

Community & Public Health Advisory Committee Minutes

of the meeting held on **Tuesday, 23 February 2010** from **1.00pm to 4.00pm** at the **Manukau Boardroom, 19 Lambie Drive, Manukau.**

Present:	<p>Prof Gregor Coster, Ms Lope Ginnen (Interim Chair), Ms Colleen Brown, Mr Arthur Anae, Mr Michael Williams, Mr Jonathan Frith, Ms Elizabeth Farrell, Ms Miria Andrews, Ms Malia Hamani, Mr Sefita Hao'uli and Dr Gary Jackson.</p> <p>Absent: Ms Nganeko Minhinnick, Ms Donna Richards.</p> <p>In attendance: Mr Geraint Martin, Ms Sam Cliffe, Dr Allan Moffitt, Mr Bernard Te Paa and Ms Nellie-Ann Rerekura (minute-taker).</p>	
Apologies:	<p>Ms Anne Candy, Ms Ruth DeSouza, Mr Paul Cressey and Mr Don Barker.</p> <p>Resolution: That the above apologies be accepted.</p> <p>Moved: Ms Lope Ginnen/Mr Arthur Anae. Carried: Unanimously.</p>	Resolution
1) Welcome & Opening Prayer	<p>1.1 Welcome & Opening Prayer Ms Ginnen welcomed everyone and invited Mr Anae to open the meeting with a prayer.</p>	
2) Minutes of Previous Meeting & Matters Arising	<p>2.1 Minutes & Matters Arising Resolution: That the previous minutes of 26 January 2010 be accepted. Moved: Ms Elizabeth Farrell/Prof Gregor Coster. Carried: Unanimously.</p> <p>2.2 Action Register <u>Item 2 – Primary Care CPHAC Vacancy</u></p> <ul style="list-style-type: none"> - Interviews will be set down for March upon the Chair's return. - CPHAC's recommendation to the Board by the April meeting. <p>Resolution: That the Actions Register be received. Moved: Ms Lope Ginnen/Ms Miria Andrews. Carried: Unanimously.</p>	
3) Procedural Matters	<p>3.1 Register of Interests - Included for members' information.</p> <p>3.2 Special Interests Register - Included for members' information.</p> <p>3.2.1 Ms Lope Ginnen – Remove Deborah Health, Consultant.</p> <p>3.2.2 CPHAC Membership Reappointment Process;</p> <ul style="list-style-type: none"> - There are two membership terms set to expire on 31 March. - Following lengthy discussion about what selection process to be adopted, it was recommended to the chair to follow the process used for reappointing Board committee members. <p>Resolution: That the CPHAC membership reappointment process be conducted in accordance with the concept as set down for Board members. Moved: Prof Gregor Coster/Ms Miria Andrews. Carried: Unanimously.</p> <p>3.3 Disclosure of Specific Interests</p> <p>3.3.1 Mr Sefita Hao'uli (Alliance Health+ PHO) That the member be permitted to remain and be part of the discussions but may not be part of any decision making. Moved: Ms Lope Ginnen/Mr Arthur Anae. Carried: Unanimously.</p> <p>3.3.2 Ms Miria Andrews (National Maaori PHO Coalition) That the member be permitted to remain and be part of the discussions but may not be part of any decision making. Moved: Ms Lope Ginnen/Prof Gregor Coster. Carried: Unanimously.</p> <p>3.3.3 Dr Gary Jackson (CMDHB Employee) Noted that the member is a CMDHB employee, however, is not actively involved in the drafting of the actual document.</p>	

