

## AUCKLAND DISTRICT HEALTH BOARD

### COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee  
meeting held on Wednesday 3 December 2008 in the  
Marion Davis Library, Building 43, Auckland City Hospital, Grafton  
commencing at 9:00 am**

#### 1. KARAKIA, ATTENDANCE AND APOLOGIES

##### **Committee Members**

Rob Cooper (Chair)	Jo Agnew
Susan Buckland	Harry Burkhardt
Dr Chris Chambers	Dr Brian Fergus
Dr Ian Scott	Pat Snedden
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker
Ian Ward	Farida Sultana
Lynda Williams	

##### **In Attendance**

Jude Keys – CEO ProCare Network Auckland

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

Dr Denis Jury – Chief Planning and Funding Officer  
Dr David Sage – Chief Medical Officer  
Dr Celia Palmer – Clinical Director Planning & Funding  
Kerry Hiini – Planning & Funding Manager Maori Health  
Aseta Redican - General Manager Pacific Health  
Taima Campbell - Executive Director Nursing  
Janice Mueller – Director Allied Health  
Ian Bell - Board Administrator

##### **Karakia, Apologies**

The Chair declared the meeting open at 9.05 am.  
Kerry Hiini commenced the meeting with the karakia.  
Apologies had been received from Rev Alfred Ngaro, Garry Smith and Naida Glavish and David Hunter, Chair ProCare Network Auckland.

#### 2. CONFLICTS OF INTEREST

Jo Agnew advised that she had been appointed Senior Lecturer Nursing at Auckland University and Ian Scott advised that he was now a shareholder in Auckland PHO. There were no notifications of conflicts of interest for any item on the agenda.

### **3. CONFIRMATION OF MINUTES 5 NOVEMBER 2008**

Moved Ian Scott, seconded Jo Agnew

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

Carried

### **4. ACTION POINTS 5 NOVEMBER 2008**

#### **Videos**

The Committee was advised that two companies had been approached with one offering specially made programmes and a message panel and both companies offered a year's free trial. Discussions were being held with IT. An RFP would be issued in mid January with installation in February with the proposed trial sites being Ophthalmology at the Greenlane Clinical Centre and Level 5, Auckland City Hospital.

#### **No Sugar**

While ADHB had no direct interaction with food manufacturers the question was being brought to the Regional Funders Forum. ADHB had instigated non-sugar drinks in its vending machines and restricted the calorific content in a food lessee's content and limited their advertising large products. Discussions were continuing with the other food franchisees to try and get them to reduce sizes of portions.

#### **Self Harm Pilot**

ADHB was not a member of the pilot programme as the resources required to participate were more than those justified and ADHB was a leader in suicide prevention. The pilot programme would be reviewed when the new Clinical Director Mental Health commenced in mid February.

### **6. PAPERS/UPDATES**

#### **Oral Health**

Wendy Hoskin was in attendance and spoke to a paper on the update on the business case for proposed investment in and reconfiguration of child and adolescent oral health services. The original programme would have cost \$13m of capital which has been subsequently reduced in size to \$10.2m. The service change would see a reduction from 65 clinics to 14 and a change in the model of practice of dental health therapists. Consideration was being given to a regional provider, presently Waitemata, and a decision on ownership of clinics and on whose balance sheet that they sat was yet to be decided.

### **5. PLANNING & FUNDING MONTHLY REPORT**

Denis Jury noted that Ngati Whatua had signed off on the Primary Care Plan, the breast feeding service would be whanau ora based, the Kaimahi Forum had been held and the Maori Health Advisory Committee had received a presentation from Donny Rangiaho of the Mahitahi Trust as a mental health provider and a training institution in South

Auckland. They were meeting a need in South Auckland and their approach may work in the ADHB area and this should be considered.

The Maori Health Advisory Committee had had discussion on Ho Hou Rongo programme with some hesitation and further work being done to see that it was an evidenced based approach. That Committee had also received, over time, a number of presentations, i.e. on workforce development promoting nursing to people that had been on the domestic purposes benefit and also on Maori disabilities.

The question was that Auckland DHBs did things differently and perhaps a more regional approach over the wider area would be advantageous rather than creating new structures. The model "hospital without walls" should be embraced although it was noted that while the DHBs were trying to work collaboratively the MoH still put out competitive funding bids which was contradictory. PHOs had the same problem in conflicts of funding and challenges to getting a regional workforce plan. This may be an opportune time to get collaborative agreements and commitment at the region while work was being done on District Annual Plans. It was also acknowledged that while the Chairs and CEOs were working together at the governance level this may not be integrated at the organisational working level through not knowing about the collaboration.

