

AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday 1 October 2008 in the
Marion Davis Library, Building 43, Auckland City Hospital, Grafton
commencing at 9:00 am**

1. KARAKIA, ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Rob Cooper (Chair)	Susan Buckland
Harry Burkhardt	Dr Chris Chambers
Dr Brian Fergus	Dr Ian Scott
Pat Snedden	Rt Hon Bob Tizard
Seiuli Dr Juliet Walker	Ian Ward

In Attendance

David Hunter, Chair ProCare Network Auckland
Jude Keys, CEO ProCare Network Auckland

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning and Funding Officer
Dr David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing
Kerry Hiini – Planning & Funding Manager
Janice Mueller – Director Allied Health
Aseta Redican – GM Pacific Health
Ian Bell - Board Administrator

Karakia, Apologies

The Chair declared the meeting open at 9.10 am.
Kerry Hiini commenced the meeting with the karakia.
Apologies had been received from Jo Agnew, Alfred Ngaro, Farida Sultana, Lynda Williams and Celia Palmer.
There were no notifications of conflicts of interest for any item on the agenda.

2. CONFIRMATION OF MINUTES 3 SEPTEMBER 2008

Moved Chris Chambers, seconded Bob Tizard

That the minutes of the Community and Public Health Advisory Committee meeting held on 3 September 2008 be confirmed as a true and correct record.

Carried

3. ACTION TABLE 3 SEPTEMBER 2008

Maternity Information For Women

Kay Hyman, General Manager Woman's Services was in attendance and had provided a paper on maternity information provided to women. It was the responsibility of the Lead Maternity Carer (LMC) to provide information to women. ADHB was the LMC for approximately a third of the births at ADHB. For other LMCs additional information was provided for example on transfers to Birthcare. If there was no LMC information on how to find a LMC was provided. The information is reviewed bi-annually with consumer input and Level 9 has a Woman's Health information room and service.

Information was supplied at ante natal classes and through Well Child after birth. With regards "shaken baby syndrome" experience in the USA was that after birth was the right time to provide that information. It was noted that USA lengths of stay were less than New Zealand at birth. There is a specific contract with Well Child Maori and Pacific providers on support and providing information.

There was very good consumer feedback on ADHB services, both LMC and facilities. Independent LMCs are required to provide consumer feedback as quality assurance. The responsible agency is the LMC for six weeks after birth when there is a transfer to Well Child. In response to a good question concerning some young Pacific people not having a LMC and reverting to general practice the Committee was advised that women without an LMC default to National Woman's but usually access services late and so are late in receiving any information and are also quite often difficult to maintain contact with after birth. A number of women will have extended stays in hospital for clinical or social reasons.

4. PHO PRESENTATION TONGAN HEALTH SOCIETY

Paul Lavulo, CEO and Lee Ahokovi, Assistant Clinical Manager of the Tongan Health Society presented to the Committee. They were established in 1997 and had a staff of 45. Their grand strategy was to build sustainable primary health structures, systems and outcomes at the PHO level, clinical practice level and community level. These outcomes at the PHO level were good governance, holistic approach, quality of services and lifting the health of Maori PHO members and the community. The holistic approach and quality services were delivered at the clinical level through GP services, home visits, diabetes clinics, minor operations, mental health services and dentistry. At the community level there were public health services including Well Child, parish nurse, nutrition, school based nurse and mobile nurse. Social services were positive parenting, Toddler without Tears and early childhood education. Lifting the health of Maori members and community included personalised healthcare plans, 100% immunisation of children and cancer screening using skilled staff knowledgeable on Treaty principles and supporting and networking with Maori health providers including Tamaki PHO on diabetes.

At the clinical practice level they were enrolled with the Cornerstone project aiming for accreditation by early next year for all services. Quality nursing services were provided with practice nurses having professional development programmes and providing culturally appropriate care in partnership with the community. Cervical and breast screenings were a very sensitive issue for Tongan women and needed to be addressed appropriately. They had a health structure with the Free Church of Tonga across Auckland and were involved with the Tongan Early Childhood Association as well as

being involved with HVAZ. The youth at risk programme included screening for mental health.

Support from the DHB sought was assistance with data management so that there could be more planning and targeting, and HR staff support.

The Chair thanked them for an informative presentation which was noted.

5. WORKFORCE PLAN

The final report would be issued in November which was pulling 44 previous workforce plans into a common framework with a focus on getting the infrastructure correct and prioritised which included teaching and learning as ACH was a teaching hospital. There were a number of workforce indicators reported to the MoH but there needed to be more work on these to measure how successful the plan was. While areas of need were targeted there was not a good system of prioritising the areas. Maori and Pacific were integrated into the over arching framework both focused on getting young people involved in the health system.

The report was noted.

6. PALLIATIVE CARE

Lisa Gestro, Planning and Funding Manager spoke to the report noting Dr Elizabeth Bennett's comprehensive and successful report and resource to evaluate future development. The resources for the service appeared to be in place but needed to be relocated with a move to primary care supported by specialists. This would be by re-orientating specialist skills and bringing GPs into a central role which would apply particularly for Maori and Pacific. Rather than needing money there was a need for commitment to the service respecting choice of families to be in home or hospice. Volunteers had a vital role through the hospices.

