

## AUCKLAND DISTRICT HEALTH BOARD

### COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee  
meeting held on Thursday 1 February 2007 in the  
Marion Davis Library, Building 43, Auckland City Hospital,  
Grafton commencing at 9:00 am**

#### 1. ATTENDANCE AND APOLOGIES

##### **Committee Members**

|                     |                   |
|---------------------|-------------------|
| Wayne Brown (Chair) | Harry Burkhardt   |
| Chris Chambers      | Barry de Geest    |
| Virginia Hope       | Di Nash           |
| John Retimana       | Ian Scott         |
| Alfred Ngaro        | Paul Stephenson   |
| Paul Roseman        | Tereki Stewart    |
| Winston Timaloa     | Alistair Woodward |
| Daniel Wu           |                   |

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

Garry Smith – Chief Executive  
Denis Jury – Chief Planning and Funding Officer  
David Sage – Chief Medical Officer  
Janice Mueller – Director Allied Health  
Aseta Redican – General Manager Pacific Health  
Ian Bell - Board Administrator

##### **Opening of Meeting**

The Chair declared the meeting open at 9.12 am.  
John Retimana opened the meeting with the karakia.

##### **Apologies**

Apologies had been received from Ross Keenan and Mark Vinall.

#### 2. CONFIRMATION OF MINUTES 7 DECEMBER 2006

Moved Di Nash, seconded John Retimana

*That the minutes of the Community and Public Health Advisory Committee meeting held on Thursday 7 December 2006 be confirmed as a true and correct record.*

Carried

##### **Integrated Management Model**

The model demonstrated in the DAP had been explained to the Minister.

#### **4. DISTRICT ANNUAL PLAN – DRAFT 2007 - 2008**

Wendy Cook was in attendance. This was an early draft but the development of the District Annual Plan (DAP) was on track to go to the MoH on 9 March 2007. Feedback from members of the Committee was sought prior to a nearly finalised version coming back to the CPHAC in March. The feature this year was business as usual around the three goals of the organisation with a population view of the world to get overall health gains. Palliative Care had been taken to a separate section out of Older People and Cancer. The Maori Health Advisory Committee had endorsed the plan. The Chairman supported the focus on what was being done in the next year.

In parallel with the DAP was work on the DHB provider arm plan. There was some comment on the difficulty in reading the plan with a suggestion that there be a forward guide on how to read the plan and the priorities for outcomes. Work for Pacific was also hard to ascertain and this should include outcome achievements from across ADHB not entirely relying on the Pacific team. More outcomes needed to be specified with some clarification of category mix i.e. areas of service, groups of diseases and how the plan linked to strategic goals. In the forward it was also suggested that there be some information on what a District Health Board is.

The timelines were very clear and feedback should be through Julie Helean or Denis Jury with the March meeting to be asked to authorise signoff by the Chair. The financial budgets were being developed.

The Community and Public Health Advisory Committee noted that it was asked to comment on the working draft of the District Annual Plan for 2007 – 2008 and approved the process for completing the first draft for Ministry of Health review.

#### **5. CANCER CONTROL HEALTH IMPROVEMENT PLAN**

Tom Schaefer, Manager Our Health 2020 was in attendance. The next NOVA would be devoted to an overview of the Health 2020 Strategy.

The Chairman considered that the report was good however mortality by gender i.e. being male and the issue of inequalities not being just by ethnicity but by types of cancer i.e. melanoma needed to be clearer.

The plan was a one year plan and was regional as ADHB was the regional provider. While death rates had been reducing this may change to an increase as a result of people living longer and it should be made clear that changes in rates may be the result of longevity rather than progress in handling the disease. It was also noted that smoking rates were starting to increase and there needed to be a reinstatement of the campaign for smoking cessation. It was noted that the Regional Cancer Network had been formed.

Other comments were; that the plan concerns management of understanding of cancer as part of an overall control strategy, if references in the document were used they should be complete and that there may need to be a concentration on gaps rather than trends as there was difficulty in measuring what had been achieved. It was also suggested that there be some reference to the strength of evidence for effectiveness of the actions proposed. The strong relationship with risk factors was noted and the Committee was advised that longer versions of the data were available on request.

