



Auckland District Health Board Community and Public Health Advisory Committee Minutes

MEETING DETAILS													
Date and Time	2:00 pm, Wednesday 15 April 2009												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre												
2.	ATTENDANCE AND APOLOGIES												
	<p>Board Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Brian Fergus (Chair)</td> <td style="width: 50%;">Susan Buckland</td> </tr> <tr> <td>Harry Burkhardt</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Pat Snedden</td> <td>Ian Ward</td> </tr> <tr> <td>Alfred Ngaro</td> <td>Farida Sultana</td> </tr> <tr> <td>Lynda Williams</td> <td></td> </tr> </table>	Brian Fergus (Chair)	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Ian Ward	Alfred Ngaro	Farida Sultana	Lynda Williams	
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Lynda Williams													
	<p>In Attendance</p> <p>David Hunter – Procure Jude Keys – Procure Tim Wood - NDSA</p>												
	<p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Taima Campbell – Executive Director, Nursing Kerry Hiini – Planning & Funding Manager Dr Celia Palmer – Clinical Leader Planning & Funding Aseta Redican – GM Pacific Health Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:04pm.</p> <p>Apologies had been received from Jo Agnew, Rob Cooper, Bob Tizard and Seiuli Juliet Walker as well as David Sage and Janice Mueller.</p>												
3.	CONFLICTS OF INTEREST												
	There were no notifications of conflicts of interest for any item on the agenda.												
4.	CONFIRMATION OF MINUTES 18 MARCH 2009												
	<p><u>Moved Susan Buckland, seconded Ian Scott</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee held on 18 March 2009 be confirmed as a true and correct record noting the apologies of Harry Burkhardt and Brian Fergus.</i></p> <p><u>Carried</u></p>												

<p>5.</p>	<p>ACTION POINTS 18 MARCH 2009</p> <p>CTA Funded Courses</p> <p>The low uptake of Maori, while there had been a lot of inquiries, was due to criteria barriers. Courses were aimed at the self regulated workforce and had not been well marketed. The next funding round would be at the end of the year and work would be done with the training organisations. The 16 places meant approximately \$8.5k per person. The timeframe for applications was very short and did not lie well with the academic year. Other DHBs had also struggled to fill places.</p> <p>The funding was on a use it or lose it basis, going back to the pool, and it was suggested that it would be better to have the funds available for second round applications. The issue was to be discussed by the Board Chair with the Chair of CTA. This is also to be raised with the Maori Health Advisory Committee for feed back to the next meeting.</p>
<p>6.</p>	<p>PLANNING AND FUNDING MONTHLY REPORT</p> <p>A paper on devolution to Primary Care was being developed with a high level summary sent to the MoH on 3 April 2009 and the more detailed proposals to be in the final version of the DAP following discussion with the Board. Initial thoughts were diagnostics and palliative care which aligned and fitted with the Primary Care Plan. \$0.6m funding was available for planning and implementing devolution but not for services. There was coordination with other DHBs.</p> <p>The proposed newborn hearing screening was being discussed with the MoH as under the draft specifications costs exceeded funding and it need to be funded properly. Screening would be undertaken in ADHB or contracted primary birthing units.</p> <p>Lynda Williams declared a conflict of interest concerning the HPV programme. There was a need for continuing education and while there was a level of promotion funding, the continuing education need was not addressed. Concern was expressed at self consenting without parental consent or discussion and at that the idea the vaccination will remove the need for cervical smears. Cervical screening will continue to be important and that message needed to be reinforced. It was noted with migrant families, that involving the family may have a consequence of no consents although once a girl left school they, through self consent, could access the vaccine up to age 20. The Committee asked for an update at the next meeting as to how ADHB could assist the programme.</p> <p>The Committee had noted at its last meeting that if pilot projects were proposed that there was a need to confirm continuing funding if the project was successful. This would apply to the shaken baby prevention project. While DHBs did not have funding the project may be supported by charities and businesses.</p> <p>The B4 schools policy relating to funding was being discussed with the MoH. If the rates were annualised ADHB would be meeting the target and if the annualised target was not met ADHB was prepared to repay funding. While the MoH could not impose a claw back the Minister could make a direction.</p> <p>A consultation document on Cervical Screening had been released which may attract attention and Board members may be approached. ADHB had low rates of screening especially for high needs populations and the new contract would set criteria. The present contract had been inherited from the MoH.</p> <p>With Maori Mental Health this was work in progress with a needs analysis being undertaken. A regional plan for establishing an inpatient and continuum of care for eating disorders was being prepared to go to the Minister. The report in the papers updated the current arrangements.</p> <p>Finances were being monitored and still working to break even.</p>
<p>7.</p>	<p>IMPROVEMENT ACTIVITIES</p>
<p>7.1</p>	<p>DAP Projects Report</p> <p>The Chief Planning and Funding Officer advised that he was happy with how projects were progressing. The 2009/2010 DAP would have better connection to projects. Of the eight projects</p>

