

# Community & Public Health Advisory Committee

## Minutes

of the meeting held on 26<sup>th</sup> September 2006, from 1.00 to 4.00pm, at the Boardroom, 19 Lambie Drive

1) Present:	Mr Paul Cressey (Chair), Ms Yvonne Waterreus, Ms Airini Tukerangi, Mrs Jillian Dooley, Ms Elizabeth Farrell, Ms Miria Andrews, Mr Arthur Anae  In attendance: Dr Allan Moffitt, Mr Chris Mules, Ms Penny Young and Ms Subha Srinivasan (secretary)	
Apologies:	Mr Pat Snedden, Ms Eileen Fox, Ms Donna Richards, Whaea Nganeko Minhinnick, Mr Bill Mudgway, Dr Lynne Lane, Dr Peter Didsbury, Ms Malia Hamani, Mr David Collings	
1) Welcome	Mr Arthur Anae opened the meeting with a karakia.	<b>Action</b>
	<p><b>Apologies</b></p> <p><b>Resolution:</b> Accept apologies as noted above.</p> <p><b>Moved:</b> Ms Yvonne Wattereus <b>Seconded:</b> Ms Airini Tukerangi <b>Carried:</b> Unanimous</p>	
2)	<p><b>Petition by DML</b></p> <ul style="list-style-type: none"> <li>- Petition presented by DML staff on behalf of the Auckland public requesting a review of the contract awarded to Labtest Auckland.</li> <li>- Mr Cressey acknowledged the petition and noted that CPHAC will forward this to the Board. He noted that no discussion would be entered into as the contract is subject to legal challenge.</li> </ul>	
3) Minutes of Previous Meeting:	<p><b>Resolution:</b> Noted that the minutes of the meeting of CPHAC held on Tuesday 22<sup>nd</sup> August 2006, having been circulated, were taken as read and confirmed.</p> <p><b>Moved:</b> Ms Yvonne Wattereus <b>Seconded:</b> Ms Miria Andrews <b>Carried:</b> Unanimous</p>	
4) Procedural Matters	<p><b>3.1 Interests Register</b></p> <ul style="list-style-type: none"> <li>- Noted that the interests register continues to be updated. This is a standing item and members are requested to forward any updates to Subha for inclusion in the register.</li> </ul> <p><b>3.2 CPHAC Members' Profile</b></p> <ul style="list-style-type: none"> <li>- Noted this needs to be updated.</li> </ul> <p><b>3.3 Membership</b></p> <ul style="list-style-type: none"> <li>- Noted that the terms for the two Mana Whenua reps will be extended for further 3 months pending advice from Pou.</li> </ul>	
5) Matters	<b>5.1 NASC Update</b>	

<p>Arising:</p>	<ul style="list-style-type: none"> <li>- It was noted that a regular monthly report will be included with the agenda while significant waiting lists continue.</li> <li>- Remedial actions to address the waiting list are in place, including filling of staff vacancies, and improving systems and processes.</li> <li>- The focus is on those clients with urgent needs. Noted that the non-urgent waiting list hasn't improved.</li> </ul> <p><b>Resolution</b> That CPHAC receive the NASC update, noting actions underway to address the waiting list.</p> <p><b>Moved:</b> Mr Arthur Anae <b>Seconded:</b> Mrs Jillian Dooley <b>Carried:</b> Unanimous</p>	
<p>6) CPHAC Priorities</p>	<p><b>6.1 Breast Screening – KPIs and Indicators</b> Presentation from Mhairi Porteous, Programme Manager, BreastScreen Counties Manukau.</p> <ul style="list-style-type: none"> <li>- The service consists of 4 medical radiation technologists, 4 radiologists, 4 breast surgeons, 8 pathologists, 2 breastcare nurses and 10 admin/support staff which also includes health promotion activities. (Note not all are full-time staff.)</li> <li>- To date a new screening and assessment site has been established at Manukau Superclinic</li> <li>- The service has screened a total of 9942 women against a target of 12-13,000, assessed 555 women, and diagnosed 50 women with breast cancer.</li> <li>- At this stage, the screening has been restricted to 50-64 year old women. It is anticipated there will an increase in assessment and diagnosis numbers once the 45-49 group is screened.</li> <li>- The service has had some challenges that include: <ul style="list-style-type: none"> <li>Ø Clearing the inherited backlog</li> <li>Ø Extension of screening to the 45-49 age group</li> <li>Ø Improving coverage and access to services</li> <li>Ø Meeting the different cultural needs</li> <li>Ø Developing successful relationships with the community, PHOs, GPs, and other breast screen providers</li> <li>Ø Maintaining the rigorous national policy and quality standards</li> <li>Ø Working across two sites - Lambie Drive and Manukau SuperClinic.</li> </ul> </li> <li>- In order to cut down the DNA rates, the service has offered women the opportunity to choose an appointment time convenient to them.</li> <li>- Noted that 50% coverage has been achieved of the overall eligible women.</li> <li>- The Health Promotion team works with the community, PHOs, GPs and Maori/Pacific groups to increase the uptake.</li> <li>- In order to increase and improve the coverage, the service needs support from the community, PHOs and GPs, successful referral mechanisms and health promotion activities and workforce to cope with the demand.</li> <li>- A mobile screening unit will be arriving at the Manukau SuperClinic in October and will be ready for screening in the community in November 2006.</li> <li>- Ms Porteous clarified that there isn't any data available for women who choose to go for private screening. There is a field to record if a woman has had a private screening, but that is subject to them providing the information.</li> </ul>	

