

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday, 18 March 2009 in the
Marie Hosking Room, Level 7, Building 14
Greenlane Clinical Centre
commencing at 2:00pm**

1. KARAKIA

Tepania Kingi commenced the meeting with a karakia.

2. ATTENDANCE AND APOLOGIES

Committee Members

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

In Attendance

Tepania Kingi – Ngati Whatua
Jude Keys - Procure

Management in Attendance

Garry Smith – Chief Executive
Taima Campbell – Executive Director, Nursing
Naida Glavish – Chief Advisor Tikanga, GM Maori Health
Dr Denis Jury – Chief Planning and Funding Officer
Janice Mueller – Director Allied Health
Aseta Redican – GM, Pacific Health
Ian Bell - Board Administrator

Apologies

The Chair declared the meeting open at 2:00 pm
Apologies had been received from Alfred Ngaro and David Hunter of Procure and Ian Ward advised that he would need to leave the meeting early.

3. CONFLICTS OF INTEREST

There were no notifications of conflicts of interest for any item on the agenda.

4. CONFIRMATION OF MINUTES 18 FEBRUARY 2009

Moved Lynda Williams, seconded Juliet Walker

That the minutes of the Community and Public Health Advisory Committee meeting held on 18 February 2009 be confirmed as a true and correct record.

Carried

5. ACTION POINTS 18 FEBRUARY 2009

CTA Funded Courses

This would be updated to the April meeting.

Pacific Family Support Unit

Discussion of resources and roles in the Pacific Family Support Unit was being undertaken with the services including how they could work with referral staff within the community. This also included discharge processes on what was done in handing over to primary care and this transition role. The GM Pacific Health would be making a recommendation to the CEO.

Community Laboratory Consultation

This had not yet been released publicly and the full report needed to be considered by the Board at their next meeting for public release.

9. PAPERS/UPDATES

9.1 PHO Presentation - AuckPAC

Winston Timaloa, CEO of AuckPAC PHO presented to the Committee advising that the PHO had operated for six years from April 2003 with a focus on high needs populations through ten practices. Diabetic treatment was from screening and getting patients into the Get Checked regime and then managing them through the Long Term Conditions framework. Two practices had high numbers of refugees and were contracted to identifying the refugees and what services they need and through that collection of data determining what support services, such as interpreter services, were required. This had funding of \$2m per annum for 3-4 years.

They were involved with HVAZ with ten churches participating in screening and work in the communities.

The Committee thanked him for his presentation and asked the support of the Committee be communicated to his Board.

9.2 Tobacco Management Plan

Paul Bohmer, Manager of Population Health Planning and Funding and Jan Marshall, Smoke Free Coordinator were in attendance. There were services provided to staff through Occupational Health with 30 people participating last year and a regular stream of staff seeking the service.

The focus was on training clinical staff and GPs to ask about smoking status and offer help etc and there was e-learning available. It was noted that youth smoking was decreasing with the number of people who had never smoked rising. Parental influence was very important. The region was working together to address the issue of funding at a regional level. Auckland Regional Public Health services had made submissions to support the removal from display of tobacco products.

Moved Ian Scott, seconded Susan Buckland

That the Community and Public Health Advisory Committee recommends that the Auckland District Health Board support the submission of the Auckland Regional Public Health Service to have tobacco products removed from public display for sale.

Carried

9.3 Emergency Contraceptive Pill Initiative Update

Wendy Hoskin, Planning and Funding Manager was in attendance. The Emergency Contraceptive Pill pilot project would be completed on 31 March 2009 and a formal report would be provided to the May CPHAC meeting. The cost was \$50 per dispensing and this had been discussed at the planning group and was considered a fair price. Posters associated with the pilot were in a number of languages. The question of a reduction in termination of pregnancy could not be answered as it was too early to get the necessary data to see if there was any correlation. The project needed a proper evaluation which should include comparison of costs of termination of pregnancy.

The Committee commented that it seemed illogical to have a pilot project if there was not a possibility of funding in the future.

9.4 SOI Update

The first draft of the SOI for 2009/2010 was due at the Ministry of Health on 25 March 2009. This would be brought to the mid April meeting of CPHAC and then to the Board with a final SOI due 15 May 2009. The Committee was asked to accept that the first draft would be submitted before there was an opportunity to review.

Moved Chris Chambers seconded Lynda Williams

That the Community and Public Health Advisory Committee notes that a draft of the 2009/2010 Statement of Intent (SOI) will be submitted to the Ministry of Health for review on 25 March 2009.

Carried

9.5 Continuing Development of 2009/10 District Annual Plan

The processes on the DAP over the last few weeks were outlined to the Committee with Appendix 1 showing the timeline and the Appendix 2 a reprioritisation tool being used to assess projects associated with the goals. In the first year projects priority would be given to improved patients experience, increase value for money and improve patient safety and quality with, within the second year, more focus on primary care and

population health improvement. It was noted that one of the Minister's priorities was Integrated Family Health Centres and this is being discussed with the MoH. ADHB's view was that services should be dependent on the make-up of communities.

There would be an attempt to get measurement of improved patient outcomes and satisfaction through the eyes of the consumer with these starting in ED, elective and outpatient services.

The use of the prioritisation tool was in the context of no service cuts and living within means with the resources that ADHB had. Appendix 3 showed the Minister's priorities.

The Committee would be kept informed of progress on the DAP.

The question of devolution of services to primary care, initiated by the Minister, was being worked through considering what services and how. ADHB had funding of \$600k and initial thoughts were consideration of diagnostics in the community and minor surgery although it was unknown what services were provided in primary care now and there may be an issue with co-payments.

6. PLANNING AND FUNDING MONTHLY REPORT

With Home Based Support Services the four selected providers had accepted offers and the contracts were being negotiated. One of the providers were in discussion with Ngati Whatua. With the Long Term Pharmacy Strategy it was noted that there was a lack of pharmacy technicians and there was a need to have discussions with providers of training. It was noted that for the long term strategy, 14 DHBs were basing it on a funding model, which ADHB did not agree with seeking rather a service model.

The 3 Auckland DHBs were addressing the Oral Health Business Case in a consistent manner. This included workforce development design.

7. IMPROVEMENT ACTIVITIES

The project rated red was the SOAR incident reporting programme in rest homes and may be a harsh ranking by management. Projects ranked orange were recoverable.

The Committee noted the report.

8. FEEDBACK FROM MHAC AND PHAC

Items noted from the Committees were:

Maori Health Advisory Committee; the Chair and Chair of Waitemata to discuss the Maori Mental Health Services project informed by the needs analysis, the Committee had endorsed the District Annual Plan work and commended management for the development of the DAP reporting tools and the involvement of He Kamaka Oranga in the process.



Items noted from the Pacific Health Advisory Committee were SIA funding through PHOs, the Pacific Provider Development Fund and the importance and interconnectiveness of HVAZ being the cornerstone of an ADHB winning formula that needed to be embedded.

10. GENERAL BUSINESS

There were no items of general business.

NEXT MEETING

The meeting closed at 4:45pm.

The next meeting is scheduled for
2:00pm, Wednesday 15 April 2009
Marie Hosking Room
Level 7, Building 14
Greenlane Clinical Centre
Auckland

CONFIRMED

CHAIR: **DATE:**