

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Minutes of the Community and Public Health Advisory Committee
meeting held on Thursday 6 December 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)
Dr Chris Chambers
Dr Di Nash
Dr Ian Scott
Paul Roseman
Dr Daniel Wu

Harry Burkhardt
Dr Virginia Hope
John Retimana
Paul Stephenson
Teriki Stewart

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Denis Jury – Chief Planning & Funding Officer
Greg Balla – Director Performance & Provider Development
Dr Celia Palmer – Clinical Leader Planning & Funding
Naida Glavish – Chief Advisor Tikanga, GM Maori Health
Janice Mueller – Director Allied Health
Aseta Redican – GM Pacific Health
Ian Bell - Board Administrator

Apologies

The Chair declared the meeting open at 9.05 am.
John Retimana opened the meeting with the karakia.

Apologies had been received from Ross Keenan, Barry de Geest and Rev Alfred Ngaro and Di Nash had apologised for lateness.

2. CONFIRMATION OF MINUTES 1 NOVEMBER 2007

Moved Ian Scott, seconded John Retimana

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

Carried

3. ACTION TABLE 1 NOVEMBER 2007 - NIL

4. PRELIMINARY PLANNING AND FUNDING FOR 2008 - 2009

4.1 District Annual Plan Process

Julie Helean was in attendance. The process had started assisted by Wendy Cook who would be doing the Provider arm planning. The development of the plan would be focused around 5 points; health system performance, planning and funding, information management systems, finance and corporate and clinical quality and professional governance and would follow the same national priorities as previously. The emphasis would be on a business plan for ADHB as an organisation rather than a plan addressed to the MoH. The Chair acknowledged the work undertaken by Julie Helean over the years.

4.2 Funding Envelope

Ajit Arulambalam was in attendance and presented to the Committee on the expected funding envelope which had been used as a basis for developing a price volume schedule for the Provider arm. The envelope would be confirmed on Monday 17 December 2007. The expected funds were \$1,222.2m with a number of components being the population based funding, inter-district flows, ring fenced and new policy initiative funds, ACC and private contracts, top sliced transition and Tier II funding, adjusters, revenue cap and the future funding track. The latter consisted of forecast CPI and cost of labour changes, sector efficiency gains and technological costs.

There was expected to be a revenue decrease in population based funding as the actual increase in population measured by the 2006 census was less than that used by the MoH in funding allocations. There would be change in Wies to NZO8 from Wies 11 which would have different weightings the latter being based on that used in Victoria, Australia. Wies is based on average costs and not true costs and had a 2 year time lag in reflecting those costs and while there had been agreement to uplift prices for significant events i.e. wage settlements this would not be implemented until 2009/2010. As ADHB received 10% of the population based funding but had 20% of the workforce it was penalised by the average IDF prices. This was not well understood in Wellington.

Prices were used for IDFs and ADHB used these to pay their Provider arm although some other DHBs did not use these for their Provider. ADHB was pushing to get further costs into the tertiary adjuster so that the averaging may not have such a substantial affect. The affect of the Wies change was a decrease in medical Wies and an increase in surgical Wies so it was important to get revenue correct by service. The probability was that ADHB could fund what it was funding at present including a number of primary care initiatives.

5. PRIMARY CARE MENTAL HEALTH AND ADDICTIONS PLAN

5.1 ADHB Primary Care Mental Health and Additions Plan

5.2 Draft Primary Care Mental Health and Additions Plan Consultation Plan

5.3 Summary Document for Consultation

5.4 Document for Consultation

5.5 Presentation – Primary Care Mental Health and Addictions Plan

Deidre Maxwell, Manager PHOs and Primary Care presented to the Committee. The plan was based on a continuum for good mental health recognising the mental health

continuum of well person, vulnerable person, person with mild or moderate disorder, person with serious or acute disorder with many people experiencing the different parts of the continuum at different points in their lives. The emphasis was on a wellness model and early intervention with a focus on Pacific, Maori, children and youth. It was commented that the language used needed clarification, that the descriptions of mild or moderate needed to be clarified and ADHB's approach to primary care services was congruent with the regional approach. The general approach was being adopted at the national level based on the ADHB model. The Chair of the working group and expert group was Chris Cullen of Odyssey House and Mind and Body Consultants were consumer representatives.

The MoH had signalled that there would be funds available through PHOs but there was no indication of what priorities that funding would be addressed to. While eating disorders was not mentioned separately as a priority it was included in the overall mental health plan. It was noted that a test in the first 10 weeks after birth was very effective in identifying the 30% of women that experienced postnatal depression.

Concern was expressed at the present practice of partitioning mental health and addictions with those with addictions being excluded from certain treatment avenues. This plan sought to change that practice.

Moved Paul Stephenson, seconded Ian Scott

That the Community and Public Health Advisory Committee approves the Draft Primary Mental Health and Addictions Plan Consultation package which includes:

- *The draft Primary Mental health and Addictions Plan*
- *The draft Primary Mental Health and Addictions Summary*
- *The draft Consultation Plan*

and the approach to consultation on the Plan.

Carried

6. DISABILITY SUPPORT ADVISORY COMMITTEE

Barry de Geest had sent his apologies and Sacha Dylan was in attendance and spoke to the Committee on the Disability Support Advisory Committee's activities over the last 3 years. It was considered that that Committee had made it a unique contribution to ADHB compared with like committees in other DHBs. The Committee had felt that it was slightly isolated from the Board in terms of holding meetings at a different venue and they had requested consideration of this being addressed in the New Year. The Chair did not agree with the view that DSAC was not as respected as CPHAC.

The social model of disability was based on how a person defines themselves and it was thought that one in five would have a disability over a range of slight to needing total support. They were consumers of mainstream services and were 100% consumers of disability services. The model differed from the medical model and was more focused on environmental factors and working with disabled recognising that people can be healthy while having a disability. The Committee had aimed at providing a disability prospective on all health services.

The aim of the Committee in the future was to be more strategic providing leadership at the regional and national level and increasing collaboration with Auckland City Council through working with Auckland City Council and AUT on research into the Auckland disabled population. It was noted that disability was an issue that impacted on all of the focuses of "Our Health 2020". The Committee recommended that Barry de Geest and Sacha Dylan together with Marie Hull-Brown be appointed to the new Disability Support Advisory Committee.

The Committee acknowledged the work done by Barry de Geest and Lisa Gestro and thanked Sacha Dylan for his articulate presentation.

7. PLANNING AND FUNDING MONTHLY REPORT

Of note was Celebration Week with the first Primary Care/NGO Innovation Award with the grand winner, Community of Refuge Trust, which managed 70 houses for people to live in the community moving out of mental institutions, being awarded \$5,000. The judges were so impressed with the other finalists that a further \$1,000 each had been awarded to each finalist.

It was noted that the Board was investing in more anti-fraud activity with 2 new investigators being employed through HealthPac. A GP had been arrested and charged with financial fraud. Civil proceedings would be commenced to recover funds.

The registration versus enrolment issue was noted with negotiations with a PHO progressing with them researching their data. It was hoped to have this resolved by the end of the calendar year.

ADHB ranked quite well in relation to the MoH key health targets with pleasing performance. The contribution of primary care to health targets was acknowledged and ADHB was funding more to increase resources in the important role of GP Liaison. They focused on weakness in secondary and primary care linkages, monitored referrals and assisted planning. The problem with signoff of the District Strategic Plan was noted with delays due to amendments to financials. A policy on consultation was being developed and would be considered by the Senior Management Team.

8. GENERAL BUSINESS

Final Meeting

John Retimana advised that he would not be on the next Board and acknowledged his learning by being on the Board especially with the Disability Support Advisory Committee and thanked the Board members for their support and that of the CEO and the management team.



9. NEXT MEETING

The meeting closed at 10:53 am

The next meeting date will be determined by the new Board to be held at:
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: **DATE:**