



AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**Minutes of the Community and Public Health Advisory Committee
meeting held on Wednesday, 18 February 2009 in the
Sir Douglas Robb Boardroom
Level 7, Building 14
Greenlane Clinical Centre
commencing at 2:00pm**

1. KARAKIA

Naida Glavish commenced the meeting with the karakia.

2. ATTENDANCE AND APOLOGIES

Committee Members

Rob Cooper (Chair)

Susan Buckland

Dr Ian Scott

Rt Hon Bob Tizard

Ian Ward

Lynda Williams

Jo Agnew

Dr Brian Fergus

Pat Snedden

Seiuli Dr Juliet Walker

Rev Alfred Ngaro

Management in Attendance

Garry Smith – Chief Executive

Dr Denis Jury – Chief Planning and Funding Officer

Greg Balla – Director Performance & Provider Development

Hilda Faasalele – Pacific Health Manager

Naida Glavish – Chief Advisor Tikanga, GM Maori Health

Julie Helean – Manager Planning & Service Development

Kerry Hiini – Planning & Funding Manager Maori Health

Celia Palmer – Clinical Leader Planning and Funding

Ian Bell - Board Administrator

Apologies

The Chair declared the meeting open at 2:05 pm

Apologies had been received from Harry Burkhardt, Dr Chris Chambers, Farida Sultana, David Hunter and Jude Keys of Procure and an apology for lateness was received from Bob Tizard.

Moved Jo Agnew, seconded Susan Buckland

That the apologies be sustained.

Carried

3. CONFLICTS OF INTEREST

There were no notifications of conflicts of interest for any item on the agenda.

4. CONFIRMATION OF MINUTES 3 DECEMBER 2008

Moved Jo Agnew, seconded Susan Buckland

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

Carried

5. ACTION POINTS 3 DECEMBER 2008

There are no action points brought forward.

6. PLANNING & FUNDING MONTHLY REPORT

This was the first report in the new format with indicators based around Planning and Funding as those around population had not yet been developed. H1 were payments against unsigned contracts with these principally being getting other DHBs to sign the contract. H3 the number of new audit reports on NGO contracts was not very meaningful and would be changed to the number of audit issues not yet resolved. Seven draft indicators were being worked on at the moment to provide population health indicators and was work in progress.

There had only been five applicants out of 380-400 Maori staff for courses aimed at below degree level which were non clinical and also full time which could be a barrier with challenges for participants getting time off. Taima Campbell is to update the Committee.

There were a number of Pacific long term stays as broncholitis etc. did need specific support so there was a need to understand what was happening within the families including what the social issues were. It was suggested that there was a need to increase resources in the Pacific Family Support Unit by 1 FTE. The need for a resource or being able to reallocate resources was to be updated to the next meeting.

With the consultation and community engagement for the Regional Community Laboratories the report was being provided to the project manager who was working with the LabTests and the information was being used to inform LabTests. There had been a good response. An executive summary is to be provided. The contract implementation has service levels specifications with the consultation being about service delivery in the future. The Steering Group were meeting and would make a final recommendation to CEOs and then to the Board to approve before termination notice is given.

With Long Term Conditions Collaborative the aim was to get 20% of practices involved with three workshops being held on how to improve long term conditions care, based on an Australian improvement programme, providing expert support to GPs. The pilot did have MoH funding. The Board Chair advised that he had met with the Royal College of GPs at a Quality Conference to have quality programmes for the whole sector. The

Primary Care Plan was being finalised with one more signature required from the PHOs and then an implementation plan for the first year would be developed.

With food in schools there were memorandums of understanding with a number of schools which would continue to be taken forward. While the regulations had been revoked the choice of continuing healthy food was still available to schools.

The Pacific Health Advisory Committee had met in the morning being informed on the new reporting regime guiding the Committee to have meaningful input. They had been informed on the DAP planning and indicators and priority areas for Pacific. The Summit would be a showcase of achievements, a think tank and action workshop aimed at developing what success would look like and be aligned with the DAP and Strategic Plan.

The Maori Health Advisory Committee had had a good meeting considering the DAP and Mental Health.

7. IMPROVEMENT ACTIVITIES

7.1 DAP Projects Report

The new reporting around the DAP was noted.

Home Based Services

A tender for home based services had been issued and the unsuccessful tenders had been informed with a shortlist of six arrived at whom then presented to the panel which subsequently reduced the number of providers to four. Negotiations were now being undertaken with them. A five year contract servicing 4,000 people was being offered with a need for care in transition to the new providers. The Needs Assessment Service was being redeveloped as being one point of entry into services.

9. PAPERS/UPDATES

9.1 Annual Planning – DAP Update and Review

The new reporting format for the Committee would assist its role in governing progress. The draft of the District Annual Plan, 9 February 2009 had been provided with a number of changes since. There was a logical structure linked to goals with high level strategies and objectives and strategies to achieve the objectives. Initially the level of activity was too high, so to be more meaningful there had been more detail provided.

Goals were underpinned by plans of the Functional Groups which included further detail i.e. breast screening rates. There were sections on a range of measures and outcomes and Maori and Pacific will have particular targets.

With immunisation the Dr Cameron Grant presentation had been made to primary care although it was noted that for some, consent was an issue and perhaps increased payment to primary care through a price adjustment may help improve rates.

Following the meeting with the Minister there was being a response developed by the region to meet unmet needs for elective surgery. This covered ophthalmology, general surgery and included investigating what other specialities needed to be addressed. The



final report would be provided by 25 February 2009 and would include strong governance for primary care to bring in a whole of system approach.

Bob Tizard joined the meeting at 3:30pm.

The question of a gender approach to issues for the Strategic Plan was raised as was the role of communication of the Strategy with a need for budgets and resources to undertake what the Board agreed to do. The completed draft DAP would be provided to the next Board meeting.

9.2 Funding Envelope

The paper was provided for information. The total draft budget was \$1.437b with significantly more funding to the Provider. There were a number of issues being debated with the Ministry of Health. The question of hospice funding of \$15m stated pre-election was raised as it was not identified in the Funding Envelope.

9.3 Diabetes Update

This was in the context of Long Term Conditions management designing better systems rather than being disease specific with the question being how practices got information on their population. The framework was based on four pillars of; strengthening community practices, self reliance, coordinated care and intensive support for high needs.

10. GENERAL BUSINESS

There were no items of general business.

11. NEXT MEETING

The meeting closed at 4:30pm.

The next meeting is scheduled for
2:00pm, Wednesday 18 March 2009
Marie Hosking Room
Level 7, Building 14
Greenlane Clinical Centre
Auckland

CONFIRMED

CHAIR: **DATE:**