

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>													
Time and Date	2:00pm, Wednesday, 16 June 2010												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom												
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>												
	<p>The Chair declared the meeting open at 2.09 pm.</p> <p><b>Committee Members</b></p> <table border="0"> <tr> <td>Dr Brian Fergus (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</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>Farida Sultana</td> </tr> <tr> <td>Lynda Williams</td> <td></td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive  Dr Denis Jury – Chief Planning &amp; Funding Officer  Janice Mueller – Director Allied Health  Dr Celia Palmer - Director of Population Health and Primary Care  Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Rob Cooper, Chris Chambers, Alfred Ngaro, Taima Campbell and Hilda Fa’asalele</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Farida Sultana	Lynda Williams	
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<b>3</b>	<b>CONFLICTS OF INTEREST</b>												
	There were no declarations of conflicts of interest with any item on the agenda.												
<b>4</b>	<b>CONFIRMATION OF MINUTES 19 MAY 2010</b>												
	<p><u>Moved Ian Ward; seconded Bob Tizard</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 19 May 2010 be confirmed as a true and correct record noting that Ian Scott left the meeting before item 9.4 Public Exclusion.</i></p> <p><u>Carried</u></p> <p>The exposure under the B4 School Checks was \$120k which rather than being clawed back would just not be paid to ADHB. A lower target was being negotiated for the next year and a move to a new provider with some share of risk.</p>												
<b>5</b>	<b>ACTION POINTS 19 MAY 2010</b>												
	<p><b>Hon Pansy Wong</b></p> <p>Hon Pansy Wong had not been able to attend the meeting as she was supporting a Minister with this possibly being rescheduled in September. The group organized through Farida Sultana had fortunately been able to be informed of the cancellation. Asylum Seekers were catered for under Refugee and Migrant Services through a collaboration of General Practices.</p>												

## 6.1 Planning and Funding Summary Report

The Chief Planning and Funding Officer advised that Celia Palmer would be leaving at the end of July to pursue her clinical career with a Fellowship following a six month position at ACH in palliative care.

### Moved Ian Scott; seconded Ian Ward

*That the Committee records a vote of thanks and acknowledges Celia Palmer's 2 ½ years input and the respect in which she is held. .*

### Carried

The DAP and SOI had been submitted by due dates however the Chief Executive advised that it was unlikely that any DAPs would be signed by 1 July 2010 but that this would not be problematic. The consultation with Auckland Council was through their Consumer Liaison Council. The consultation strategy was being implemented across the organisation including contact with people outside of ADHB with the Auckland Transitional Authority and the CEO's involvement with the Committee of Auckland, an anchor organisation of major infrastructure organisations in Auckland including social sector leaders. There would be briefing documents on the major health issues for Auckland i.e. homeless, immunisation etc.

With the primary care changes was the notion of alliance contracting, a concept which is new in New Zealand and particularly in Health. It is used on major construction projects and there would be a presentation on how this could be used in Health in July. It was being used to build a hospital in Perth through a tender/RFP based on value and working in a collaborative way to get the best outcome at a set cost which required significant people development through support and coaching. Findings of alliance contracting were that they were coming in under time and under budget following heavy investment at the beginning. The Home Based Support Services contract followed the concept of alliance contracting.

The Oral Health Strategy was progressing well with 2 buses and building progressing on a 3 chair clinic built to national specifications and although there had been concern at applying the same specification at different sites they had all come close to expectation. The cost of a 3 chair building was approximately \$600k.

There had been no change in the primary care situation since the Board meeting update. Procure was considering merging their 3 organisations into a regional PHO and Auckland PHO was also considering merging. The 3 Planning and Funding Officers had written to the PHOs on plans for consolidation to respond to the Minister. Taking a regional view there could be a reduction from 19 to 12 with all in the Auckland area being regional PHOs. While alliance contracting could deliver in localities it was still a complex picture.

A flexible funding pool was being developed by bringing together existing funding streams i.e., SIA which would be between \$40m and \$50m with how it is to be allocated to be debated. There will be no change to the capitation funding to PHOs and no drivers to change behaviour at practice level. The Board supported people that were most vulnerable with a high priority of access to funding. The ultimate PHO form was not predicated but 8 DAP projects had been agreed as a proxy with the development of the funding pool being to enable choices. This accounted from between 10% and 15% of ADHB's funding.

There was concern that the changes were too fast and not evidenced based with a lack of mechanisms for regional development. Primary Care was still small businesses rather than taking a population view. A Newton practice was a different concept with patients owing the service and providing governance with all people employed and they include looking after refugee and migrants. While the Minister was keen to see change quickly there were issues in structural change and there could be unanticipated consequences.

Harry Burkhardt joined the meeting at 3:12pm.

The Board had signed off the three business cases with Maori focused on long term conditions, GAIHN undertaking the 8 DAP projects and the specificity of their plan still needed to come back to the Board.

7.1	<b>DAP Projects Report</b>
	The report was noted with the orange alert being related to the EOI process.
9.1	<b>Asian Health in Auckland</b>
	This was deferred to September.
9.2	<b>Emergency Contraceptive Pilot Final Report</b>
	<p>Usage was weighted to low needs population despite the promotion and while there appeared to be a reduction in terminations this was circumstantial and not statistically significant. It was thought the project was too short and that while low needs were able to take up this type of opportunity easily high needs took longer with a need for more education. Any recommendation would be to focus on high needs, Maori/Pacific and be taken in the broader view of concern on termination rates and teenage pregnancies especially for Maori and Pacific with a requirement for more information to understand root causes including understanding fertility data. This was a real health issue for the Maori Health Advisory Committee and Pacific Health Advisory Committee.</p> <p>Ian Scott left the meeting at 3:40pm.</p> <p>There was a need to understand the scale and social determinates noting that termination data may not capture all the data with a number being obtained outside the country. Further data analysis will be provided.</p>
8	<b>FEEDBACK FROM MAORI HEALTH ADVISORY COMMITTEE AND PACIFIC HEALTH ADVISORY COMMITTEE</b>
	<p><b>Pacific Health Advisory Committee</b></p> <p>The Committee had considered communication and engagement with Pacific communities particularly in relation to the cancer awareness promotion being undertaken over 4 months with the Committee recommending that they be involved before these campaigns commenced. They were impressed with the cancer streaming looking at inequalities, tumour streams and access. Concerns were late presentation and fear of the diagnostic of “Big C”.</p> <p>The Church Ministers’ visit to the hospital had been very positive on both sides with meeting the CEO and Clinical Directors and the key leaders of the community. The relationship was a credit to the Pacific team. There was also discussion on communication to the community on the Strategic Plan. Learning’s on communication could be from other initiatives i.e. HPV where they had come to the Committee before the commencement of the campaign with the Committee being able to feedback on strategies and influence the messages. It was also noted that Pacific were not the same as Maori. The Pacific Committee members were also a resource to communicate to the community.</p> <p><b>Maori Health Advisory Committee</b></p> <p>The Committee has a specific cultural lense on what Whanau Ora means being to empower whanau. This deals with inequalities and if resolved everyone benefits so there was a need to concentrate on inequalities and resources. Hon Tariana Turia had attended Nurses Grand Round and had spoken on Whanau Ora.</p>
11	<b>GENERAL BUSINESS</b>
	<p><b>Cartwright Inquiry</b></p> <p>It was raised that for families of women involved at National Women’s there were continuing issues with a question of how ADHB supported those families. This would include alerting medical records.</p>

	<b>NEXT MEETING</b>
	The meeting closed at 4.25 pm The next meeting is scheduled for 2:00pm, Wednesday, 21 July 2010 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>