The Health Improvement Plan had been discussed with John Childs and was consistent with the aims of the New Zealand National Cancer Group. It was suggested that the regional approach could be a powerful voice in having input into the National group i.e. on tobacco whether regulation, taxes etc. or smoking cessation needed a priority. It was suggested that there may be a bias towards treatment rather than prevention. The amount of funding focused on treatment however as part of the National Cancer Strategy it was thought that funding for prevention would be increased.

The Community and Public Health Advisory Committee noted the draft Cancer Control Health Improvement Plan and endorsed the plan and its implementation.

## **6. PALLIATIVE CARE PLAN**

The Chairman thanked Ian Scott for raising this issue over a period of time. Palliative care would be included in the NOVA articles and had been presented well to the Minister. The team was meeting to fine tune the objectives of the Plan which were expected in April/May. The processes have been good with people from inside and outside the provider arm involved including from hospices. National service specifications and funding was still awaited. The consultation process had been excellent over the last 6-8 months and Ian Scott advised that he had visited St. Mary Hospice who had issued an invitation to the Board to visit. It was suggested that hospital services be extended to out patients and that integration of providers be considered with the big challenge being to get PHOs involved although they had participated in the steering group.

There was a move to get a national approach to palliative care with the establishment of Palliative Care NZ. There was some comment on the debate about inappropriate intervention late in life with a suggestion rather than “palliative” there may be a better reference to “end of life care” noting the high health needs in the last year of life and that there may be a better approach through home and hospice care rather than hospital care. It was noted in the Cancer Control Health Improvement Plan the statement that “death in old age is an inevitable and natural event” with a suggestion that management prepare a paper on this to initiate a debate in the Committee in a couple of months. It was also suggested that in relation to “appropriate” there may be better reference to reasonableness and accountability. It was noted that medical trainees were not instructed on palliative care and this would be raised with the Dean of the Medical School.

The Community and Public Health Advisory Committee noted the progress on the Integrated Palliative Care Strategy to date noting that the key objectives remain subject to wider consultation and supported the continued development of the Strategy for presentation of the final draft back to the Committee in April or May 2007.

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

Denis Jury spoke to his report noting the successful visit of the Minister with the afternoon showing how ADHB worked with the wider sector. The next NOVA would give a good snapshot of Health 2020.

The funding envelope had been discussed at the Audit Committee and overall looked reasonable to achieve break even funding although this would require tight management. A major impact had been the rebased funding to address funding that had previously been outside the envelope moving into the envelope with funds being taken off ADHB to

fund IDF flows from other DHBs through increased prices. The effect of this was that other DHBs were funded and ADHB was not so this had been advised to the Ministry. The Committee asked that there be a half page prepared to assist the Chairman with raising this issue with the Minister.

The effects of strikes fall heavily on ADHB as they are bound by meca which made it difficult to negotiate and again due to the large percentage of IDFs the effect was that ADHB lost money through reduced revenue yet the other DHBs retained their funding as they were not paying for IDFs through the strike period. The Chairman noted that the strikes had particular impact on groups of patients i.e. mental health, with wide social and individual consequences that were not fully understood. A greater understanding of the consequences of strike action needed to be communicated to those going on strike and the unions.

The pharmacy contract was being negotiated nationally with a zero price increase but revenue increasing through growth. There was also a further \$5m for value added services.

The Healthy Kai initiative in Glen Innes was noted as was the appointment of a project leader for the Healthy Eating/Healthy Action (HEHA) project.

## **8. GENERAL BUSINESS**

There were no items of general business.

## **9. NEXT MEETING**

The meeting closed at 10:58 am

The next meeting is scheduled for  
9:00am, Thursday 1 March 2007  
Rangitoto Room,  
Level 3  
LabPlus  
Auckland City Hospital  
Grafton

**CONFIRMED**

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