

Community and Public Health Advisory Committee Minutes

MEETING DETAILS											
Time and Date	2:00pm, Wednesday, 19 August 2009										
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Auckland										
2	ATTENDANCE AND APOLOGIES										
	<p>Committee Members</p> <table border="0"> <tr> <td>Dr Brian Fergus (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Harry Burkhardt</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Ian Ward</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table> <p>In Attendance</p> <p>David Hunter – Procure Juliet Middleton – Procure Tepania Kingi</p> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Taima Campbell – Executive Director Nursing Hilda Fa’asalele – General Manager Pacific Health Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Janice Mueller – Director Allied Health Dr Celia Palmer – Clinical Leader Planning and Funding Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:00pm. Apologies had been received from Jo Agnew, Rob Cooper, Seiuli Dr Juliet Walker and Rev Alfred Ngaro. Apologies for lateness were recorded for Harry Burkhardt, Pat Snedden and Ian Ward.</p>	Dr Brian Fergus (Chair)	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Ian Ward	Farida Sultana	Lynda Williams
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3	CONFLICTS OF INTEREST										
	There were no notifications of conflicts of interest for any item on the agenda.										
4	CONFIRMATION OF MINUTES 15 JULY 2009										
	<p>Home Based Support Services</p> <p>Lisa Gestro was in attendance and advised that the first 3 months had been used to assess the unknown need, with the results being acuity higher than thought and volumes less than thought but overall the pool of money was correct but there may be an incorrect distribution between providers. Consideration was being given to bringing the formula being developed for payment for the last 9 months back for the first 3months to adjust from bulk funding which would be acceptable to providers.</p> <p>InterRAI assessment tool had now been agreed by the MoH to fund across the country to get standardisation.</p>										

	<p>Feedback from clients and families was that there had been huge improvements in the service and improvements in the workforce.</p> <p>Whitecross After Hours</p> <p>There had been a meeting with Whitecross and criteria agreed which were now being turned into a contract. Ascot and Henderson were open 10pm – 8am with other centres 8am – 8pm. Any adjustments in hours were pro-rated back in payment. The 2 hours cover to 10pm was through a variation of systems for example Procure had a phone triage system and the patients were referred to Ascot at a subsidised rate. The arrangements would be acceptable for the next 15 months.</p> <p>Contract Monitoring</p> <p>With Home Based Support Services there was a Provider Group developing KPIs on sector performance and quality and there would be the usual audit programmes and for other providers, reliance was made on the audit programme and receipt of complaints.</p> <p>Eating Disorders</p> <p>The negotiation of Starship support was nearing completion.</p> <p><u>Moved Ian Scott; seconded Chris Chambers</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 15 July 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
9	PAPERS
9.2	Waiheke Island Health Needs Assessment
	<p>Dr Andrew Old, Public Health Physician, was in attendance and presented to the Committee on the Waiheke Island Health Needs Assessment. He outlined the methodology including the epidemiological quantitative analysis and community focus qualitative work. There were interviews with 41 stakeholders, 2 focus groups and an online survey. The demography was described as was the large seasonal variation in population over the summer months. The existing services, mortality, hospitalisations and avoidable hospitalisations were outlined. Main points identified through stakeholder interviews where access to services, drugs and alcohol, mental health, sexual health and communication. A number of recommendations were outlined. Overall Waiheke was decile 7.</p> <p><u>Moved Ian Scott; seconded Pat Snedden</u></p> <p><i>That the Community and Public Health Advisory Committee notes the Waiheke Island Health Needs Assessment findings and endorses the recommendations.</i></p> <p><u>Carried</u></p> <p>The report was available on the internet.</p>
9.3	Telehealth and Heart Failure
	<p>Gayle Humphrey, Manager Our Health 2020, was in attendance and advised that this was a trial study with 6 to 8 patients with 2 on Waiheke. This was an innovative partnership with telecommunication providers using bluetooth technology monitors to send information on yes/no type questions to a secure website. ADHB had invested some \$2k in equipment, communications were provided by Telecom and the information was hosted by Alcatel Lucent. This was a proof of principle exercise and a large clinical trial project would be in the vicinity of \$700k - \$800k. In Hull 400 patients are monitored through this technology.</p> <p>There were different levels of utilising technology, Telecare being passive like an alarm system, Telehealth, which was patient to clinician to patient, and Telemedicine which was clinician direct with patient. Part of this technological shift was to utilise patients and families as a resource.</p>

9.1	Health of Asian People in Auckland
	Sarah Marshall, Planning and Funding Manager, was not available so the discussion was deferred to the next month. The Committee requested some information on asylum seekers.
5	ACTION POINTS 15 JULY 2009
	Health of Asian People This had been deferred to the next month.
6	PLANNING AND FUNDING PERFORMANCE
6.1	Planning and Funding Summary Report
	<p>With Eating Disorders, the debate on funding was continuing with ADHB only accepting a solution if there was no risk in the long term. At present the proposal was to fund for 2 years and then to move into PBF. There would be a need for strong regional ownership and governance of the service as it would be a regional service.</p> <p>The increased work for Auckland Regional Public Health Services due to flu, measles and bio toxins was noted.</p> <p>The question was raised whether the Lead Maternity Carers with ADHB can have births at Birthcare. The National Women's Annual Clinical Report day had been excellent. The invitation to Peter Gluckman needed a date to be confirmed.</p>
6.2	Planning and Funding Indicators List and Exception Report
	The dates showed when the indicators would be available.
6.3	Planning and Funding Indicators
	Diabetic retinal screening for people with diabetes was a 2 year cycle and the indicator showed the percentage of people screened as against those that should be screened. The B4 School checks were being funded for another year with a review in December. For the current year there was \$40k underfund. The Ministry HEHA group had been disbanded and nationally there was a shift of emphasis to activity rather than diet. At the DHB level there was still a balance between activity and diet.
7	IMPROVEMENT ACTIVITIES
	While overall these look good it was very early days in the financial year.
9	PAPERS (continued)
9.4	Update on DSP 2006-2010 Review Process
	Tony O'Connor, Consultation Manager, was in attendance and advised that to date they had been mainly gathering information internally through interviews with senior management and clinicians, Tihi Ora MaPO and workshops held with the Senior Leadership Team and Healthcare Systems Functional Group, as well as Clinical Leaders and Allied Health Leaders. From this core themes and issues and possible ways to address them were being developed which would be provided to a Board workshop at the end of September. This would be in the context of what the Government saw the sector looking like following the Horn Report.

8	<p>FEEDBACK FROM MAORI HEALTH ADVISORY COMMITTEE AND PACIFIC HEALTH ADVISORY COMMITTEE</p>
	<p>Maori Health Advisory Committee</p> <p>Items reported from this Committee were issues on indicators, definition of Whanau Ora discussion and the Horn Report having structural changes, but lacking a Maori view and responsiveness to Maori.</p> <p>Pacific Health Advisory Committee</p> <p>The 3 DHB Pacific had met to commence discussions on regional issues and work was being put in to the Pacific Summit as part of the contribution to the Strategic Plan.</p>
11	<p>General Business</p>
	<p>Horn Report</p> <p>An analysis of the Horn Report would be provided to the next Board meeting and the 21 DHBs were looking at a co-ordinated response. An ADHB response would be considered. The Board Chairman advised that he has been interviewed twice concerning the report, particularly in his role as Chair of Quality. The Minister wanted feedback on the independent report. Two points noted from the report was the need for more regional co-operation and national planning.</p>
	<p>NEXT MEETING</p> <p>Tepania Kingi closed the meeting with a karakia.</p> <p>The meeting closed at 3:52pm</p> <p>The next meeting is scheduled for 2:00pm, Wednesday, 16 September 2009 Marie Hosking Room, Level 7, Building 14 Greenlane Clinical Centre Auckland</p>
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>	