There was a need for education of both professionals and the public to change expectations recognising that dying is a part of living and moving away from high tech hospital care to community care.

Moved Ian Scott, seconded Seiuli Dr Juliet Walker

That the Community and Public Health Advisory Committee:

- 1. Notes the findings of the Needs Assessment and the recommendations for service improvement in Palliative Care service;*
- 2. Notes particularly the synergy and alignment to other ADHB strategies such as the recent Primary Health Care Strategy and Long Term Conditions Framework;*
- 3. Endorses the next steps; and*
- 4. congratulates and acknowledges the work of Dr Elizabeth Bennett and Lisa Gestro.*

Carried

8. PLANNING

Denis Jury tabled the letter from the Minister who had signed the ADHB 2008/09 District Annual Plan (DAP) with generally positive comments and had noted the work on long term conditions management. The signed DAP recognises the IDF uplift assumption.

An overall planning and funding timeline was tabled which gave an overview of all the processes behind the DAP and budget with a more detailed programme for October, November and December 2008 including a workshop in November for the Board.

The ADHB Strategic Plan development timeframe was tabled which would be developed out of the long term service planning being undertaken.

Moved Pat Snedden, seconded Chris Chambers

That the Community and Public Health Advisory Committee notes and approves the recommended planning approach and timelines for 2009/10 financial year.

Carried

7. PREVENTING NON-ACCIDENTAL HEAD INJURY IN INFANTS

Carol Stott, Planning and Funding Manager introduced Dr Alison Leversha who presented to the Committee. She apologised for Dr Patrick Kelly not being available. The New Zealand incidents were 20-30 per 100,000 but with Maori at 50 per 100,000. The overall incidents rates were much the same as other countries. Infants affected had high morbidity and mortality rates. Infant crying patterns were advised with crying peaking at 6 weeks and then reducing. Well Child was incorporating a visit to explain about crying patterns and to do crying assessments. This should involve both parents.

Roxanne Matravers, Charge Midwife championed the issue and had developed a number of resources. The appropriate time to address the question of shaken babies were at birth with an 11 minute video being used. Funding for resources was been sought from the Ministry of Social Development and ACC with a business case being developed for funding of approximately \$100k for establishment.

The Committee suggested that Communications should look at having appropriate health issue videos in waiting areas.

Moved Ian Scott, seconded Harry Burkhardt

That the Community and Public Health Advisory Committee notes the information provided about “shaken baby syndrome” and the proposal to develop an integrated prevention programme in ADHB.

Carried

The Chair thanked Dr Leversha for her presentation.

9. PLANNING & FUNDING MONTHLY REPORT

It was noted that Maori had a high level of not having a Lead Maternity Carer and it was difficult to follow those particular new mothers so a contract for two Birth Educators had been completed. Components of the Maori Workforce Plan were being migrated into the ADHB Workforce Development Strategic Plan 2008/2011. The Maori Health Advisory Committee had had good presentation from Neil Woodhams and Taima Campbell on programs to recruit nurses particularly the Pu Ora Matatini programme aimed at recruiting and training 100 Maori primary healthcare nurses by 2015 with 70% of the participants being on the DPB which was getting extremely good results. ADHB's concentration was on the Rangatahi programme to make secondary school student aware of potential careers in health. The gap between workforce and the population profiles would be advised in November.

An issue that was emerging for Pacific Community Nurses was the support needed when undertaking after hours work so that they did not feel vulnerable. Social challenges needed to be considered as well as the appropriate cultural support when dealing with different Pacific Island populations. It was emphasised that in reducing inequalities it was the total ADHB's responsibility not the individual Pacific or Maori teams. It was thought that progress was being made on reducing inequalities and a template was being developed to capture how it was progressing. The Committee supported that it was an organisational responsibility to address inequalities acknowledging the Board's priorities to Maori and Pacific.

Pacific workforce would always be an issue with a requirement to provide support while training continuing through into the workplace with the first job.

Work on IDFs was progressing with key areas for consideration of wash-ups being pharmacy and non in-patient volumes. Regional collaboration was about managing risk. The use of NHI numbers in dispensing were varied and if there is not acceptance of wash-ups for pharmaceuticals there was a \$4m risk exposure.

The Planning and Funding Monthly Report was noted.

10. UPDATES

10.1 Community Laboratory Consultation

The information was noted.

10.2 ROI Accident and Medical Clinical Services Overnight

The information was noted. The after hours services needed to provide for palliative care and also support for rest homes.

10.3 Additional Charging in Aged Residential Care

This issue may need to go to Court. Of particular note was the Acts reinforcement of choice with residents entitled to opt out of purchasing additional services with facilities required to provide services to the standard in the ARC contract. The Committee would be kept informed of progress.



11. GENERAL BUSINESS

There were no items of general business.

12. NEXT MEETING

The meeting closed at 11:30am

The next meeting is scheduled for
9:00am, Wednesday 5 November 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:**DATE:**