



AUCKLAND DISTRICT HEALTH BOARD

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Minutes of the Community and Public Health Advisory Committee meeting
held on Thursday 7 September 2006 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)
Harry Burkhardt
Barry de Geest
Di Nash
Alfred Ngaro
Mark Vinall
Daniel Wu

Ross Keenan
Chris Chambers
Virginia Hope
John Retimana
Paul Roseman
Alistair Woodward

In Attendance

Tracy Walters – Tihi Ora Mapo

Management in Attendance

Garry Smith – Chief Executive
Denis Jury – Chief Planning and Funding Officer
David Sage – Chief Medical Officer
Roger Jarrold – Chief Financial Officer
Kris MacDonald – General Manager Maori Health
Aseta Redican – General Manager Pacific Health
Allan Pelkowitz – Clinical Leader Planning and Funding
Janice Mueller – Director Allied Health
Naida Glavish – Chief Advisor Tikanga
Nick Argyle – Clinical Director Mental Health
Frank Booth – Manager Public Health Intelligence and Infrastructure
Ian Bell – Board Administrator

Opening of Meeting

The Chair declared the meeting open at 9.10 am.
John Retimana opened the meeting with the karakia

Apologies

Apologies had been received from Ian Scott, Paul Stephenson and Winston Timaloa.

Community Laboratories

The Chair welcomed a delegation from Diagnostic Medlab Ltd. This was a regional matter and the delegation had been directed to the regional meeting where the decisions were made however the petition could be left with the CPHAC although they should note it had no decision making authority and the petition would be directed to the regional meeting.

The Committee noted the ongoing receipt of numerous faxed petition documents from DML requesting that the Board review the decision to award the Community Laboratory Service contract to Labtests Auckland Ltd and noted that DML had commenced legal proceedings against the Auckland region DHBs in relation to the contracting process referred to in the petition and that these proceedings were still ongoing.

Claire McClintock, a pathologist at DML, presented the petition.

2. CONFIRMATION OF MINUTES 3 AUGUST 2006

Moved Virginia Hope, seconded Barry de Geest

That the minutes of the Community and Public Health Advisory Committee meeting held on 3 August 2006 be confirmed as a true and correct record.

Carried

The Chief Executive advised that as part of the Community Laboratories RFP the capacity within hospital laboratories had been reviewed and a decision had been made not to use those laboratories. The Chair advised that he had attended the Clinical Directors meeting where Labtests Auckland Ltd had spoken to clinical directors and he suggested that Labtests be invited to address the next Committee meeting.

3. ACTION TABLE – 3 AUGUST 2006

NHI Numbers

The Committee was advised that 40 pharmacies had been identified as having less than 85% use of NHI numbers and they had been visited over the last four weeks to increase their understanding of the need for using the NHI number. The target was 90% as there was substantial wholesaling out of Auckland. There were still a couple of difficult pharmacies although, as a result of the visits, it was expected to get to an 87-88% compliance rate. There was still a difficulty with private specialists using NHI numbers. It was noted that NHI numbers do not indicate eligibility for public funding.

Family Violence

There was a presentation in the Hospital Advisory Committee from the Provider arm and it was proposed that at the October meeting there be a combined CPHAC and HAC session addressing this topic.

4. COMMUNITY LABORATORIES SERVICES CONTRACT

The same update to the Committee had been provided to the 3 Auckland DHBs for noting. The Implementation Committee included GPs from the three DHB districts. Implementation by Labtests Auckland was ahead of schedule being up to their schedule for October at the end of August.

In response to a request for the implementation plan and schedule to be provided the Chief Executive advised that litigation was set down for 20 November 2006 and it would not be appropriate to distribute this prior to those proceedings. There was considerable misinformation being distributed.

5. HEALTH VILLAGE ACTION ZONE

Aseta Redican presented to the Committee outlining the concept, communities of interest and their geographical areas, the Pacific church infrastructure and leadership and the project being nurse lead in collaboration with PHOs.

Alfred Ngaro advised that this was key for the Pacific community as they tended to live in different geographical groups and had difficulty in getting a whole of Auckland view. The Health Village Action Zone collects groups together and informs them with the role of the church being the main area of influence and giving leadership, with clinics able to be run in church halls. This provided self determination for the Pacific community and built a relationship of trust with ADHB, was very positive and provided real benefit. While payments had been made under a similar Counties Manukau initiative ADHB would be providing the community nurses. There would be learning as the programme progressed and while there were indicators of health and outcomes these may not be apparent immediately.

The Committee commended what has been achieved so far and approved the continued development of the Healthy Village Action Zone (HVAZ) Pacific community development model.

