



Auckland District Health Board Community and Public Health Advisory Committee Minutes

MEETING DETAILS													
Date and Time	2:00pm Wednesday 20 May 2009												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Auckland												
2	ATTENDANCE AND APOLOGIES												
	<p>Committee Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Brian Fergus (Chair)</td> <td style="width: 50%;">Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Rob Cooper</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td>Lynda Williams</td> </tr> </table>	Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Rob Cooper	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Lynda Williams
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Dr Ian Scott	Pat Snedden												
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	<p>In Attendance</p> <p>David Hunter – ProCare Jude Keys – ProCare</p>												
	<p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Taima Campbell – Executive Director, Nursing Hilda Fa’asalele – Acting General Manager Pacific Health Kerry Hiini – Planning & Funding Manager Janice Mueller – Director Allied Health Dr Celia Palmer – Clinical Leader Planning & Funding Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:01pm. Apologies had been received from Farida Sultana and Naida Glavish, and Ian Scott advised that he would have to leave early.</p>												
3	CONFLICTS OF INTEREST												
	There were no notifications of conflicts of interest for any item on the agenda.												
4	CONFIRMATION OF MINUTES 15 APRIL 2009												
	<p>With HPV the vaccine has less efficacy if given later with better results if given before exposure to the HPV virus.</p> <p>Agreement had been reached on claw back related to B4 school checks with, to be refunded, what has not been spent rather than a proportion which should amount to approximately \$36k rather than \$100k.</p> <p><u>Moved Ian Scott; seconded Pat Snedden</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee held on 15 April 2009 be confirmed as a true and correct record noting the acknowledgment of the death of Dr Foliaki.</i></p>												

	<u>Carried</u>
5	ACTION POINTS 15 APRIL 2009
	<p>CTA</p> <p>The ADHB Chair had not yet had discussions with the Chair of CTA. ADHB had a sense that it should do its own training and take a proactive stance.</p>
6	PLANNING AND FUNDING MONTHLY REPORT
	<p>The District Annual Plan 2009/2010 approved by the Board had been sent to the Ministry of Health and subsequently six Health Targets had been provided which would be updated and amended to include late information.</p> <p>The Strategic Plan had not been signed as the previous CFO was not prepared to put in the document 10 years financials when the commitment for funding had not been provided for that period. ADHB had however managed to the Strategic Plan over time. The Chief Planning and Funding Officer noted that the combination of DAP and SOI do not fit well together and it had been suggested to the Horn Committee that this be reviewed. The proposed Strategic Plan needed to be a working plan that is flexible of 15-20 pages.</p> <p>Letters to providers with contracts expiring had been issued outlining the process that would be used in assessing needs going forward which included did ADHB need the service and had the provider provided well. There were approximately 20 contracts providing for a range of maternity supporter services and a list of the support services was requested. More practices had joined the GP Network Collaborative initiative which was been developed with the Improvement Foundation in Australia with a website established and clinical leaders involved. This was in the context of PHOs working within the Long Term Conditions collaborative. This was being piloted through approximately 10% of practices and it was planned to bring clinical leaders to make a presentation on the initiative.</p> <p>The Consultation and Community Engagement policy was being updated which applied where people in the community are asked to contribute with a scale of payments and reimbursements. The revision was to bring the policy in line with the rest of the region.</p> <p>With the Oral Health project the national procurement process had a two year waiting list for vehicles so ADHB had sought alternatives and found a significantly lower option based on trailer units rather than vans. There was a difference in pricing of \$300k and the Chief Executive is to follow up on the national procurement process.</p> <p>There was regional agreement on the approach to eating disorders which had been signed off by the MoH with the funding being discussed with the Ministry. This was significant progress. The agreement was that for under 15 year olds Starship be used and for greater than 15 a residential unit and also agreed was the size of community based services. The parent group had been involved with the NDSA in developing the strategy and they had expressed their relief at the finding of a solution. \$28m funding had been announced from 1 January 2010.</p>
8	FEEDBACK FROM MHAC AND PHAC
	<p>Maori Health Advisory Committee</p> <p>There had been discussions on workforce development, the mental health review and the HPV immunization project. There had also been good discussion on the Youth Health Plan. Concern had been expressed on the CTA funding practices.</p> <p>Pacific Health Advisory Committee</p> <p>There had been discussion on high needs young people in alternative education which needed a multi sectorial approach. There had been a presentation by Andrew Coe on PHO funding and SIA and low cost access. The draft Youth Health Plan had been supported and there had been a presentation from Uni Services on evaluating HVAZ with an agreed five objectives using social network analysis. This would look at the ownership of HVAZ and how the community had driven it and was an important piece of work to get understanding on how it had developed.</p>

