

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Thursday 2 August 2007 in the
Marion Davis Library, Building 43, Auckland City Hospital, Grafton
commencing at 9:00 am**

1. ATTENDANCE AND APOLOGIES

Committee Members

Wayne Brown (Chair)
Barry de Geest
John Retimana
Paul Roseman
Teriki Stewart
Dr Daniel Wu

Dr Chris Chambers
Dr Di Nash
Dr Ian Scott
Paul Stephenson
Professor Alistair Woodward

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Celia Palmer – Clinical Leader Planning and Funding
Taima Campbell – Executive Director Nursing
Naida Glavish – Acting GM Maori Health
Janice Mueller – Director Allied Health
Ian Bell - Board Administrator

Apologies

The Chair declared the meeting open at 9.12am.
Naida Glavish opened the meeting with the karakia.

Apologies had been received from Ross Keenan, Harry Burkhart, Dr Virginia Hope, Winston Timaloa and Dr Denis Jury. Paul Stephenson had apologised for lateness.

2. CONFIRMATION OF MINUTES 5 JULY 2007

Moved Barry de Geest; seconded Chris Chambers

That the minutes of the Community and Public Health Advisory Committee meeting held on 5 July 2007 with the amendment, that the implication of banning party pills was unknown but the Committee did not predict a great outcome, be confirmed as a true and correct record.

Carried

3. ACTION TABLE 5 JULY 2007

Interpreter Services

Refugee services had instigated interpretative services and there was also a Wellington service at a cost of \$25. It was suggested that there be a list of doctors with language skills available to patients and that this be linked to HealthLine.

4. PRIMARY HEALTH ORGANISATIONS

Deirdre Maxwell, Manager PHOs and Primary Care was in attendance and updated the Committee on the implementation of the New Zealand Primary Healthcare Strategy being the lowering of fees, having a range of services to improve access such as Care Plus and implementing a PHO performance programme with measures such as immunisation rates etc. At this stage these were measurement of implementation progress with the PHOs but there needed to be a move to measuring health outcomes.

The Board supported the enforcement of the policy of enrolment versus registered patients and the strong approach to recovering funds paid for non enrolled patients and the requirement to have accountable and auditable registers of enrolment.

There was a lack of framework around the CarePlus scheme with the 5% cap nationally on access not addressing needs at the high end. While the 5% was adjusted for the population profile, by having holders of high use health cards being counted within the 5% threshold, the number of available spaces in the CarePlus programme were reduced. Having CarePlus capped and high use health card users not appeared to be an anomaly. Payment for CarePlus was \$230 per annum per patient.

Tamaki Healthcare PHO presented to the Committee advising that they had 15 medical practices and 59 GPs and services include health nutrition service and critical success factors included a family whanau focus. The presentation was on Dietician in Primary Care. They were one of the finalists in the Health Innovation Awards 2007.

Paul Stephenson joined the meeting at 9:35am.

The Tongan Health Society PHO presented on the Langimale Diabetes Clinic showing the journey from the first visit and assessment, follow-up for those who tested positive and referral to the Diabetes Centre. It followed a management plan and intervention with continued management, education including all the family, exercise and a case study was given which showed a controlled reduction in Hba1C for a particular patient.

5. MAORI HEALTH SERVICES PLAN

Naida Glavish introduced the Health Plan acknowledging the presence of Wiki Pene, Kaumatu, ADHB. The plan was Te Aratakina "A Pathway Forward". The Maori Health Advisory Committee had supported and recommended the plan to the Board.

Moved John Retimana; seconded Ian Scott

That the Community and Public Health Advisory Committee endorses the proposed draft strategy and priorities for addressing Maori health gains and reducing health inequalities through the Maori Health Plan 2006 - 2010.

Carried

The plan was aligned with the DAP and performance against the Plan would be included in the quarterly reporting against Objectives. The objective of improving Maori access to primary healthcare services would need to be monitored in the NGO sector.

7. PLANNING AND FUNDING MONTHLY REPORT

Items of note were that the District Annual Plan 2007/2008 had been signed by the Minister on 9 July 2007 and that ADHB was funding a package for family violence prevention and intervention. The latter needed to be linked into the Maori Health Plan.

