

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community & Public Health Advisory Committees

Wednesday 12 October 2011

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna
commencing at 2.00p.m

PART I – Items considered in public meeting.

COMMITTEE MEMBERS PRESENT:

Lee Mathias (Committee Chair) (ADHB Deputy Chair)
Warren Flaunty (Committee Deputy Chair) (WDHB Board Member)
Max Abbott (WDHB Deputy Chair)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Pat Booth (WDHB Board member)
Susan Buckland (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Rob Cooper (ADHB and WDHB Board member)
Robyn Northey (ADHB Board member)
Christine Rankin (WDHB Board member)
Allison Roe (WDHB Board member)
Tim Jelleyman (Co-opted member)
Eru Lyndon (Co-opted member)

ALSO PRESENT: Dale Bramley (WDHB, Chief Executive)
Debbie Holdsworth (WDHB, Acting Chief Planning and Funding Officer)
Denis Jury (ADHB, Chief Planning and Funding Officer)
Hilda Fa'asalele (ADHB, General Manager, Pacific Health)
Paul Garbett (WDHB, Board Secretary)
Andrew Old (ADHB and WDHB, Medical Advisor – Service Integration)
Jocelyn Peach (WDHB, Director of Nursing and Midwifery)
Janine Pratt (WDHB, Group Planning Manager)
Imelda Quilty-King (WDHB Community Engagement Co-ordinator)
Tim Wood (WDHB Manager Funder NGO)

PUBLIC AND MEDIA REPRESENTATIVES:

Deborah Dalliessi, North Shore Community Health Voice
Tracy McIntyre, Waitemata Health Link
Margaret Willoughby, Rodney Health Link
Lynda Williams, Auckland Women's Health Council
Nick Brentnall, HealthWEST
Nick Swain, ProCare

LEAVE OF ABSENCE: Alfred Ngaro

APOLOGIES: Apologies were received from Lester Levy, Garry Smith, Taima Campbell and Naida Glavish.

WELCOME

The Committee Chair, Lee Mathias, welcomed those present. She advised that Alfred Ngaro will be on formal leave of absence until the elections, as he is a list candidate on the National Party list.

DISCLOSURE OF INTERESTS

The following alterations for the Register of Interests were advised:

- Jo Agnew – no longer Senior Lecturer Nursing, University of Auckland; now Professional Teaching Fellow, University of Auckland
- Susan Buckland – has been appointed a member of the Northern Regional Ethics Committee
- Warren Flaunty – include membership of the Health Practitioners' Disciplinary Tribunal
- Lee Mathias – no longer Director, Iris Limited
- Robyn Northey – no longer a member of the Northern Regional Ethics Committee

With regard to the open agenda, Agenda Item 3.2 – Submission to the Draft Auckland Plan, Sandra Coney advised of a conflict of interest as a member of the Auckland Council. It was agreed by the Committee that, while Sandra would not take part in discussion on submission content, or the decision on the item, it would be appropriate and useful for Sandra to remain in the meeting room while the item was discussed, to provide information on the Draft Auckland Plan. Warren Flaunty and Christine Rankin also noted their membership of Auckland Council Local Boards, but that this was not an issue in their involvement of consideration of this item (the Local Boards will not be hearing the submissions on the Auckland Plan).

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 14 September 2011 (agenda pages 1-11)

A correction was noted for Item 7 in the minutes: "Matthias" to be corrected to read "Mathias".

Resolution (Moved Warren Flaunty/Seconded Jo Agnew)

That, with the correction noted at the meeting, the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 14 September 2011 be approved.

Carried

Matters Arising:

It was noted that regular updates on Whanau Ora will be provided in the monthly Primary Care Update from November.

3 DECISION ITEMS

3.1 A Locality Approach for Health Service Planning (agenda pages 13-20)

Dr Andrew Old (Medical Advisor – Service Integration, Auckland and Waitemata DHBs) and Dr Janine Jolly (Localities Manager, Auckland and Waitemata DHBs) were present for this item. They summarised the report.