6. PRIMARY OPTIONS FOR AUCKLAND (POAK)

The Chair acknowledged Allan Pelkowitz's input into ADHB. A paper on Strategies for Chronic Disease Management had been distributed. The Committee noted the 10 Key Strategic Considerations for Chronic Disease Management. Having a ADHB e-mail address gave access to the source of the paper, being The Advisory Board. An example of chronic disease management was the diabetes plan which had had strong community input, with clear programmes for implementation, an example being the Healthy Village Action Zone.

It was noted that many admissions to hospital could be resolved if there was better access in the community and monitoring was an integral part of the project. Two parties had expressed interest in delivering the plan so an RFP had been issued. Funds had been allocated to the programme and it would be available through all PHOs not just Procure. There was now also better understanding in the hospital of what was being attempted to be achieved and there was a level of comfort on cost effectiveness. While the initial project was to address the flow of patients from primary care into hospital the second phase would be to consider flows from hospital to GPs i.e. nurse discharges from hospital. While a measure of the project was avoidable admissions there needed to be other measures and indicators of improved health outcomes i.e. smoking cessation rates, Healthy Eating Healthy Action.

While the programme offered \$300 to GPs for enrolled patients some people would require more time and funding and in Waitemata there was a preapproval group and in Counties Manukau post approval if additional funding was required. Experience was that there was self regulation of the programme by providers and over users stood out and could be addressed or taken off the programme.

The Committee noted this as a positive programme.

7. CHILD HEALTH IMPROVEMENT PLAN IMPLEMENTATION

The Child Health Improvement Plan had been approved by ADHB several months ago and this was a draft Implementation Plan with a range of projects. The next week there would be a meeting of stakeholders. A number of the actions were expanding on some existing programmes and there would be regular reporting against the Implementation Plan on progress.

The Committee approved the draft ADHB Child Health Improvement Implementation Plan and supported its monitoring through measurable outcomes.

8. PLANNING AND FUNDING MONTHLY REPORT

The Chief Planning and Funding Officer acknowledged the contribution of Allan Pelkowitz. The Our Health 2020 was progressing and the Mental Health Plan component was in the final states of completion and would be presented to the next meeting. The CVD/Diabetes Plan was near its final draft of which "Predict", approved at the last meeting, would be a part. The implement plan for diabetes and heart failure will provide different ways of managing than those used at present. The Health of Older People Plan was also close to final draft. This would include a poly-pharmacy project where an RFP would be issued.

The MoH Health Eating Healthy Action Strategy was having implementation plans developed both nationally and regionally.

The contract variations with Birthcare were to facilitate more transfers and were still being negotiated. A survey of women not transferring has been undertaken to see what the barriers were and to try to address these.

The change in Government policy relating to HIV positive migrants from Zimbabwe did not provide any further funding for ADHB. The lower incidence of suicide rates shown for ADHB was based on a three year moving average. The lower rate may be attributable to Auckland being better at providing crisis centres access in the community. Against a range of indicators ADHB does well compared with national indicators.

The Committee congratulated Maori Health being a finalist in the Local Body category for the 2006 National Maori Language Week Awards. He Kamaka Oranga was providing support to NGOs making Tikanga Best Practice available on websites and assisting in finalisation of Maori Health Plans. The Hui on Health of Older People had been well attended with participants able to communicate in Te Reo. The ability for caregivers to continue in a hospital setting was presently being provided for Maori but could be formalised noting that it applies to disabled people and is also presently practiced with children. The Chief Advisor Tikanga advised that she was assisting Nelson Marlborough in implementing Tikanga Best Practice with ADHB taking a strong leadership role. She had also held a "Day with the Chief Advisor Tikanga" which had been extremely successful with three sessions with attendances of 150, 100 and 75 ADHB staff.

The Auckland Regional Public Health Services had participated strongly in the Maori language week. They also acknowledged the positive Pacific input that Louisa Ryan had provided in working with the service. A submission had been made to the Health Select Committee relating to obesity.



9. GENERAL BUSINESS

Domain Carpark

Mark Vinall was assisting in facilitating a meeting with ACC planners.

Maori Mandate

Tihi Ora Mapo were representatives of Te Runga o Ngati Whatua and it was proposed that their CEO become a member of the Community and Public Health Advisory Committee.

Moved John Retimana, seconded Barry de Geest

That the CEO of Tihi Ora Mapo be recommended for the Board as a member of the Community and Public Health Advisory Committee.

Carried

9. NEXT MEETING

The meeting closed at 10:55 am

The next meeting is scheduled for
9:00am, Thursday 5 October 2006
Marion Davis Library
Building 43
Auckland City Hospital, Grafton

CONFIRMED

CHAIR:**DATE:**