



Auckland District Health Board Community and Public Health Advisory Committee Minutes

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 17 June 2009												
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre												
1	ATTENDANCE AND APOLOGIES												
	<p>Committee Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr Brian Fergus (Chair)</td> <td style="width: 50%;">Jo Agnew</td> </tr> <tr> <td>Susan Buckland</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>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td>Rev Alfred Ngaro</td> </tr> <tr> <td>Lynda Williams</td> <td></td> </tr> </table> <p>In Attendance</p> <p>David Hunter – Procure Jude Keys – Procure Barbara Stevens – Auckland PHO Tepania Kingi</p> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Hilda Fa’asalele – Acting General Manager Pacific Health Aroha Haggie – Maori Health Gain Manager Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 2:05pm.</p> <p>Apologies had been received from Rob Cooper, Harry Burkhardt, Farida Sultana and Pat Snedden advised that he would have to leave early. Apologies were also recorded for David Sage and Janice Mueller.</p>	Dr Brian Fergus (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	Rev Alfred Ngaro	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	<p>CONFIRMATION OF MINUTES 20 MAY 2009</p>
	<p>The present Strategic Plan had not been signed off but it was still of value to the organisation and community so the new one would be commenced. The ADHB Chair advised of a presentation from Treasury with long term constraints so there was a need to have concentrated thinking on what services to provide to the population in those times of constraint. There would be a Strategic Planning meeting in July.</p> <p>There had been adequate access for input to the Horn Committee through the region and with a number of meetings with Planning and Funding and Board Chair.</p> <p>The aim of the Cervical Screening tender was to improve rates of screening in high needs groups. With eating disorders, while more people were presenting, Clive Bensemann had had good input into the planning including community based services and it was thought that the balance between community and in-patient services was appropriate to cover the continuum of care from primary care through to tertiary services.</p> <p><u>Moved Susan Buckland; seconded Jo Agnew</u></p> <p><i>That the minutes of the Community and Public Health Advisory Committee held on 20 May 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	<p>ACTION POINTS 20 MAY 2009</p>
	<p>CTA Funding</p> <p>There would now be second semester funding available.</p> <p>Contracted Maternity Support Services</p> <p>The report was tabled.</p> <p>Oral Health</p> <p>The blockage in procurement had been cleared with a satisfactory outcome. Procurement has been made difficult due to the responsiveness of DHBs to sign off with ADHB being one of the first to get their business plan approved. A project manager had been appointed who had worked with schools so knew how they operated and positive engagement from schools, both those getting clinics and those not, was being obtained.</p>
6	<p>PLANNING & FUNDING MONTHLY REPORT</p>
	<p>Eating Disorders funding had a number of risks being how the Ministry applied money to Auckland and Midland and while funding was a contract line in the first year it was intended to be put into PBF in later years which would create a risk between the years and also a risk going forward so should be top sliced. DHBs only wanted to pay on utilisation, not capacity, and there was a question of funding for the peak or for middle usage using overseas capacity as a fall back. The Minister was providing funding for the peak so payment from DHBs should be on capacity. The Chief Executive advised that he would not agree to payment on utilisation.</p> <p><u>Moved Ian Scott; seconded Susan Buckland</u></p> <p><i>That the Community and Public Health Advisory Committee supports the CEO for capacity funding from DHBs for Eating Disorder Services.</i></p> <p><u>Carried</u></p> <p>The outcome of the funding discussion is to be reported back to the next meeting.</p> <p>The MECA Public Health uplift funding was \$1.5m which had been spread by the three DHBs who then contributed \$500k back and had been over the 3 years a funding line but would now be put into PBF. The coming year the DHBs were saying that this was the regional services problem. The options were to offset the ADHB funding requirement for Public Health funding through wash-ups, offset or to trim Public Health services for Waitemata and Counties Manukau if there is no</p>

	<p>agreement.</p> <p>Other points noted were the After Hours paper later in the agenda, the DAP signoff, the Strategic Plan progressing and the Birthcare contract nearing signing. With the Birthcare contract overlaps of funding were being reviewed with the transfer hours varying from 6-48 hours. With a large proportion these were taken as under/overs but there would be a cut off of no transfers after 36 hours. Lynda Williams declared a conflict of interest but did make some comments.</p> <p>David Sage was leading a review of all clinical practices taking a broad clinical utilisation whole of system view and this had been discussed at the Clinical Board. The project was to have clinicians assist with what type of care and resources could be provided in a period of constraint. The Clinical Utilisation Project would be reported in a generic form to the Quality Committee.</p> <p>The Home Based Support Services implementation was progressing well. The May results for Planning & Funding were close to budget. Pharmaceuticals were fairly close to the revised forecast as it was difficult when budget setting to predict changes in drugs coming off patent and moving to generic. A graph was tabled of an example where the average monthly demand had been \$630m and dropped to \$130m when the generic was available. Funding was very susceptible to uptake of the generic. The savings were used by Pharmac to fund new drugs.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the Planning and Funding monthly report be noted.</i></p> <p><u>Carried</u></p>
7	IMPROVEMENT ACTIVITIES
7.1	DAP Projects Report
	<p>The project on delivery of palliative care services would not start until Home Based Support Services were in place but would deliver over time. The SOAR web based reporting will go ahead once resources are available after the Home Based Support is in place looking at more primary care and home based rather than hospice services. It was noted that the Minister's extra funding had been aimed at hospice care.</p> <p>Pat Snedden left the meeting at 3:20pm.</p>
9	PAPERS
9.1	Value For Money
	<p>Wendy Hoskin was in attendance advising that she was working with Planning and Funding managers and Maori and Pacific health using the value for money review tool contained in the appendix. Contracts being assessed were those due to expire 30 June 2009. The review tool had been drawn from the prioritisation tool. Wellington had a similar tool and Counties Manukau had a variety of tools. It was suggested that there should be more emphasis on commercial information such as accountants, lawyers etc and how sustainable providers were.</p> <p><u>Moved Ian Scott; seconded Chris Chambers</u></p> <p><i>That the Community and Public Health Advisory Committee endorses the proposed contract review process.</i></p> <p><u>Carried</u></p>
9.2	After Hours
	<p>Each DHB had come up with a business plan to secure funding which had been signed off by the MoH. After Hours services 10:00pm to 8:00am were contracted with Whitecross with two-thirds funding from MoH and one-third from the DHB. The other third of MoH funding was targeted at high needs populations with a pool being established split to PHOs for them to subsidise utilisation of services targeted to high needs and a 50% reduction in co-payments. Work had been undertaken with the PHOs each being able to apply these in different ways. Auckland PHO advised that Tamaki and Auckland PHO had an agreement with Whitecross to subsidise After</p>