Matters covered in response to questions and in discussion included:

- There is some existing evidence from the United Kingdom on best practice community engagement in the health sector, and also a growing body of evidence internationally about the value of co-design, in managing community expectations and improving understanding of the health system. The approach being taken in Auckland is an opportunity to gather further evidence.
- Data collection involved building on university research and the partnership with AUT.
- At the moment the focus is on locality health needs assessments, locality health plans and the formation of locality health partnerships, however in terms of looking at the possibility of adapting the Waitemata health link concept for Auckland DHB, the embryonic thinking was a possible model of a single health link for the whole Auckland DHB area (seven local board areas), but ensuring representation from each area. That is only an initial idea and thinking about this is just beginning.
- The importance of engaging with other Government funded activities, such as Whanau Ora, was acknowledged and Andrew Old emphasised the facilitative approach being adopted to bring together existing activities and avoid duplication.
- The locality approach involved both meeting the health needs of local communities and having an impact on the determinants of health, which was a focus of the work with Auckland Council and the other non-Government organisations.
- Communication included Community Links and the Community Links Centre in Glen Innes.

In discussion on this item Rob Cooper referred to a thoughtful paper on Whanau Ora written by Eru Lyndon and it was agreed that this obtained for distribution to Committee members.

Resolution (Moved Tim Jelleyman/Seconded Susan Buckland)

That it be recommended to the Auckland and Waitemata District Health Boards:

That the Boards:

- a) Note the background and progress made to date on developing a locality approach in Auckland DHB.**
- b) Note the linkage with concurrent primary care and community engagement activity, and the actions to align and coordinate across Auckland and Waitemata DHBs.**

Carried

Denis Jury advised that Janine Jolly would be leaving Auckland DHB in a few days time to shift to Wellington. He acknowledged and thanked Janine for her contribution to bringing the locality approach concept to where it is now, a very important strategy for the development of Auckland health services.

The Committee asked that a progress report on the Locality Approach be brought back to it in February or March 2012.

3.2 Auckland Council – Draft Auckland Plan Submission (agenda pages 21-33)

Andy Roche (Policy Analyst, Auckland Regional Public Health Service) and Janine Pratt (Group Planning Manager, Waitemata DHB) were present for this item.

Janine Pratt conveyed an apology from Frank Booth (Service Manager, Auckland Regional Public Health Service). She acknowledged the major role of the Regional Public Health Team and Andy Roche in preparing the draft joint submission and noted that many of the matters requested in earlier submissions to the “Auckland Unleashed” discussion document had already been incorporated by the Auckland Council in the Draft Auckland Plan.

Denis Jury expressed his appreciation of the fresh approach being taken by the Auckland Council and the new enthusiasm being shown to understand the health perspective. The Draft Auckland Plan provided a strong signal for the future on what can be achieved by working together. He also suggested that there may be other ways that health can help city planning, for example by providing information on “near misses” which highlighted issues of safety that the Council could address.

Matters covered in discussion of this item included:

- The child health perspective is well covered in the Draft Auckland Plan and the right questions are beginning to be asked, but it will be important to keep asking those questions as planning progresses.
- Strong satisfaction with the approach the Auckland Council has taken to date in including explicit involvement of the health sector in its thinking and the opportunity this brings for Council resources to be brought to bear on addressing underlying health issues.
- The need to look at strengthening contact at a range of operational levels as well as strategically.

Andy Roche advised that it is hoped to have the draft submission finalised for circulation by Monday, 17 May.

The Committee agreed on the following process for approving the submission:

- (i) The submission will be distributed to all Committee members.
- (ii) Committee members will notify the Secretary for the Committee (Paul Garbett) of their agreement to the submission.
- (iii) The Secretary will notify the Committee Chair of the response from members.
- (iv) The Committee Chair will sign the submission, which will be forwarded to the Auckland Council. (The action taken can be referred to the following meetings of the Auckland and Waitemata District Health Boards for formal endorsement.)

Resolution (Moved Rob Cooper/Seconded Peter Aitken)

- a) That the report be received and that the Committee notes that submissions on the Draft Auckland Plan close on 25 October 2011.**
- b) That the Committee notes the further information on the draft submission made available at the meeting.**
- c) That the process for approving the final submission consist of a “circulated resolution” process, details as agreed at the meeting.**

Carried

Andy Roche confirmed that it is intended to present orally at the hearing of submissions.

3.3 Oral Health (agenda pages 35-46)

Vicki Scott (Programme Manager Youth and Oral Health, Waitemata DHB), Rachel Mattison (Associate Planning and Funding Manager, Primary Care and Oral Health, Auckland DHB), and Sathananthan Kanagaratnam (Clinical Director, Auckland Regional Dental Service) were present for this item.

Sathananthan Kanagaratnam provided a powerpoint presentation on progress in terms of the Oral Health Business Case and oral health issues in the Auckland and Waitemata DHB districts.

Matters covered in consideration of this item included:

- Deep concern at the statistics for child and adolescent dental health
- The very significant disparities in oral health for Maori and Pacific children and adolescents (compared to the rest of the population) remain.
- Oral health historically has not had a high profile in health and it is positive to see that changing.
- It remains an anomaly that for many adults oral health is the one area of health that they can not afford to access.
- The need for greater co-ordination between education and health. An argument raised by some of those schools which decline to have visits by the mobile dental service is that already a number of other mobile services , for example mobile libraries, visit the school and that it would be disruptive to allow more such services. Vicki Scott advised that the decision on whether or not to allow mobiles is sometimes made by the school principal and sometimes the school board. There had been progress on this issue with some schools, but not others. It was also noted that reactions from schools varied markedly, with some principals and school boards really embracing the new dental services enthusiastically. The Committee Chair requested that the Committee be kept updated on this issue and suggested that it may be necessary to consider an approach at the national level (the subsequent resolution refers).
- It was also suggested that it would be worthwhile to obtain more detailed information on what other mobile services visited the schools and possibly look at ideas for rationalisation/co-ordination. It was agreed that an exercise be carried out to establish the number and types of mobile services visiting schools (primary and secondary).
- The Committee endorsed the request from Rob Cooper that presentations which deal with addressing minority needs should highlight these early in the presentation, to emphasise their priority.
- Sathananthan Kanagaratnam advised that approximately 10% of children go to private dental facilities. If children are not enrolled when mobile clinics visit, enrolment forms can be completed on the spot if their parents are available to sign them. In other cases the practice is to inform the school and provide enrolment forms in advance of visits. A small number of children do miss being enrolled.
- The Committee also noted the wider social issues around oral health, including the type of food and drinks being consumed.
- The Committee Chair suggested the possibility of oral health being the next major health issue to be identified following the campaign for immunisation.

Resolution (Moved Pat Booth/Seconded Chris Chambers)

That the Committee notes that the activity under the Oral Health Business Case is progressing to plan and notes:

- i) The significant reduction in arrears in the service delivered by Auckland Regional Dental Service (ARDS).**
- ii) Ministry of Health targets are being achieved or exceeded for the percentage of children caries free at five years of age in the Waitemata and Auckland DHBs.**

- iii) **Arrears rates slightly exceed Ministry of Health targets.**
- iv) **The adolescent oral health utilisation rate has reached 61.5% for Waitemata DHB and 71.8% for Auckland DHB. The District Annual Plan (DAP) target is 60% and 68% respectively for 2010/11.**

Carried

Resolution (Moved Chris Chambers/Seconded Susan Buckland)

- (a) **That the Committee endorses the:**
 - i) **Current and planned activity to be undertaken by ARDS across the region to address the Mean Decayed Missing Filled Teeth (DMFT) score at Year 8 which is slightly below Ministry of Health target.**
 - ii) **Current and planned activity to be undertaken across the region to reduce inequalities and increasing access to services for high need groups.**
- (b) **That the Committee requests that presentations that deal with addressing minority needs highlight these early in the presentation, to emphasise their priority.**

Carried

Resolution (Moved Sandra Coney/ Seconded Warren Flaunty)

That the Oral Health Programme Managers be requested to discuss the issue of schools declining mobile oral health services with the Ministries of Health and Education, and report back to the Committee on the response received.