	<p>Moved: Ms Lope Ginnen/Prof Gregor Coster. Carried: Unanimously.</p> <p>3.3.4 Mr Arthur Anae and Ms Lope Ginnen (Alliance Health+ PHO) That the members be permitted to remain and be part of the discussion and decision making. Moved: Prof Gregor Coster/Mr Sefita Hao’uli. Carried: Unanimously.</p> <p>3.3.5 Dr Allan Moffitt (CMDHB Management) Noted that CMDHB is a partner in GAIHN and Dr Moffitt has been leading the business case development workstreams. <i>Ms Colleen Brown arrived at 1.25pm</i></p> <p>Resolution: That the Disclosure of Specific Interests be noted and received. Moved: Ms Lope Ginnen/Ms Miria Andrews. Carried: Unanimously.</p> <p>3.4 Conflicts of Interest - Included for members’ information. 3.4 Terms of Reference - Included for members’ information. 3.5 Membership of Committees - Included for members’ information. 3.6 Updated Board Policies - Included for members’ information. 3.7 Annual CMDHB Board Agenda - Included for members’ information.</p>	Resolution
4) Director, Service Integration’s Report	<p>4.1 Director Service Integration’s Report Ms Cliffe summarised the report as follows: <u>B4SC</u> There has been considerable interest from this committee regarding this programme. Plunket is about to commence with those checks and have sufficient capacity to reach the agreed MOH targets.</p> <p><u>Oral Health</u></p> <ul style="list-style-type: none"> - Allowing the oral health programme manager, Ms McKay, to get on with implementing the business case. There is a significant amount of project management work including building, service provision and maintaining a strong relationship with ARDS. - We received the bulk of the new graduate dental therapists; including three Maaori and two Pacific graduates. - Ms Brown acknowledged how amazing the oral health team have been in attending at every community function. She was impressed by their unfailing enthusiasm, willingness to interact with people and their high visibility. <p><u>Smokefree</u></p> <ul style="list-style-type: none"> - The Hospital Advisory Committee had a discussion around the Smokefree targets in the hospital arena. - Although we are tracking last nationally, these are people identified to help staff to quit, and have a team being led by Mr Ron Dunham to establish champions at the hospital to effect change. - CMDHB is acutely aware that is one of our major health targets. <p><u>Primary Care</u> <u>Very High Intensive Users (VHIU)</u></p> <ul style="list-style-type: none"> - Dr Moffitt briefly updated on the VHIU programme which is making very positive progress and is underway this month in a substantive way. - The VHIU programme case manages our most frequent users of the Emergency Department. - The pilot showed some really strong outcomes in terms of utilisation of the hospital. One of the key planks for CMDHB was the ambulatory avoidable admissions. - It has been evaluated as part of a randomised pilot and approaching HRC today in order to formally evaluate the pilot and the cost savings are shown to be significant. <p><u>Primary Mental Health</u></p> <ul style="list-style-type: none"> - The Chronic Care Management (CCM) Depression programme is very popular and the feedback is that it makes a huge difference. - The programme measures progress of people as they go along, and only discharged if their score comes down within normal limits. - We are getting good outcomes so far and this is the most cost effective programme of its kind in the country. <p><u>Pharmacy</u></p> <ul style="list-style-type: none"> - We have 80 pharmacists of varying size and capacity. 	

