

# Community and Public Health Advisory Committee Minutes

<b>MEETING DETAILS</b>											
Time and Date	2:00 pm, Wednesday, 16 September 2009										
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Auckland										
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>										
	<p><b>Committee Members</b></p> <table> <tr> <td>Dr Brian Fergus (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table> <p><b>In Attendance</b></p> <p>Juliet Middleton – Procare Tepania Kingi</p> <p><b>Management in Attendance</b></p> <p>Garry Smith – Chief Executive Taima Campbell – Executive Director Nursing Hilda Fa’asalele – General Manager Pacific Health Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Ian Bell – Board Administrator</p> <p><b>Apologies</b></p> <p>The Chair declared the meeting open at 2:04pm. Apologies had been received from Harry Burkhardt, Rob Cooper, Pat Snedden, Alfred Ngaro, Denis Jury and Celia Palmer.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Farida Sultana	Lynda Williams
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<b>3</b>	<b>CONFLICTS OF INTEREST</b>										
	There were no notifications of conflicts of interest for any item on the agenda.										
<b>4</b>	<b>CONFIRMATION OF MINUTES 19 AUGUST 2009</b>										
	<p><u>Moved Ian Ward; seconded Chris Chambers</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee meeting held on 19 August 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										
<b>5</b>	<b>ACTION POINTS 19 AUGUST 2009</b>										
	<p><b>The Health of Asian People in Auckland</b></p> <p>The item was deferred to the October meeting as was the information on asylum seekers. The Committee requested an update on when Peter Gluckman would be available.</p>										
<b>6</b>	<b>PLANNING AND FUNDING PERFORMANCE</b>										

<b>6.1</b>	<b>Planning and Funding Summary Report</b>
	<p>The 19 PHOs across the region had met in relation to the EOI with ADHB's PHOs wanting to put in a proposal with DHB input by the required date 14 October 2009.</p> <p>The biotoxin was toxic to humans and there were signs on beaches and public notices.</p> <p>There had been a meeting the previous week on palliative care with progress on developing the strategy with PHOs and incorporating the Procure strategy. Devolution of services may assist this.</p> <p>The Mental Health ring fenced funding being discussed with the MoH had not yet been resolved.</p> <p>There was more cooperation involved in the ARPHS change proposal with already some positions disestablished.</p> <p>Home Based Support Services were progressing well.</p>
<b>6.2</b>	<b>Planning and Funding Indicator Exception Report</b>
	<p>With the percentage of 2 years olds immunised, while there had been a data change which had increased the rate, there was also real improvement with some emphasis from the measles outbreak. With the percentage of ADHB population enrolled with a PHO the denominator was based on the previous census and there was a question of the Pacific Island data. The improvement of percentage of 2 year olds immunised was pleasing.</p> <p>Referring to enrolled with PHOs people moved, there could be duplicate answers on ethnicity and the census was an under count.</p>
<b>9</b>	<b>PAPERS</b>
<b>9.1</b>	<b>ADHB Primary Care Collaborative</b>
	<p>Claire Caesar from Improvement Foundation Australia presented to the Committee on "Transforming Systems through Improvement". The ADHBs Long Term Conditions Collaborative was one of 4 pilot programmes partially sponsored by the MoH. The presentation gave a background of the Improvement Foundation which worked with organisations for continuous quality improvement which required system changes. This was necessary based on evidence/practice gaps, over use versus under use of services, delays, rationing and waiting times, inequalities/disparities across regions and demography, variation in healthcare outcomes and prevalence of errors. Key issues in the health system were chronic long terms conditions, an aging population, health inequalities and system integration in an environment of financial constraints. The collaborative methodology was outlined. Workshops were held to identify the evidence/practice gap, identify leaders in the field, apply improvement knowledge and develop handbooks and programmes which were then supported and guided through the collaborative programme. The international work was advised with an overview of the collaborative programmes. Embedding quality improvement required a commitment to quality improvement across the whole system, capacity at all levels of the system, data systems to support and drive improvement, community engagement and time given out of practice to make improvement everybody's core business.</p> <p>The present programme of ADHB was the long terms conditions collaborative piloted with 15 practices in five PHOs.</p>
<b>9.2</b>	<b>Public Consultation and Engagement Policy</b>
	<p>Tony O'Connor was in attendance. The Public Consultation Engagement Policy was wider than that required by law and was supported by the Board with items to be consulted on to be decided on a case by case basis.</p>

8	<p><b>FEEDBACK FROM MHAC AND PHAC</b></p>
	<p><b>Maori Health Advisory Committee</b></p> <p>The Committee received recommendation from Maori Health Advisory Committee.</p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the Community and Public Health Advisory Committee supports the Maori Health Advisory Committee recommendation that waiting times and intervention rates for Maori be a focus for improvement projects particularly addressing the interface between primary and the service to achieve an outcome where Maori and non Maori rates are the same with a focus on cardiac, stroke services and child respiratory as an initial start.</i></p> <p><u>Carried</u></p> <p>It was unsure how long these would take but there would be a start on data collection. The Committee also raised the question of retinal testing being aligned with other services and were advised that an RFP had been issued which had been developed over time with PHOs. This could be a service that could be devolved.</p> <p><b>Pacific Health Advisory Committee</b></p> <p>The Committee had received a presentation on strengthening leadership in HVAZ which included a number of workshops. While there were 30 churches in HVAZ 40 churches had attended and shown enthusiasm for the programme. The public consultation Summit would be held on 1 October 2009.</p>
7	<p><b>IMPROVEMENT ACTIVITIES</b></p>
	<p>These were going well.</p>
11	<p><b>GENERAL BUSINESS</b></p>
	<p>Jo Agnew advised that she had attended a conference on supported employment and she asked whether this was funded. The information is to be provided to Jo Agnew.</p>
	<p><b>NEXT MEETING</b></p>
	<p>The meeting closed at 3:06pm</p> <p>The next meeting is scheduled for 2:00pm, Wednesday, 21 October 2009 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Auckland</p>
<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> <span style="margin-left: 300px;"><b>DATE:</b></span></p>	