Carried

4 INFORMATION ITEMS

4.1 Mental Health Information Paper (agenda pages 47-53)

Howard Dawson (Programme Manager, Waitemata DHB) and Robert Ford (Programme Manager, Auckland DHB) were present for this item.

Howard Dawson introduced the report and referred to the issues related to the Court of Appeal decision concerning payment for sleepover staff. Denis Jury noted the Government's decision to contribute 50% of the cost of back pay for the last six years, and that while there is no direct liability to the District Health Boards as a result of the decision, there is the potential impact from the providers needing to recover their additional costs, and these floating back to costs for District Health Boards when contracts are renewed or new contracts tendered.

Matters covered in response to questions and in discussion of this report included:

- Waitemata DHB plans to phase out residential rehabilitation Level 3 beds (which have sleepover staff) by August 2012.
- The Auckland DHB RFP Process for an Iwi based solution for Kaupapa Maori Services (page 52 of the agenda) very much embraces the Whanau Ora approach.
- With regard to concerns expressed about people with mental health problems in Onehunga, services there include some Level 3 Rehabilitation Services which are well provided for and well staffed. In the case of individuals with mental health problems who live alone, routine visits are carried out by support services to assess

any issues and assist them in meeting their living needs and rehabilitation needs. Once discharged they move to the care of a general practitioner, and they may or may not have a support worker visiting them. Usually if the mental health of someone like this deteriorates, there will be a trigger which brings their case to the attention of Mental Health.

- The differing costs for the two District Health Boards for residential rehabilitation services reflect the distribution of beds and some of the differing requirements of parts of the populations served.

The Committee received the report.

4.2 Community/Consumer Engagement (agenda pages 55-61)

Imelda Quilty-King (Community Engagement Co-ordinator, Waitemata DHB) was present for this item and conveyed an apology from Tony O'Connor (Engagement and Planning Manager, Auckland DHB). Also present were Margaret Willoughby (Rodney Health Link), Tracy McIntyre (Waitakere Health Link) and Deborah Dalliessi (North Shore Community Health Voice).

Matters covered in discussion of this item included:

- Vigorous debate over the merits of the word “consumer” in the context of health services, with contrasting viewpoints for and against.
- Margaret Willoughby referred to the work carried out by Rodney Health Link (page 58-59 of the agenda) and an information pack distributed at the meeting including annual reports and newsletters from the Health Links/ Health Voice.
- Tracy McIntyre referred to the information from Waitakere Health Link (pages 59-60 of the agenda) and highlighted the NGO Open Day at Waitakere Hospital on 31 October. She also extended an invitation to Andrew Old to attend one of their Committee meetings.
- Deborah Dalliessi referred to the information from North Shore Community Health Voice (page 60 of the agenda) and extended an open invitation to all Committee members to feel free to contact them if they had any questions. She noted the substantial increase in the work being done with the District Health Board and that there are now many more levels of engagement than in the past. She advised that they are very aware of localities planning and had been asked to go back to their communities to look at some questions relating to this.
- The Committee Chair noted for the information of the Health Link/Health Voice representatives that Auckland DHB would be considering how it might use the Health Links model.

Resolution (Moved Warren Flaunty/Seconded Max Abbott)

That the report be received.

Carried

5. STANDARD MONTHLY REPORTS

5.1 Primary Care Update (agenda pages 63-69)

Andrew Coe (Group Manager – PHOs and Primary Care, Auckland and Waitemata DHBs) and Stuart Jenkins (Clinical Director Primary Care, Auckland and Waitemata DHBs) were present for this item.