**Resolution**

That CPHAC receive the presentation with a request to provide comparative reporting in order to identify trends.

**Moved:** Mr Paul Cressey  
**Seconded:** Ms Airini Tokerangi  
**Carried:** Unanimous

**6.2 LBD Food Industry Accord**

Presentation by Brian Weaver – LBD Food Industry/Health Advocate, and Rob Bree – Executive Director of the Food Industry Group.

The following points were noted:

- The Food Industry Group was launched in 2004 with representation from Food and Grocery Council, Television Broadcasters Council, and Communication Agencies of NZ. The main aim of this group is to fight obesity by facilitating better cooperation of industry with government and the public. This group is a major contributor to the MoH HEHA strategy..
- The Joint Initiative Group (JIG) leads the Food Industry Accord action area of LBD, and has adopted eight initiatives for action, a number of which are underway. The presentation focused on 3 of these.
- McDonald's/Coca Cola low energy soft drinks trial
  - Ø The trial commenced on 6 December 2005, and is in place in all 21 McDonald's outlets in Counties Manukau. In it, regular sugar-sweetened Sprite has been replaced by Sprite Zero.
  - Ø Posters and leaflets provide information and answer questions for customers around the reasons for the trial and the safety of artificial sweetener for children.
  - Ø Based on the School of Population Health evaluation, the results after 6 months indicate a 17% reduction in sugar consumption from soft drinks (equating to 10 tonnes), with no negative impact on sales volumes, and no negative customer or franchisee response.
  - Ø Consideration is being given to how to move forward, including rollout of the initiative to other McDonalds restaurants, other chains, and other soft drinks.
  - Ø This is a ground-breaking trial internationally.
- Healthy Tuck Shops
  - Ø This is being trialled in Tangaroa College.
  - Ø The Tangaroa Tuck Shop has been revitalised, with a new menu taking a holistic view of energy/nutrition needs and consisting of healthier products to meet nutritional requirements.
  - Ø The approach is to improve the composition of foods that students like rather than introduce radical changes.
  - Ø Adopting the concept of "combos" from the fast food industry, students are provided a choice of main item along with a drink and side item. The combos are balanced nutritionally and the students are encouraged to buy a combo as it saves money.
  - Ø Through LBD, MoH Public Health has funded the Diabetes Projects Trust to roll this out to the other low decile schools in Counties Manukau. LBD will be developing a plan on how to make the model accessible to all secondary schools.
- Healthier Food Parcels
  - Ø This is part of the LBD action area targeting "vulnerable families" and seeks to provide nutritionally balanced food parcels and optimize donations from industry and

