

## AUCKLAND HOSPITAL BOARD



OFFICE OF THE CHAIRMAN

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13 September, 1984

Ms. Brenda Hinton,  
Auckland Home Birth Association,  
P.O. Box 7093,  
Wellesley Street East,  
AUCKLAND.

Dear Ms. Hinton

Thank you for your letter of 10 September.

I share your concern that the Board's draft Strategic Plan should be readily available and that all Aucklanders should have an opportunity to express their views about the proposals it contains.

The Board certainly tried to ensure that the document was widely distributed: several hundred copies were issued to scores of organisations; advertisements inviting submissions were placed in the major newspapers; advance copies were given to the media to facilitate adequate coverage; and copies were sent to all public libraries. I was surprised to read in your letter that many libraries do not have a copy. Would you please let the Board know which libraries have been omitted? We would be delighted to put the matter right.

You requested that the time allowed for receipt of submissions be extended by one month. Several other organisations (very few in relation to the number involved) made similar requests. They have been advised that the closing date will not be extended. So that the Board can maintain a consistent approach to all organisations, I think it best that your Association, also, should regard the closing date of 1 October as firm.

However, you may assure your Association that the consultative process will not cease on that date. May I refer you to paragraph 1.5 of the draft?

"The Strategic Plan will survey the Board's services as a whole. It will need to be based upon and incorporate plans for each service but, particularly in the first (1984) document these individual service plans will necessarily be fairly general and schematic. The intention is that between 1984 and 1986 the plans for each service will be worked upon, refined, and amplified. Thus, the 1984 Strategic Plan will be not just a definition of the current overall plans but also the precipitant and point of departure for continuing work on individual components."

The point, essentially, is that the consultative process will not be over and finished with when the submissions have been received and the draft has been revised. The revised draft will be the basis for more work (including consultation). At this stage a submission need not necessarily present a final case or a fully substantiated argument for an alternative plan; it need only demonstrate sufficiently well that a particular line of enquiry or possible alternative needs to be examined in detail. A relatively brief submission will achieve this - if it is sufficiently forceful and logical.

We are of course dealing with complex and sensitive issues. As the Board sees it, the most practical approach is to set a fairly short time-scale for the initial round of submissions, but to realise that the people making the submissions may (and in many cases certainly will) have more to contribute later.

Your letter also requested that the Board hold a public hearing of submissions received. We expect to receive a very large number of submissions on a wide range of health service issues. The organisational arrangements for considering the submissions have yet to be determined. There may be a place for a public hearing (or hearings) on aspects of the draft Plan, but I think we must wait to see the volume and nature of submissions before making a decision.

Thank you for your interest in this important planning process. I look forward to receiving your submissions.

Yours sincerely,



Frank Rutter  
CHAIRMAN