Answers to questions included:

- Discussions are still ongoing with Waitemata PHO about confirmation of their participation in GAIHN. The Committee asked to be kept informed on this. It was noted that the Audit and Finance Committees of both Boards would be considering a report relating to GAIHN at their November meetings.
- Unspent funds – PHO cash reserves (page 69 of the agenda) - it is estimated that the total value may be around \$20M across the region. Work is being carried out in the case of each former PHO to drive down those cash reserves over a two year period and re-invest them in health services for the population. There is still the opportunity to get back funds from organisations no longer in existence and the Committee will be kept informed on progress with that process on a monthly basis.
- Access to Diagnostics (agenda page 67) – in the majority of cases, problems with practices getting connected to the system had been overcome. There are still some issues with non ProCare Practices that use MedTech as their Patient Management System, as detailed in the agenda report. Debbie Holdsworth noted that this is an issue that has concerned Waitemata DHB for some time, and needs to be addressed on a national basis through the National Health IT Board.
- Clinical Pathways (agenda page 68) – in response to questions raised more information will be brought back in the next report about all the levels where pathways is being dealt with and resourcing implications.
- Rheumatic fever – Lee Mathias advised of a new ELISA (enzyme linked immuno assay) being developed for rheumatic fever. A blood test may be possible.
- Weekly Primary Care Reports – in view of the new standard Primary Care report for the CPHAC agenda, it was agreed that it was not necessary to continue to produce these on a weekly basis for e-mailing to Board members. Any information that members should be made aware of quickly could be circulated separately when the need arose.

The Committee received the report.

5.2 Planning and Funding Update (agenda pages 71-75)

Denis Jury (Chief Planning and Funding Officer, Auckland DHB) and Debbie Holdsworth (Acting Chief Planning and Funding Officer, Waitemata DHB) responded to questions relating to the report and provided additional information, including:

- Closure of the Bethany Centre by the Salvation Army – the Salvation Army is still working on what services will replace those that have been provided by the Bethany Centre for young unsupported pregnant women. The Salvation Army is keeping Auckland DHB involved in this issue and the Committee will be kept informed. At this stage there is a possibility of future support being more day support rather than residential support.
- Funding of Sexual Assault Services (agenda page 74) – further to the information in the report, Denis Jury advised that an interim solution had been progressed with the three district Health Boards and other supporting organisations and it can now be assumed that the service will be able to continue in its current form for at least 1-2 years while a more permanent solution is being pursued. The Committee would be kept informed on this and if there is anything further on Maternity Service Specifications (page 75 of the agenda), although that matter is probably resolved.
- With regard to the additional measures being taken to extend the scope of measles immunisation (page 72 of the agenda), the funding impact for the region is likely to be between \$1.5M and \$2.5M. The respective CEOs will be informing the Finance and Audit Committees at their next meetings.

The Committee received the report.

6. GENERAL BUSINESS

Dale Bramley advised members that:

- Professor Ron Paterson has been appointed by Waitemata DHB to review its clinical quality processes. He is eminently qualified in this area, including previous work as Health and Disability Commissioner.
- Earlier in the day there had been a formal launch of the Bowel Screening Pilot to be delivered by Waitemata DHB. Special thanks were due to the team working to put this programme in place. The Pilot is attracting a great deal of attention in the media.
- Naida Glavish has been appointed to the new joint position Chief Advisor Tikanga for both Auckland and Waitemata District Health Boards. Maori health clinical staff would report both to the relevant clinical manager for clinical matters and to Naida for Tikanga/cultural matters.

The Committee Chair advised that the following principles should apply with regard to responding to requests for information from members. Where the question is a minor or single issue matter, an officer will be allocated to respond directly to the member (not in paper form). Papers will only be produced in response to a request which comes from the Committee as a whole.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Lee Mathias/Seconded Warren Flaunty)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following item, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of minutes of the Auckland and Waitemata District Health Boards Community and Public Health Advisory Committees Meeting held on 14 September 2011 with public excluded	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes</p> <p>As per the resolution from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>

Carried

The Committee Chair thanked members for their participation.

The meeting concluded at 4.20p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 12 OCTOBER 2011

CHAIR