

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday 2 April 2008 in the
Rangitoto Room, Level 3, LabPlus, Auckland City Hospital, Grafton
commencing at 9:00 am

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Rob Cooper (Chair)	Jo Agnew
Susan Buckland	Harry Burkhardt
Dr Chris Chambers	Brian Fergus
Dr Ian Scott	Pat Snedden
Bob Tizard	Seiuli Dr Juliet Walker
Ian Ward	Rev Alfred Ngaro

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
Naida Glavish – Chief Advisory 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 9.09 am.
Naida Glavish commenced the meeting with the karakia.

No apologies had been received and there were no notifications of conflicts of interest for any item on the agenda.

2. CONFIRMATION OF MINUTES 5 MARCH 2008

Moved Ian Ward, seconded Brian Fergus

That the minutes of the Community and Public Health Advisory Committee meeting held on 5 March 2008 be confirmed as a true and correct record.

Carried

3. ACTION TABLE 5 MARCH 2008

The Health Needs Assessment had been distributed to members and details on ADHB's population funding allocation had been included as Appendix 2 of the Planning & Funding Monthly Report.

7. ROYAL COMMISSION ON AUCKLAND GOVERNANCE

Ian Ward declared interest in advising on local structures in Auckland.

Frank Booth, Manager of Public Health Intelligence and Infrastructure presented to the Committee on the Auckland Regional Public Health Services submission due by 22 April 2008 to the Royal Commission on Auckland Governance. Their approach was looking at determinants of health in the role that Local Government played in health. Their traditional role was through water supply and sewage disposal, storm water treatment, air quality, waste disposal, food safety, regulatory activities around buildings and bylaws suppressing nuisances. Public Health was involved with Local Government on these activities. Other activities relating to urban form, transport and leisure activities were looking at wellness. This included how people access services with an ability to target populations that have health needs i.e. access to swimming pools. The objective of the submission was to have the Commission take a health approach to their determination.

The Committee supported the Public Health submission requesting that it be revised showing specific examples i.e. Onehunga water not being fluoridated.

Moved Rob Cooper, seconded Ian Scott

That the Community and Public Health Advisory Committee supports the submission from Auckland Regional Public Health Services to the Royal Commission on Auckland Governance.

Carried

The Committee then considered whether ADHB should make a submission to the Royal Commission on its own behalf. Corporate Counsel had provided a paper to the Committee. ADHB was responsible for its population which under the Legislation was defined by Local Government boundaries and this fact should be drawn to the attention of the Commission.

Points of notes from the Committee were that:

- DHBs were trying to take a regional approach to regional services and the Commission may provide opportunities to strengthen regionality
- There were implications on funding based on PBF
- Local Government needed to be conscious of their responsibility to communities and the social impact of changes on those communities
- That the impacts of any changes on ADHB should be pointed out
- That there may be consequences for ADHB of any determination and that ADHB could then respond at that point and time.

The Committee agreed that a letter be sent to the Royal Commission on Auckland Governance pointing out that ADHB was a major health facility and boundary changes may have implications on funding and the population to be served. The letter is to be signed by the Chair.

Moved Ian Scott, seconded Chris Chambers

That management draft a letter for the Chair to sign to the Royal Commission on Auckland Governance concerning the implications of any changes to Local Government.

Carried

4. QUALITY: HEALTH OF OLDER PEOPLE INITIATIVES

Lisa Gestro, Planning and Funding Manager, Health of Older People, Disability and Palliative Care was in attendance and presented to the Committee noting that the sector was very disparate made up of individual businesses which raised questions of how to engage with them. For the providers ADHB was sometimes a sole funder but for others were part funders which gave rise to tensions between the Funder and private businesses operating for profit. The national Aged Residential Care contract was problematic with bigger organisations entering the market and driving the sector. The estimate of beds in Auckland was 5,500 which was double the contracted beds. Recognising that people migrated into Auckland arrangements had been made with Waitemata and Counties Manukau to get paid during the interim period for their population. There had been a change in Legislation and now, with licenses to occupy, ADHB was obliged to issue contracts and pay for out of Population Based Funding. This limited the ability to manage and control bed numbers. This raised the importance of correct assessment for people to be funded.

ADHB had instituted quality audits for each facility within a 3 year period and while there was a disparity between the audits and certification by the MoH the approach was to support providers to provide good care.

The market ran itself through choice and quality and the initiatives were to support good providers through facilitating quality improvements i.e. providing training assistance to the sector. ADHB had employed two clinical nurses to assist the sector and anonymous data on quality was reported back to the sector.

The Committee thanked Lisa for her presentation and encouraged the work being done including bringing this work to the attention of the MoH.

5. PRIORITISATION PROCESS AND NEW INITIATIVES FOR FUNDING 2008 - 2009

Denis Jury spoke to the report and also provided copies from the District Annual Plan (DAP) on achieving strategic outcomes showing their linkages to the initiatives being undertaken. In the DAP it was proposed that there be \$2.6m on initiatives which had gone through a prioritisation group which had filtered projects worth \$8m down to \$3.16m driven by the Strategic Plan and what gained the most in health outcomes. The importance of management of long term conditions would have an affect on inequalities.

Moved Pat Snedden, seconded Harry Burkhardt

That the Community and Public Health Advisory Committee:

- *Notes the progress made on the prioritisation process for 2008 – 2009 funding*
- *Notes that there may be insufficient funding to fund all proposals recommended and that Planning and Funding will vary start dates to make the most efficient use of available funding; and*
- *Approves the proposed initiatives within available funding.*

Carried

6. MOH TARGETS: SECOND QUARTER 2007 - 2008

This was a MoH review of the whole sector against the National Health Targets. Overall ADHB had performed well but there was room for improvement. The Committee asked that ADHB be ranked against other DHBs in relation to the targets. The report was noted.

8. PLANNING AND FUNDING MONTHLY REPORT

In the Maori Health Advisory Committee there had been good discussion on impacts on Maori health and the role of the Maori Health Advisory Committee.

With Pacific health the Pacific Health Advisory Group would be disbanded and five members would be nominated to the Pacific Health Advisory Committee. The issue of Pacific families needing assistance when there was poor or inadequate housing was noted and the Committee asked that if housing is identified as a health factor in any particular Pacific admission that this be alerted to Housing New Zealand. ADHB contributed to funding "Snug Homes". There was an MOU with Housing New Zealand which needed to be used to provide a more active relationship to provide better coordination.

Other issues noted were the question of access to parking and taking into account time required for journeys when making appointments for example for people from Waiheke.

It was noted that Healthy Village Action Zones was being considered for a Health Innovation Awards.

Other points noted were the funding of a suicide prevention coordinator and the development of the Palliative Care Plan which had been taken up at the national level by the MoH. The report included a table on the PBFF share percentage compared with the percentage of national population with ADHB being under funded and the indicative funding allocation for ADHB's population had been updated.

Moved Seiuli Juliet Walker, seconded Susan Buckland

That the Planning and Funding monthly report for February 2008 be received.

Carried



9. GENERAL BUSINESS

There were no items of general business.

10. NEXT MEETING

The meeting closed at 11:10 am

The next meeting is scheduled for
9:00 am, Wednesday 7 May 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:**DATE:**