7	IMPROVEMENT ACTIVITIES
7.1	DAP Projects Report
	<p>Overall projects were progressing although it was noted that last years DAP was not written for this project approach. The Maori Health DNA project would be a much more structured project in the next year. Funding from the MoH was slow for health services for at risk youth.</p> <p>There had been learnings from the regional response to the H1N1 flu response. Learnings were being collated and there would be debriefings. It was noted that the response model did require senior management and CEO high input until the full regional model was activated. For two weeks the situation was managed locally with informal regional links but now the regional structure had been activated which included the four regional DHB staff. While the emergency model was used internationally there was a question of sustainability over a long period to cover rosters which may require training more people. It was noted that the Civil Defense structure does involve CEOs. Lessons were learnt across the three levels national, regional and local including primary care and it was a good practice for everyone. The border was still being controlled. All costs were being tracked and the various rules on funding depended on what stage of the escalation was reached. Work was being undertaken with the MoH on funding rules and there were discussions across the region as all had incurred some cost. Cover at present was a public health nurse and ordinary nurses at the border with a medical officer available. The Board had acknowledged Dr Julia Peters and the others involved.</p> <p>The outstanding high risk audit issues mainly related to a lack of policy and 8 related to one rest home. A letter had been drafted to issue to providers to resolve the issues within one month.</p> <p>A list of proposed KPI was tabled mainly linked to the SOI and national targets and national indicators of performance.</p>
9	PAPERS
9.1	Draft Youth Plan
	<p>Carol Stott was in attendance with the Committee being asked to support the draft for public consultation noting that youth had been involved in the development of the plan with engagement with youth and key stakeholders. The plan had been discussed at the Maori Health Advisory Committee and Pacific Health Advisory Committees who had supported the plan.</p> <p>Ian Scott left the meeting at 3:15pm.</p> <p>It was a good document that came at a time when cash resources may be low but did plot a pathway forward. It had also been suggested that there be links to youth networks around the country. While there had been no specific approaches to sports organisations there had been engagement with University Health and the plan would be put on the web with a link to a survey so that there could be sport input. HVAZ youth had contributed and it had been suggested to link with the Auckland City Council Youth Group.</p> <p><u>Moved Jo Agnew; seconded Lynda Williams</u></p> <p><i>That the Community and Public Health Advisory Committee supports the Auckland District Health Board Youth Health Improvement Plan 2009/2013 for public consultation.</i></p> <p><u>Carried</u></p>
9.3	Cervical Screening Tender
	<p>Carol Stott was in attendance and advised that the cervical screening contract was going to tender. A regional contract had been in place for many years and while it was a small amount of \$175k for 3 DHBs there was concern at the low rates of screening in Auckland particularly for Maori, Pacific and Asian. Overall coverage nationally was 72.5% so a different approach was needed with a refocus of the cervical screening on high needs populations. Meetings had been held with PHOs and the present provider. The Committee was asked to support the change in focus. There was close work with the MoH funded providers to ensure targeting of the right</p>

	<p>groups.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the Community and Public Health Advisory Committee notes the intention to refocus the Well Women's Nursing Services contract currently held by WONS on increasing cervical screening rates among Maori, Pacific and Asian woman and to issue a request for proposal to this effect.</i></p> <p><u>Carried</u></p>
9.2	Cervical Cancer/HPV Vaccination Programme
	<p>Carol Stott and Natalie Desmond, Programme Coordinator were in attendance. Work was with schools with the first dose now finalised with some stand out schools with strong buy in of key senior people. It was thought that the dose one coverage rate would improve once the data was caught up and that there was high coverage at year 8 intermediate schools with it harder to get year 12/13 girls. A school that stood out in terms of change was Tamaki College with now an 85%-90% consent return rate through holding informed consent clinics and engagement of the community engagement worker. A national issue was the question of school rolls which was being addressed by the Privacy Commissioner however there were established practices under MeNZB and other vaccinations.</p> <p>The Committee noted the report.</p>
9.5	Fluoridation
	<p>Dr Julia Peters was in attendance and advised that from a public health perspective fluoridation was very effective in improving oral health, was passive and did contribute to reduction in health inequalities.</p> <p>The Committee supported an evidence based position on fluoridation supported by the Maori Health and Pacific Health Advisory Committees to address inequalities. It was suggested that community awareness, based on evidence, through a process of education be supported. It was noted that this being associated with Local Government may be subservient to the Super City changes.</p> <p><u>Moved Bob Tizard; seconded Pat Snedden</u></p> <p><i>That the Community and Public Health Advisory Committee notes the briefing paper on fluoridation and supports an evidenced based position.</i></p> <p><u>Carried</u></p> <p>Rob Cooper left the meeting at 4:20pm.</p>
9.6	Regional Eating Disorder Services Update
	<p>Deidre Maxwell and Ian Nicholson were in attendance.</p> <p>ADHB hosted the regional service and the Minister had announced funding of \$28m over 4 years across the country of which Auckland's share would be \$5m over the spectrum of care. This was aimed at stopping having to send patients to Sydney however there were significant workforce issues to achieve a service for over 15 year olds. An implementation plan on the strategy was being developed and allocation of the dollars across the spectrum of care. The planned services would not be released until the dollars had been sorted.</p> <p>Susan Buckland left the meeting at 4:35pm.</p>
9.4	District Strategic Plan Process
	<p>Tony O'Connor and Tamsyn Elder were in attendance and would have a major role in consultation on the District Strategic Plan 2010. The Plan was required to be reviewed every 3 years and this would probably be a total rewrite. It would be an inclusive process involving stakeholders and strong engagement with clinicians and clinical leaders although the timeframe</p>

	<p>would be tight if it was to inform the next DAP. The document was very important for ADHB's own use for management and the organisation as it was critical to have a longer term view of where the organization was going and to counter the criticism that Health was not planned. It was thought it would be a 15-20 page plan with a fold out to give to staff. The ADHB Chairman advised that the future faced might be quite different from now with a need to get the right staff, capacity and future model of working sustainably. In addition it could be used for consultation on the prioritisation process and to prepare for that eventuality or to deliver services differently i.e. in primary care. It was intended to have a workshop in July however the Horn Report was not expected until August and other Government strategies may not be available until the second part of the year.</p> <p>The Committee supported extending the timeframe for the Strategic Plan if that was required to include the Government's policy directions including results of the Horn Committee.</p>
	<p>NEXT MEETING</p>
	<p>The meeting closed at 4:55pm</p> <p>The next scheduled meeting is: 2:00pm, Wednesday 17 June 2009 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Auckland</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>