The new Government had been informed that there would be more regional work and it was important to use the skill set of the region and to resolve issues of non performance in the eyes of contracting DHBs to regional services which may require accepting a level of fluctuation in service year by year relative to population based funding. It was noted however that there was a natural bias to look after each DHBs own population which raised the question of risk sharing across DHBs. Concern that regional services impact on Maori and Pacific health was noted and would be discussed at the regional forum and services would be reviewed where appropriate.

Moved Ian Scott, seconded Harry Burkhardt

*That Gary Wilson be invited to a future Community and Public Health Committee meeting.*

Carried

Pacific Health had celebrated their award at the Health Innovation Awards with the community with a copy of the award being distributed. The three Auckland Pacific GMs were working together and with the MoH. The resignation of the only Pacific physiatrist was noted. Seiuli Juliet Walker advised that she had met with the church ministers involved in HVAZ. This project demonstrated cooperation and collaboration both at the nurse level working across boundaries and PHOs working across boundaries. There was enthusiasm amongst the youth and the Pacific team was thanked for making the project work so well.

The Primary Healthcare Plan had been through the PHO Boards for signoff and would be brought to the Board as a final plan in February. The PHOs feedback was responded to and acknowledged. There had been PHO attendance at the senior management planning meeting. ADHB had agreed to support new graduates into primary healthcare with development of professional development plans. There were 82 out of 102 Primary Care practices now on HealthPoint and PHOs had agreed to data sharing. ADHB was involved in a pilot project to increase access to diagnostics in primary care.

Points raised by Committee members were to monitor Maori rates of cover for HPV noting that there was specific funding for promotion to Maori and Pacific and the improved engagement by Planning and Funding with PHOs was noted. The Birthcare contract was being negotiated and should be finalised in a number of weeks.

## **6. PAPERS/UPDATES (continued)**

### **6.1 Home Based Support Services for Older People**

Lisa Gestro was in attendance. This was part of the Health of Older People strategy tendering home based support services for over 65 year olds. An initial request for proposals had been issued with a tentative short list prepared with some present providers not being on that list. While there would be further discussion and review of the strategy the question was how many providers did ADHB want to work with. A final step may be 4 or 5 providers with smaller local providers associated with them. There was robust appeal processes included in the developing model with contract renewal being due 30 June 2009. There was PHO involvement and GPs could have input. The MoH and other DHBs were interested in what ADHB was doing.

### **6.2 Funding and Planning Indicators for 2009 - 2010**

The paper on the Indicative Funding Envelope and Assumptions for 2009/2010 that had been provided to the Board Planning Day was tabled. This indicated a \$68.5m increase. This funding would still be restrictive. Indicative input from the Planning Day was still an emphasis on primary care. The devolution of breast screening Aotearoa to ADHB and the potential loss was noted however the devolution of the funding and the contract would be the best outcome for ADHB who had concerns at the performance to contract. Seiuli Juliet Walker declared an interest in being a member of the National Breast Screening Committee.

Moved Ian Scott, seconded Seiuli Juliet Walker

*That the Community and Public Health Advisory Committee endorses the approach suggested for the provisional funding and planning to support the 2009/2010 District Annual Plan.*

Carried

### **6.3 Review of ADHB District Strategic Plan**

Julie Helean and Tony O'Connor, Consultation Manager were in attendance. The Committee was asked to note that there was a Ministry of Health requirement to advise them of the District Strategic Plan timelines. There would be regional discussions on the strategic plans and progress monitored for the three DHBs.

Moved Pat Snedden, seconded Chris Chambers

*That the Community and Public Health Advisory Committee notes the Ministry of Health's requirement to advise them on ADHB's District Strategic Plan timelines.*

Carried



**7. GENERAL BUSINESS**

**Oral Health**

This related to the previous item and was the formal resolution.

Moved Ian Scott, seconded Pat Snedden

*That the Community and Public Health Advisory Committee recommends that the ADHB agree to proceed with the implementation of the Oral Health Business Plan submitted to and approved at the February 2008 Community and Public Health Advisory Committee meeting, amended in regard to funding as outlined in the paper tabled 3 December 2008.*

Carried

**8. NEXT MEETING**

The meeting closed at 10:52am.

The next meeting is scheduled for  
2:00pm, Wednesday 21 January 2009  
Sir Douglas Robb Boardroom  
Level 7, Building 14  
Greenlane Clinical Centre  
Auckland

**CONFIRMED**

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