

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Thursday 5 April 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)	Ross Keenan
Harry Burkhardt	Dr Chris Chambers
Barry de Geest	Dr Virginia Hope
Dr Di Nash	John Retimana
Dr Ian Scott	Alfred Ngaro
Paul Stephenson	Paul Roseman
Teriki Stewart	Winston Timaloa
Dr Daniel Wu	

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning and Funding Officer
Dr David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing
Naida Glavish – Acting General Manager Maori Health
Janice Mueller – Director Allied Health
Dr Celia Palmer – Clinical Leader Planning and Funding
Aseta Redican – General Manager Pacific Health
Ian Bell - Board Administrator

Opening of Meeting

The Chair declared the meeting open at 9.09am.
Kaumatua Heta Tobin opened the meeting with a karakia.
Apologies had been received from Mark Vinall and Professor Alistair Woodward.

2. CONFIRMATION OF MINUTES 1 MARCH 2007

Moved Di Nash, seconded John Retimana

That the minutes of the Community and Public Health Advisory Committee meeting held on Thursday 1 March 2007 be confirmed as a true and correct record.

Carried

3. ACTION TABLE – 1 MARCH 2007

Death As A Natural Event

This was scheduled for the May meeting and a wide ranging discussion was encouraged.

Auckland City Council

Mark Vinall would be making a presentation on the working relationship with the Council to the May meeting.

Pandemic Exercise Cruickshank

The broader emergency response would be presented to the Hospital Advisory Committee.

Population Based Funding Formula

The MoH were undertaking a review of the population based funding formula being the first review since its introduction. A question that should be raised in the review is that of people migrating to services.

Community Health Research

Correspondence had been received by the Chair concerning community health research which had been forwarded to Alistair Woodward who would discuss this at the next meeting.

Community Laboratory Testing

An interim contract had been entered into with Diagnostic Medlab Limited for the continuation of community laboratory testing. The major points being:

- No one had missed having tests or been disadvantaged
- There was continuation of the quality service
- No money was lost with the ongoing interim regional contract producing annual savings of greater than \$10m
- Performance measures and measures of quality were in the contract for the first time
- There was more transparency in costs and operations to allow for planning better services and collection services that match better with the community including the poorer part of Auckland and access for Pacific and Maori
- Risks associated with demand growth would be borne by the service provider.

Of concern was the likely strike of hospital laboratory workers with subsequent impact on patients awaiting elective surgery and the financial impact on ADHB which loses revenue while other DHBs save costs. The consequences of ADHB being bound by national MECA did have a financial impact.

Following the Court decision there has been a rush of concern about conflicts of interest and an audit inquiry into how Auckland regional DHBs handle conflicts had been announced. It would appear under the new law that co-opted members on the Committee could be conflicted due to their involvement in the health sector however ADHB's approach was that it welcomed the knowledge and skills that the members brought to the table and their valued input on issues. It was noted that it was the individual's responsibility to keep the Board Administrator informed of conflicts or potential conflict of interests.

4. OUR HEALTH 2020

4.1 Child Health

Carol Scott, Planning and Funding Manager was in attendance and spoke to the paper. Items covered in the paper were determinants of health which included family composition and benefit dependent families, family violence and CYPS notifications, environmental factors and protective factors. ADHB was deciding on the appropriate role for ADHB in response to a changing environment and was assisted by the Child Health Stakeholder Advisory Group. Health's role in relation to family violence was identification and referral but the wider community had responsibilities for example Territorial Local Authorities who were responsible for the number of liquor outlets in particular areas. Housing was another determinant of health and ADHB and Procure were working together on Snug homes with the primary target for children with respiratory problems. There was a Housing New Zealand programme to insulate homes. With injuries to children there were a lot of agencies involved.

There were a considerable number of projects planned for 2007/2008 and care was being taken to link them to other programmes such as Healthy Village Action Zones to ensure that there was not duplication of efforts. The Pacific team was involved in all the initiatives planned. A model had been developed to address inequality issues in school health services which included year 9 assessment as recommended in the Child Health Improvement Plan. Additional funding had been approved as the Ministry of Education funded AIMHI programme had been signalled to have its funding withdrawn. The focus of the new programme was on a high need, high intensity model employing a registered nurse.

Well Child was also aimed at covering children prior to their reaching school using such tools as the National Immunisation Register however it was unclear as to what coverage of pre schoolers was being achieved. It was important when working with other agencies that they demonstrated ownership and it was important that there was a strong Memorandum of Understanding otherwise the lead agency tended to bear the majority of the workload. It was noted that ADHB through the Auckland Regional Public Health Service was having influence on other agencies.