It was understood that alcohol and drugs were 70% root cause of violence and if these were screened for prior to admission to hospital preventative measures could be initiated rather than dealing with the consequences of violence. There were screening tools in general practice but there needed to be a structured approach for follow-up if screened positive. Plunket nurses and some hospital staff were trained to ask questions concerning violence and what to do with the responses.

It was noted that there was a lack of education on alcohol and its consequences particularly when overlaid with other drugs and there was also a question of who took responsibility for the growth of children through to adulthood with some families abdicating from that responsibility. The Committee supported the initiatives being undertaken.

6. ORAL HEALTH CONSULTATION DOCUMENT

Wendy Hoskin, Planning and Funding Manager was in attendance. The issues were that many facilities in schools were old and not up to standard as well as there being workforce shortages as a result of low investment and competition with the private sector, issues of hours and family commitments. The proposal was to improve access for different age groups using Well Child for under 5s and reducing the number of physical clinics from the present 84 to between 12 and 15 run on a hub and spoke system with mobile units for first assessments with subsequent treatment being provided at the hub.

There had been under investment in dental therapists who are trained at a 3 year AUT course and, where as before they were generally employed in schools, now they could work in private practice for higher remuneration. The average age of the workforce was over 50 years.

Waitemata held the regional contract and the planning was being undertaken regionally. It was expected that there would be transportation and access issues with moving from a dental clinic at schools to a hub system. High Did Not Attend (DNA) rates were experienced with pre-schoolers and adolescents so private dentists resisted entering those markets.

Morning Tea

The Committee broke for morning tea at 10:47am.

The Committee reconvened as a combined Community and Public Health Advisory Committee and Hospital Advisory Committee at 11:10am.

9. ADHB RESEARCH ANNUAL REPORT

David Sage, Chief Medical Officer introduced the ADHB Research first Annual Report which reflected the place of research in ADHB and its direct link with patient care. Research also contributed to the recruitment and retention of physicians. The Chair noted that this was the first time ADHB had a comprehensive report on what research was being undertaken and thanked all those involved in research on behalf of the Board. The Annual Report put research in an understandable form.

Gayl Humphrey, Manager Research Office, presented to the Committees showing the new model for managing research established in 2005 with formal governance established and clear financial management through partnership with the A+ Trust with improved operational systems for risk management, research capture and monitoring. Research was aligned with ADHB's priorities of Lifting the Health of People in Auckland City, Leading Performance Improvement and Living Within Our Means. Achievements in Year 1 were increased recognition of research as a core part of ADHB culture, the establishment of governance and oversight principles and structures, clear accountability and improved financial management and streamlining of approval processes with improved risk management and monitoring systems. Future directions could be expanding areas of research and perhaps establishment of an ADHB Research Institute linking with commercial research organisations and research partners.

Barry Snow, Clinical Director Neurology, presented on Neurological research in Auckland, being research by ADHB Neurologists supported by a patient pool and participation in the research community through the Neurological Foundation and Auckland Neuroscience community. The Auckland Neuroscience community was at the forefront of world research led by Richard Faull. It was hoped to establish a Professor of Neurology chair. The benefits of neurological research was generation of new knowledge, income for the department, enhanced individual patient care, improved skills in doctors and nurses through improved clinical skills, discipline and training. Those skills were applied to non-research patients, as well as those participating in research studies, which enhanced the individual patient care through the virtuous cycle of research and patient care. He outlined the research on Parkinson's disease through studying mitochinone introduced to the mitochondria by overcoming a negative charge. The research had contributed to support for basic sciences, the Parkinson's Disease Society and had been good for patients and systems, training clinicians in assessment and management of Parkinson's disease, enhancing skills for nurses and providing access to further studies as well as contributing \$200K in funding.

The uneasy relationship with the drug industry was managed through the Research Management Office as well as Ethical committees.

The Committees thanked Gayl Humphrey and Barry Snow for excellent presentations and congratulated all those involved in research at ADHB.



10. NEXT MEETING

The next meeting is scheduled for
9:00 am, Thursday 6 September 2007
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:DATE: