTES 2 JULY 2008

Moved Jo Agnew, seconded Susan Buckland

That the minutes of the Community and Public Health Advisory Committee meeting held on 2 July 2008 be confirmed as a true and correct record.

Carried

4. TAMAKI HEALTHCARE PHO PRESENTATION

Tereki Stewart, Chief Executive Tamaki Healthcare PHO and Dr Materi Hawera presented to the Committee.

Tamaki Healthcare had commenced in 2003 with 3 practices and 10,000 patients which had grown to, in 2008, 16 practices and 45,000 patients. The PHO was unique in that it was Maori led focusing on a high needs population and low cost access with fees \$16 or less to see a GP and \$35 or less to visit a Whitecross after hours clinic. Governance of the PHO was through a ten member board with a strong Maori focus but also including representatives of the School of Population Health and a Pacific people's representative.

The population was of diverse ethnicity with a younger age profile but higher deprivation skewed to Quintile 5. As an indicator of unique health needs, deaths for European were in the majority in the 65 plus age group where as Maori were in the 25-64 age group. The top causes of avoidable Maori mortality were heart disease, lung cancers, chronic respiratory diseases, road traffic injury and low birth weight babies. Potential avoidable hospitalisations had major discrepancies for Maori. The services were outlined and looking forward there was a focus on long term conditions, supporting practices and self evaluation and research. In summary the PHO was a Maori led organisation servicing a large high needs population with a focus on long term conditions and a population health approach through better engagement with practices and communities. They were a finalist in the Health Innovation awards in 2007.

Wellness checks were made to prevent long term conditions such as CVD and diabetes. There were prevention programmes of HEHA, physical and nutrition initiatives and smoking cessation. While there were no specific programmes for breast feeding, family violence or mental health or drug and alcohol addiction these were addressed as part of normal GP services. The approach was to influence practices and have community focused services. GPs did support interpreter services which included phone services as well as face to face. There was a MOU with AuckPac with a range of initiatives being undertaken jointly with AuckPac taking the lead for Pacific and Tamaki taking the lead for Maori.

The PHO had had to focus on what it could do, being a smaller PHO, with an aim of getting the biggest gains through prevention of long term conditions involving practices and the community. There needed to be clearer DHB priorities with more alignment of PHO priorities.

Work was undertaken with a paediatrician provided by Starship aimed at reducing hospitalisations. There was CVD research being undertaken with a paper to be published in the Medical Journal.

The focus was on implementing the Primary Care Strategy with strong support for the Primary Care Plan as primary care was such a significant part of health. The aim was to make the most health gains through targeted programmes.

The Chair thanked Tamaki Healthcare PHO for their informative presentation.

5. TAMAKI PLAN

Pat Snedden advised that he was Chair of the Tamaki Board of the Housing NZ project and that Garry Smith was also a member.

Frank Booth presented to the Committee outlining the Tamaki area and introducing the plan, outlining the issues and ADHBs involvement. The area has a population of 16,000 people in 5,000 households with high deprivation index with high unemployment and a young population. The ethnic composition is 39% Pacific, 34% European, 20% Maori and 7% Asian. In terms of health needs there were high levels of hospital admissions and high rates of long term conditions noting that influences on health were largely controlled outside of health i.e. related to employment, education, environment and housing. The objectives of the plan were to transform Tamaki into a healthy, safe and supportive community including quality affordable housing for a mixed and balanced community. A business case was being developed which will outline each agencies current and projected commitments and include more detailed planning for the first five years, including multi agency pilot projects. Social services would be built on a hub and spokes basis. The benefits so far were a better understanding of the whole of health services and better understanding of the whole of social sector services. The next steps were the completion of the business case having the Committee consider these, and then providing it to Cabinet.

While there was an anticipated growth of the population, timeframes were broken down into five year lots to allow realignment of the project to changing population profiles. Existing housing would be improved and the State Housing stock would not be reduced but there would be increased home ownership. There were nine agencies including Education, Housing and Ministry of Pacific Affairs represented on the Board. School and education issues were challenging. It was noted that it was important that the business plan work for the population that was there now so they were not displaced which had happened in Ponsonby and Grey Lynn. This would be addressed through security of tenure.

7. PLANNING AND FUNDING MONTHLY REPORT

Highlights were:

- Primary Care Plan was being finalised for consultation commencing from 15 August for six weeks. This would be available on-line and had been signed by all PHO Boards.
- Healthpoint site now included primary care and GP services.
- The Long Term Conditions Plan was work in progress.
- Belhaven Rest Home had closed with all patients relocated and key learning's were being shared across the country. There was now some appetite for changes to the contract and local variations including more emphasis on quality and staff.
- With Aged Residential Care there was debate on enhanced services which were outside of the contract and could concern 1,100 residents. Legal action may be taken.
- The Quality Framework in residential care was improving services with a 60% uptake in education initiatives. A "star" system was being advocated so that in the future community and consumers can access facilities. This would encourage participation as a sector rather than independent businesses. Two Practice Nurses were servicing the aged residential care sector.

The proposal for a programme in ADHB on preventing shaken baby syndrome was noted which raised the question of how long new mothers spent in hospital and the education time available to support them. The Committee requested a paper to inform the Committee on present practices to give women and family informed choice, length of stay and varying professional inputs including consumer and clinical practice views. This may take some two months.

Moved Ian Scott, seconded Bob Tizard

That the Community and Public Health Advisory Committee requests a paper on present post birth practices.

Carried

The question in risk for the Human Papillomavirus Vaccine (HPV) programme was raised however the programme was supported by Dr Rick Franklin who considered that it was one of the most outstanding pieces of science in the last 15 years. The issue raised the question of contrast between consumer and clinicians with the need for better conversations with a suggestion that it could be topic for a Grand Round. There had been additional revenue from the MoH related to health of older people aimed at low cost workers and this had been funded to providers although any direction to them on where to spend funds had been challenged in Court.

The Did Not Attend (DNA) report was in its final stages with strategies being developed. Other works related to Maori were long term conditions and HEHA initiatives. There was the Healthy Kai programme with its related public health initiative in Marae Based Food Control Plans. The Maori part of cardiac rehabilitation was having difficulty in recruiting a Maori nurse so there needed to be further redesign. Healthy lifestyle planners had been successful. The Committee Chair wanted the Maori priority to be noted and to be kept to the forefront of prioritisation, in conformity with Section 21 of the Public Health & Disabilities Act.

Pacific had held a Healthy Eating Healthy Action Fono at Ellerslie which had been fully supported which showed the power of connectiveness of Pacific and the HEHA team had had the whole room engaged. Hilda Fa'asalele advised that she was on MoH workforce group. There was breast feeding peer support training with key support from mothers and grandmothers to influence women and communities. This had also been discussed on Radio PI. The lack of capacity in the Pacific Family Support Unit was noted, it having three FTEs, however there was a person working two days with both Maori and Pacific heritage and an application for funding further FTE in January 2009 had been made.

8. GENERAL BUSINESS

Women's Health

The Committee was advised of a conference on 29 August 2008 on "20 Years after the Cartwright Report". The Health and Disability Commissioner's Office and Code of Consumer Rights had developed from that report. There would also be a presentation the coming Friday of the National Women's Annual Clinical Report.



6. ADHB INTERPRETER SERVICES

This item was deferred to the following month.

9. NEXT MEETING

The meeting closed at 11:40 am

The next meeting is scheduled for
9:00 am, Wednesday 3 September 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:**DATE:**