	<ul style="list-style-type: none"> - We have a strong emerging regional approach and strategy, working collaboratively was a good opportunity for robust planning going forward. - CMDHB's portfolio manager working with cell groups in locality areas, however, the complicating factor is there is a national contract starting on 1st March. - The onus now sits with DHBs to maintain the contract and it does not give us a huge amount of leeway over what we do locally. <p>4.2 CPHAC Scorecard for the Month of February 2010.</p> <ul style="list-style-type: none"> - Ms Lynelle Black joined the meeting to update the committee on this month's dashboard. - Attention was drawn to the CCM Maaori target which has been altered from 30% to 20%, considered to be a more appropriate target. - Quarter Cost Productivity for Pharmacy and Labs is blank due to issues with data collection. This item to be updated on next month. - School Based Health Service are run in the highschoools, however, it was noted for Maaori Kura it is the mainly based in highschoools, but also primary and intermediate. - Reference was made to Immunisations showing a marked improvement to 82%. - We are at 82% overall, 74% for Maaori, 82% for Pacific and our Asian figures are over 90%. - Ms Cliffe suggested it would be useful if the immunisations graph went back a little further in order to see where we have come from. For example, for the Maori percentages we have gone from 62%-74%. Ms Black will look into that. <p>Resolution: That the Director of Service Integration's Report and the CPHAC Scorecard be received.</p> <p>Moved: Ms Lope Ginnen/Ms Miria Andrews. Carried: Unanimously.</p>	<p>L Black</p> <p>Resolution</p>
<p>5) CPHAC Priorities/ Presentations</p>	<p>5.1 Brainwave Trust (Ms Kim van Duivan)</p> <ul style="list-style-type: none"> - Ms Ginnen made some introductory remarks about the Brainwave Trust and it was noted she is currently the Chair of that organisation. - Ms van Duivan, the managing director, provided background on how the organisation was established to improve the welfare and care of children. - 'The legacy of the first three years'. Brainwave was formed in response to new scientific evidence that came out on experiences that impact on brain development of a child in the first three years. - Set up by Dr Robin Fancourt the training techniques explore the ways that an infant's environment influences growth and development, patterns of behaviour and how that impacts their future. - The full presentation is about three hours long, and their highly trained presenters talk in depth about attachment and non attached behaviour, understanding what the child needs for optimal development. - There was an opportunity last year to tailor the programme to deliver the brainwave information at an age appropriate level to intermediate and secondary schools, with extremely positive results. - In June, CMDHB management are coming back with all our health promotion education activities. If you look at the long term implications of teaching children about this, society as a whole will reap the benefits in years to come. - Ms van Duivan was acknowledged for her excellent presentation. <p>5.2 Infant Mental Health (Ms Jo Chiplin)</p> <ul style="list-style-type: none"> - Ms Chiplin, Senior Portfolio Manager, CMDHB Mental Health and Development, joined the meeting to update on Infant Mental Health to coincide with Brainwave Trust presentation. - Points noted were; <ul style="list-style-type: none"> o Broad approach focuses on health social and emotional development of infants from 0-3 years old o The CMDHB population is high needs with 39,000 infants between 0-4 years old o Evidence shows that promoting attentive, nurturing and stable relationships between infants and parents improves health and mental health outcomes later in life 	

	<ul style="list-style-type: none"> o Launched Infant Mental Health DVD 'Look at You - Aroha Atu, Aroha Mai' o Next steps is to work across health and social services to identify opportunities to enhance infant mental health o Complete Infant Mental Health Plan <p>The chair thanked Ms Chiplin for another excellent presentation.</p>	
6) For Information	<p>6.1 Pacific Health Update The Pacific Health report was taken as read and received.</p> <p>6.2 Maaori Health Update The Maaori Health report was taken as read and received.</p> <p>6.3 Chair's Report to the Board The Maaori Health report was taken as read and received.</p> <p>Resolution: That the above Reports be received.</p> <p>Moved: Ms Lope Ginnen/Mr Arthur Anae. Carried: Unanimously.</p>	Resolution
7) Monthly Reporting	<p>7.1 Updates from Board and Advisory Committees <u>Board</u> The Board approved the Integrated Asian Health Strategic Action Plan, and endorsed the LBD Operational Plan for 2010/11.</p> <p>7.2 Finance Report Mr Cliffe briefed the committee of the unfavourable financial position, however, showing a slight improvement from last month.</p> <p>Resolution: That the Finance Report be received.</p> <p>Moved: Ms Miria Andrews/Mr Michael Williams. Carried: Unanimously.</p>	Resolution
8) General Business	General Business - Nil.	

The meeting concluded at 4.21pm.

Next meeting will be on held Tuesday, 23 March 2010 at 1.00pm in the CMDHB Manukau Boardroom, 19 Lambie Drive, Manukau City.

Signed as a true and correct record on 23 March 2010.

Chair: Ms Anne Candy

Resolution:

That the minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 23 February 2010 are approved.

Moved: Ms Lope Ginnen
Seconded: Prof Gregor Coster
Carried: Unanimously