	<p>in the orange, one would not deliver being the multi sectorial approach to Tamaki and others may deliver something different. Included in the other projects was the oral health plan, expansion of retinal screening for diabetes which was taking longer than expected and the Community Laboratory contract. Those in orange and red will in the future have comment in a drop down box.</p>
8.	<p>FEEDBACK FROM MHAC AND PHAC</p> <p>MHAC</p> <p>The Committee had fleshed out their views on the Maori Mental Health Project with work being done in parallel with Waitemata. The Primary Health Care Plan had been supported.</p> <p>PHAC</p> <p>The Committee had discussed the “summit” which would be a celebration of achievements, think tank on Pacific health and development of an action plan and would be aligned with the Strategic Planning consultation. Planning and content of the day had been discussed. The Primary Care Plan, while not on the agenda, was discussed and the issue of HVAZ as a flag ship was raised with more visibility to be made in the implementation plan. The Committee had supported the plan. The Committee had also farewelled Aseta Redican and acknowledged her work particularly for PHAC and HVAZ. The death of Dr Fuliaki had also been acknowledged.</p>
9.	<p>PAPERS/UPDATES</p>
9.1	<p>Community Pharmacy Discussion Document for Consultation</p> <p>Tim Wood and Wendy Hoskin were in attendance.</p> <p>The approaches to community pharmacy was different by different DHBs with ADHB taking a strategic approach; Otago and Southland using a contract model and 14 other DHBs a funding capitation type model. The 1 in 10 prescription item having an error and over 50% of people failing to take their medications correctly were noted. The four key directions were clinical information support on best practice, prescription management encouraging dialogue with patients so that they understand their medications, medicine reviews particularly for complex patients and wellness programmes such as smoking cessation. This would be supported by improvement in information systems particularly e-prescribing, workforce development acknowledging an aging workforce and multi disciplinary primary care teams to get more involvement with GPs and PHOs. There was a dearth of research evidence concerning performance measurements so these needed to be developed. The process was consultation with key stakeholders to finalise the strategy and then prioritise a work plan.</p> <p>The 14 DHBs approach was to reduce costs based on a Scottish model whereas ADHB was negotiating the desired service and then looking at the funding. In response to questions on access the learnings from HVAZ etc approach may be better than having more pharmacies.</p> <p><u>Moved Pat Snedden, seconded Susan Buckland</u></p> <p><i>That the Community and Public Health Advisory Committee supports the Community Pharmacy Discussion document in principle.</i></p> <p><u>Carried</u></p>
9.2	<p>Update on ADHB Planning Documents</p> <p>Julie Helean was in attendance. The SOI had been submitted by the due date unseen by the Committee so this had been included for information. The final SOI was due on 15 May 2009 and needed to meet the Crown Entities Act and Auditor General’s guidelines. The content was linked to the DAP but in a different format. A number of points in the document were raised by the Committee. The Committee sought a briefing on the health of Asian people in Auckland.</p> <p>The Ministry of Health feedback on the document raised four things being the role and functions of the DHB, subsidiaries, dollars to output classes for ADHB population and capital expenditure. The final document would be brought to the Board for approval on 6 May 2009.</p> <p>The report was noted. Any feedback can be made through the Board Administrator or to Julie</p>

	<p>Helean.</p> <p>Ian Ward and Alfred Ngaro left the meeting at 4:06pm.</p>
9.4	<p>Primary Health Care Plan</p> <p>The Committee acknowledge this as a good document and noted that there was no ring fenced funding to implement the plan so it needed to go through the prioritisation process. Procure noted that their plans were aligned to the Primary Health Care Plan which would be monitored through the Healthcare Systems Functional Group and the PHO CEOs Forum and Primary Care Clinical Advisory Group. The Committee thanked Celia Palmer and acknowledged Procure's involvement in the development of the document.</p>
10.	<p>GENERAL BUSINESS</p> <p>Auckland Water Supply</p> <p>Initial discussions had been held with Paul Bohmer of the Regional Public Health Service and a paper would be coming forward to the next meeting.</p> <p>Breast Screening</p> <p>The Committee noted the discussions at the last meeting and the question of breast screening rates had been raised with PHOs to try and get better engagement with the MoH and better engagement with the provider.</p> <p>Immunisation</p> <p>Work was being undertaken with PHOs to try and get them responsible for the targets. The research undertaken by Cameron Grant had been discussed and there were also discussion with social sector CEOs in Auckland to identify families to improve rates i.e. Housing New Zealand, WINZ etc. The approach was to have existing systems working well rather than initiating a project approach.</p>
	<p>NEXT MEETING</p>
	<p>The meeting closed at 4:34pm</p> <p>The next scheduled meeting is 2:00pm, Wednesday, 20 May 2009 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>