	<p>the retail sector.</p> <ul style="list-style-type: none"> <li>Ø It involves working with the two major providers – the Salvation Army and Auckland City Mission - to get agreement on standard parcel nutritional profiles and developing recipe ideas appropriate to parcels, with the food industry on donations, and with both sectors on distribution of the parcels</li> <li>- The Food Industry Group (FIG) is committed to ongoing support of the LBD programme in CMDHB, and is also having input into the Auckland Metro HEHA strategy currently being developed.</li> <li>- Ms Miria Andrews commended the presentation and the work done in this action area.</li> </ul> <p><b>Resolution</b> That CPHAC</p> <ul style="list-style-type: none"> <li>- Note the presentation and the progress achieved in the Food Industry Accord action area of LBD..</li> <li>- Note that CMDHB is leading the way nationally and internationally in working proactively with the Food Industry Group to influence the change to healthier eating and drinking habits.</li> </ul> <p><b>Moved:</b> Mr Paul Cressey <b>Seconded:</b> Ms Miria Andrews <b>Carried:</b> Unanimous</p>	
<p>7) CPHAC Priorities update</p>	<p><b>6.1 Personal Health Care Update</b> Let's Beat Diabetes</p> <ul style="list-style-type: none"> <li>- Increasing focus on the national Healthy Eating Healthy Action (HEHA) strategy, with the MoH committing to supporting local action led by DHBs. Funding is being provided to establish a local intersectoral committees, with an initial focus on action in the education sector.. Nutrition guidelines are being developed for schools and preschools, and implementation will be supported through LBD's Schools Accord action area.</li> <li>- Each DHB has to have a 3-year HEHA implementation plan by July 2007.</li> <li>- Mr Mules noted that LBD in place, CMDHB is extremely well positioned to support HEHA.</li> </ul> <p>Personal Health</p> <ul style="list-style-type: none"> <li>- CCM volumes area ahead of target year to date.</li> <li>- Over 50% of Counties Manukau general practices are enrolled in the College's Cornerstone accreditation programme</li> <li>- Primary care refugee funding has been passed onto two providers, with some retained for a metro-Auckland DHB initiative.</li> <li>- A sustainability plan has been agreed with Peoples Healthcare Trust PHO, with funding support linked to performance milestones.</li> </ul> <p>Oral Health</p> <ul style="list-style-type: none"> <li>- A national vision for Oral Health was launched last month.</li> <li>- A decline in DMFT/dmft figures and caries free figures for Counties Manukau is probably mainly the result of a change in data collection methodology by ARDS, although an underlying 'real' decline may also exist.</li> <li>- ARDS are due to present a 5-year plan for Counties Manukau in November, discussing what ARDS can do and allowing CMDHB to identify what supporting actions we</li> </ul>	

	<p>should take. Mr Mules noted the CMDHB focus is likely to be on meeting the needs of pre-schoolers and especially Maori and Pacific children.</p> <p><b>Resolution</b> Noted that the Personal Health Care Update was received</p> <p><b>Moved:</b> Ms Airini Tukerangi <b>Seconded:</b> Mr Arthur Anae <b>Carried:</b> Unanimous</p> <p><b>6.2 Mental Health Update</b></p> <ul style="list-style-type: none"> <li>- CMDHB has begun an audit programme for all contracted mental health and addictions providers. This is a 3 year rolling programme with all providers to be audited within this period. It is operating in collaboration with the other northern region DHBs.</li> <li>- Planning is underway for a programme to deal with drug use in schools, alongside existing school health services.</li> <li>- An action plan to address Alcohol and Other Drug Issues in Counties Manukau will be ready in March 2007.</li> <li>- Mr Mules noted that it will be timely for the Project Manager Nicola Woodward to present on both these initiatives to CPHAC at that time.</li> </ul> <p><b>Resolution</b> Noted that the Mental Health Update report be received</p> <p><b>Moved:</b> Mr Paul Cressey <b>Seconded:</b> Ms Airini Tukerangi <b>Carried:</b> Unanimous</p> <p><b>6.3 Health of Older People Update</b></p> <ul style="list-style-type: none"> <li>- Work has commenced on a Dementia Plan.</li> <li>- Dr Allan Moffitt is to followup on inviting Whaea Nganeke Minhinnick to join the Innovative Models of Primary Care project in Waiuku.</li> <li>- Noted apologies from Paul Cressey for the Franklin Positive Ageing Expo scheduled for 29 September.</li> <li>- The DHBs are pushing nationally for a clear demarcation around responsibility for disability support services – MoH for under 65s and DHBs for over 65s - irrespective of the reason for the support need. This approach is gaining MOH support.</li> <li>- A presentation on Home Based Support Services will be scheduled for a future meeting.</li> </ul> <p><b>Resolution</b> Noted that the Health of Older People Update report was received</p> <p><b>Moved:</b> Ms Airini Tukerangi <b>Seconded:</b> Ms Jillian Dooley <b>Carried:</b> Unanimous</p>	
8) For Information	<p><b>8.1 Maori Health Update</b></p> <p><b>Resolution</b> Noted the Maori Health Update report was tabled.</p> <p><b>8.2 Pacific Health Update</b></p> <p><b>Resolution</b> Noted the Pacific Health Update report was tabled.</p>	