	<p>Hours care through tracking who has used the services with approximately 600 patients visiting Whitecross monthly. All PHOs had had good robust discussion through a good process to address high needs getting after hours and urgent care. The busiest time was 8:00am to 10:00am Monday through Thursday. A survey of why patients were going during working hours was being undertaken with a suggestion that there be an increase co-payment in daytime which was no different from going to the GP and dropping the After Hours co-payment. Procure advised that they had not used the money for After Hours directly but had instituted a phone triage system and if patients are referred to Whitecross they were provided with a voucher to subsidise the visit. This gave an example of different solutions but based on the agreed principles.</p> <p><u>Moved Juliet Walker; seconded Ian Ward</u></p> <p><i>That the Community and Public Health Advisory Committee approves the After Hours proposal and notes the additional funding achieved.</i></p> <p><u>Carried</u></p>
9.3	Update on Planning Documents 2009/2010
	<p>It was understood that the District Annual Plan 2009/2010 would be signed by the Minister. The Statement of Intent updated version would be submitted to the Ministry of Health on 19 June 2009 being signed by the Chair, Deputy Chair and supported by Ngati Whatua.</p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the Community and Public Health Advisory Committee notes the changes required to the District Annual Plan 2009/2010 and Statement of Intent 2009/2010 in response to feedback from the Ministry of Health and commends the authors on the clarity of the documents.</i></p> <p><u>Carried</u></p> <p>Ideally the Statement of Intent would be approved by the Board but due to the time constraints the Committee was asked to endorse it.</p> <p><u>Moved Ian Scott; seconded Jo Agnew</u></p> <p><i>That the Community and Public Health Advisory Committee approves the final signoff on the Statement of Intent delegated to the Board Chair and Deputy Chair with the support of Te Runanga o Ngati Whatua.</i></p> <p><u>Carried</u></p> <p>This would be ratified by the Board on 1 July 2009.</p> <p>The District Strategic Plan was looking forward 5 years and there would be a need to prioritise in difficult times. There had been a number of workshops with a number of key findings:</p> <ul style="list-style-type: none"> • There would be financial constraints • There was a need to engage the education and housing sectors as determinates of health • There needed to be strong buy-in to the Plan • Concern at IT • Concern for workforce with a need to rethink roles • Electronic medical records • Focus on patients was central and a need for better information on population needs • Ageing population • Need to do more to address inequalities • Need to promote wellness and self management • Better coordination of activities. <p>Over 30 people had been interviewed including PHOs and the Senior Leadership Team.</p> <p>It was suggested that there be further consultation with core population groups and stakeholders, involve the Pacific “summit”, involve MAPO and visits to Marae and consult with Grey Power although it was noted that there was also a need to look at the 18-25 year old generation. With no guarantees of funding after 2009/2010 there would be a need to manage expectations rather than raising expectations. It was suggested that there should be early engagement of the</p>

	shareholding Ministers by the Chair.
8	FEEDBACK FROM MHAC AND PHAC
	<p>The Pacific Health Advisory Committee had discussed the Strategic Plan and the present pandemic with concern at the emphasis on ethnicity relating to an outbreak in Christchurch. There needed to be a public health communication strategy inclusive of addressing, in a culturally appropriate manner, to the Pacific community.</p> <p>At the Maori Health Advisory Committee a hoe waka had been presented from Ngati Whatua expressing the importance of the MOU between ADHB and the partnership with the Runanga o Ngati Whatua with this being appropriate to have at all Board and Board Committee meetings. There had been an update on immunisation rates.</p> <p>Pat Snedden rejoined the meeting at 4:22pm.</p>
10	PUBLIC EXCLUSION
10.1	<p>Retinal Screening RFP</p> <p><u>Moved Jo Agnew; seconded Susan Buckland</u></p> <p><i>That in accordance with provisions of Schedule 3, clauses 32 and 33 of the New Zealand Public Health Disability Act 2000 public be excluded for consideration of item 10.1.</i></p> <p><i>The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:</i></p> <p><i>General subject of each matter to be considered: Retinal Screening RFP</i></p> <p><i>Reason for passing this resolution in relation to each matter: To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i></p> <p><i>Ground(s) under clause 34 for the passing of this resolution: That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.</i></p> <p><u>Carried</u></p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the Community and Public Health Advisory Committee resume in public meeting.</i></p> <p><u>Carried</u></p>
	NEXT MEETING
	<p>The meeting closed at 4:53pm</p> <p>The next meeting is scheduled for 2:00pm, Wednesday, 15 July 2009 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre</p>
	CONFIRMED
	CHAIR:
	DATE: