

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Thursday 7 June 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
Dr Chris Chambers	Barry de Geest
Dr Virginia Hope	John Retimana
Dr Ian Scott	Paul Roseman
Teriki Stewart	

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning & Funding Officer
Dr David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing
Dr Celia Palmer – Clinical Leader Planning and Funding
Ian Bell - Board Administrator

Apologies

The Chair declared the meeting open at 9.15am.
John Retimana opened the meeting with the karakia.

Apologies had been received from Ross Keenan, Dr Di Nash, Paul Stephenson, Winston Timaloa and Professor Alistair Woodward.

2. CONFIRMATION OF MINUTES 3 MAY 2007

Moved Barry de Geest, seconded Paul Roseman

That the minutes of the Community and Public Health Advisory Committee meeting held on Thursday 3 May 2007 be confirmed as a true and correct record with the amendments that Auckland City Council can co-opt to non political committees and other arrangements can be made, and Counties Manukau and Waitemata do not have suitable palliative care services at some levels rather than not having palliative care services.

Carried

3. ACTION TABLE – 3 MAY 2007

The summary of the prioritisation process for Mental Health Planning and Funding were included in broad groupings of where funding was being directed. The purpose of the

request for the detail was to give assurance that funds were not being spent inappropriately.

4. OUR HEALTH 2020

4.1 Adult Integrated Palliative Care Strategy

Lisa Gestro, Planning and Funding Manager and Anne O'Callaghan, Clinical Director Palliative Care were in attendance. The Chair advised that he had received a number of letters from people supporting the discussion at the last Community & Public Health Advisory Committee meeting on end of life decision making following some newspaper publicity with these older people making an effort to write to him in support of the discussions.

The development of the Adult Palliative Care Strategy had been through an enthusiastic steering group consisting of hospital, hospice and community representatives which was now being expanded to a wider group chaired jointly by Anne O'Callaghan and Guy Naden. The process had been very productive. The Committee recommended that Dr Ian Scott be the Board's representative on this group. There was a continuing discussion on developing a Paediatric Palliative Care Strategy.

Each project in the strategy would be subject to ongoing evaluation and did not compete with each other. While it was suggested that there should be links to the patients' experience patient outcomes were very hard to define and measure e.g. "comfort, care" in a qualitative manner. It was suggested that there should be reference to addressing inequalities and links to the ADHB objectives.

Harry Burkhardt left the meeting at 9:45am.

Moved Ian Scott, seconded Wayne Brown

That the Community and Public Health Advisory Committee endorses the proposed draft strategy and the priorities for addressing access to improved palliative care services contained in the Adult Palliative Care Strategy.

Carried

The Committee acknowledged the contribution of Dr Ian Scott.

4.2 Healthy Ageing 2020

Lisa Gestro, Planning and Funding Manager was in attendance and advised that implementation of the strategy was progressing well. Points noted were the promotion with churches to promote uptake of immunisation, the poly-pharmacy initiative which was the largest in the country looking at how to manage older people's medicines and reactions within involvement of six Pharmacy Guild sites and the review of meals on wheels services.

It was suggested that over 65s only used one-third of the medications prescribed and while patients coming into hospital were not taken off all their medication a review of all medications was encouraged at the time of admission, to "cold turkey" patients would be inappropriate. The Chief Planning and Funding Officer advised that this is why Auckland

had taken a different approach under the Pharmacy contract to work with pharmacies and to develop a data warehouse on what was prescribed.

Lisa Gestro presented to the Committee on the community and home based support services projects. In terms of the total expenditure the proportion going to community and home based support services was increasing to match that of residential care expenditure with numbers in residential care falling by 400 in a year. To promote a single point of entry more comprehensive arrangements involving a case management approach was being adopted to see that patients got the appropriate service and were put in touch with the right people. InteRAI (International Residential Assessment Indicators) was being trialled around the country which had a broader social assessment rather than just clinical. Phase 1 research on national and international models to identify current best practice had been completed with phase 2 examination of the issues, barriers and what is currently working well being undertaken through May to August 2007. In August to October there would be consideration of the options and suggested model followed by phase 4 consultation on preferred options in November/December 2007 with final agreement and signoff in January 2008 followed by implementation and phase rollout through 2008.

5. PLANNING & FUNDING MONTHLY REPORT

The District Annual Plan for 2007/2008 was submitted on time to the Ministry of Health.

The Committee noted that the current residential care managed bed policy had been removed with bed management better addressed by assessment rather than capping the bed numbers. The Committee asked for an update on the effect of this policy change. There was good engagement with the Auckland metropolitan pharmacies building relationships with allowing claiming weekly or fortnightly rather than monthly and involvement in the projects on a poly-pharmacy and data warehouse.

The Maori Health Strategic Plan had been adopted by the Maori Health Advisory Committee and would be coming to this Committee in August.

There was work being undertaken around the South Asian population which had been raised as part of the review of the PBFF. Healthy Eating Healthy Action was partnering with Sports Auckland to look at more community based activities action.

Following an article in the Sunday Star Times there was debate on access to new drugs through the private sector versus public treatment although in many cases the private sector does not have the facilities to administer some of the drugs available through ADHB. The announcement of further private radiation facilities raised the spectre of increased demand as well as conflicts of interest. The use of patient user groups by drug companies to create demand in a pharmaceutical market was noted and there was a need for further debate on health issues including the public private split and government policy in a wider forum.

While there were competing products to Predict it was noted that they were not as clinically reliable and 100 practices had adopted Predict.

The health needs analysis updated version was available on the intranet to staff and the question was raised whether this should be available on the internet.



While the local child and youth mortality review group had been disestablished as it had no legal basis, there only being provision for a national committee, there was a need for a local health stakeholder advisory group.

ADHB had made submissions to the MoH on the first phase of the Population Based Funding Formula (PBFF) review considering the structure of the formula. The second phase would be a review on the way in which the formula is implemented. The Healthy Village Action Zone was progressing with churches having passed the planning and design stage and getting to the action stage.

The significant problem of separation of storm water and waste water systems in the region was noted with a view being that this should be a fundamental aim of the City Council.

6. GENERAL BUSINESS

Alcohol Distribution

The Committee asked for a report on the distribution of alcohol outlets in the Auckland region and the responsibilities of the local authorities.

7. NEXT MEETING

The meeting closed at 10:52am

The next meeting is scheduled for
9:00 am, Thursday 5 July 2007
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR: **DATE:**