	<p><b>8.3 Breast Screening Update</b></p> <p><b>Resolution</b> Noted the Breastscreening Update report was tabled.</p> <p><b>8.4 Asian Mental Health &amp; Addictions Implementation Plan</b></p> <ul style="list-style-type: none"> <li>- Noted this is an information paper.</li> <li>- The development of this plan was led by Waitemata DHB and sets out the strategic direction for the development of Asian mental health and addictions services throughout the Auckland region.</li> </ul> <p><b>Resolution</b> Noted the Asian Mental health and Addictions Implementation Plan.</p> <p><b>Community Radiology Update</b></p> <ul style="list-style-type: none"> <li>- Noted the summary report tabled from HAC.</li> <li>- Mr Cressey noted that this is a service for the community, so CPHAC would like to a summary of service provided to the community.</li> <li>- Mr Cressey has requested regular reporting of a summary of volumes for community access to this service.</li> </ul>	
9)	<p><b>Additional Maori Health Issues not already covered in the agenda</b></p> <p>Nil</p>	
10)	<p><b>Additional Pacific Health Issues not already covered in the agenda</b></p> <p>Nil</p>	
11) Monthly Reporting	<p><b>10.1 Board update</b></p> <ul style="list-style-type: none"> <li>- Approval of CPHAC recommendations on lifting of the Moratorium for Aged Residential Care beds.</li> <li>- All non-board members will be forwarded the e-mail about the appointment of new Chief Executive Officer.</li> </ul> <p><b>10.2' Updates from Board Advisory Committees</b></p> <p>HAC</p> <ul style="list-style-type: none"> <li>- Noted a 12% increase in deliveries compared to 2005/06. This puts pressure on midwives. The committee is considering a multi-pronged collaborative approach in the recruitment and retention of workforce.</li> <li>- In response to a comment from HAC about 14% self-referral in ED on weekends and a 7% reduction in GP referrals, Mr Mules clarified that there is a project being scoping to address the issue of EC access, as part of developing the Health Services Plan.</li> <li>- Mr Mules also noted that increased EC use needed to be seen in the context of the number of GPs in Counties Manukau not increasing in proportion to population growth, and the likelihood that this was leading to difficulty in people getting timely access to general practice services.</li> <li>- It is anticipated it will take about 6 months for this plan to be developed. The focus will be on developing clinical guidelines for access to EC; determining viable options for</li> </ul>	

	<p>people to be redirected away from EC, and identifying fundamental, longer term structural changes to help primary care handle bigger patient volumes.</p> <p><b>DiSAC</b></p> <ul style="list-style-type: none"> <li>- Noted the committee participated in a regional submission to a Select Committee review enquiring into quality of care and service provision for disabled people.</li> </ul> <p><b>Pou</b></p> <ul style="list-style-type: none"> <li>- Presentation by Chris Fleming to Pou/PHAC re Southern Cross Hospital co-location.</li> <li>- Presentation on a proposed audit programme as part of the Maori Provider Development Scheme.</li> <li>- There will be 2 hui organised for the consultation of the Maori Health Plan.</li> </ul> <p><b>10.3 Financial Report</b></p> <ul style="list-style-type: none"> <li>- Agreement that monthly reporting to be replaced by detailed quarterly reporting with time allocated for discussions with the Finance team.</li> <li>- The 1-page financial summary will continue to be distributed with the agenda.</li> <li>- Noted significant risk of adequate HOP funding compensation for Income and Asset testing changes.</li> </ul> <p><b>Resolution</b> That the financial report be received.</p>	
12) General Business:	<ul style="list-style-type: none"> <li>- Noted that as Mr Paul Cressey is not available to chair the next meeting on 24 October, Ms Airini Tukerangi will act as chair.</li> </ul>	
13) Adjournment	The meeting adjourned at 4.00pm	
14) Next Meeting:	Tuesday 24 <sup>th</sup> October 2006, 1.00-4.00pm, Boardroom – 19, Lambie Drive	
<p>Signed as a true and correct record on the 24<sup>th</sup> October 2006</p> <p>Chair: Mr Paul Cressey</p> <p><b>Resolution</b> The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 26 September 2006 are approved.</p> <p>Moved: Mr Arthur Anae Seconded: Ms Jillian Dooley Carried: Unanimous</p>		