The Community and Public Health Advisory Committee noted the information on child health and the progress being made in implementing the ADHB Child Health Improvement Plan 2006 – 2011.

4.2 Health Eating Health Action

Kate Sladden, Manager Health Eating Healthy Action was in attendance. It was commented that with HEHA there appeared to be a lot of planning but not much action and there needed to be some real achievements. The key focus of HEHA would be in schools to change the food environment as well as focusing on early education facilities. Ideas included simple food labelling with a "traffic light system" although it was noted that manufacturers opposed this. There would be further funding coming from the MoH and the Committee considered that it was important that this funding was well directed. It was noted that Woman's Health was seeking accreditation as a baby friendly hospital by June 2007.

The Community and Public Health Advisory Committee noted the activities in the Healthy Eating Healthy Action (HEHA) initiative and endorsed the broad approach outlined.

Statement of Intent 2007 - 2010

The Statement of Intent is developed each year as part of the accountability framework and had gone to the MoH. It was a summary of the District Annual Plan and a requirement under the Crown Entities Act. While there had been difficulty in developing specific targets these were important as they were reported against in the annual report. The rise in the Asian population projected had been noted and there was a funding manager responsible for this population with an initial focus on the high diabetes requirement of the sub population from Southern Asia. This raised the question of identifying communities i.e. Indians from the sub continent separated from other Asians if there were particular health issues however it was noted that the New Zealand population coding for census purposes had not been expanded.

The SOI was due for final signoff by 11 May 2007 and input to the document should be directed to Julie Helean or Wendy Cook. The delegation for signoff would be addressed at the next meeting.

6. DRAFT MEMORANDUM OF UNDERSTANDING WITH HOUSING NZ

The Memorandum of Understanding was noted however the Committee did note that there were areas where private landlords did not provide housing particularly related to mental health community housing and housing for people with disabilities.

7. HERCEPTIN: ISSUES ON THE INTRODUCTION OF NEW TECHNOLOGIES

Linda Williams, Auckland Woman's Health Council, Vernon Harvey, Medical Consultant Oncology, Richard Sullivan, Medical Consultant Oncology and Stephen Munn, Chair, Clinical Practice Committee were in attendance.

Linda Williams addressed the Committee advising that there were large profits being made by drug companies who spent more on publicity and marketing than on research. This raised the question of who was behind getting woman to lobby politicians and the difficulties of getting correct and appropriate information out to a vulnerable patient group. At issue was the promotion of longer courses of the treatment by the drug manufacturer.

Richard Sullivan advised that drug prices were set on an international market with New Zealand being a very small part of that market. There were a lot of new drugs coming onto the market to focus on particular cancers however they came at a huge cost. There was not great evidence supporting the shorter period of treatment although concurrent rather and sequential treatment with radiotherapy appeared preferable. To get scientific data a clinical trial of at least 3,000 women would be needed.

Vernon Harvey commented that the data supported the year long treatment however they would accept the 9 week course which may be a different view from their colleagues. One of the difficulties was the lobbying by patient advocates rather than the drug companies themselves.

The role of the Clinical Practice Committee was to prioritise treatments, including against other treatments, as society could not afford everything and there was a need for prioritisation.

The Chair acknowledged the clinicians that were willing to challenge thinking and take a position on the wider questions of prioritisation and he encouraged debate and thanked all for their valuable input. It was noted that Health does not invest sufficient in independent research. Research by drug companies may also raise real conflict of interests for clinicians participating in these trials.

8. PLANNING & FUNDING MONTHLY REPORT

The report was noted. The Regional Public Health Service was asked to monitor the progress of the Health (Drinking Water) Amendment Bill. They had made submissions related to the RMA as the Medical Officer of Health does have a regulatory role. It was suggested that they should focus on District Plans as part of the long term planning for the environment.

9. GENERAL BUSINESS

Pharmacy Contract

The pharmacy contract was being negotiated nationally through DHBNZ however the Auckland regional approach differed in that they wanted to renew the contract with some price increase and to then work with the sector in determining a strategic direction. The DHBNZ approach was to have no price increase with a small sum for strategic initiatives. This had not been acceptable to the Pharmacy Guild and at present it was proposed to roll the contract to the end of May.

ADHB Board had supported management's pragmatic approach to the pharmacy contract.

10. NEXT MEETING

The meeting closed at 10:10am

The next meeting is scheduled for
9:00 am, Thursday 3 May 2007
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: **DATE:**