

Community & Public Health Advisory Committee

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

Present	<p>Prof Gregor Coster, Ms Anne Candy (Chair), Ms Lope Ginnen (Deputy Chair), Mr Don Barker, Ms Colleen Brown, Mr Arthur Anae, Mr Paul Cressey, Mr Michael Williams, Mr Jonathan Frith, Ms Miria Andrews, Ms Ruth DeSouza, Mr Sefita Hao'uli, Ms Nganeko Minhinnick and Dr Gary Jackson.</p> <p>In attendance: Mr Geraint Martin, Ms Tina McCafferty and Ms Nellie Rerekura (minute-taker).</p>	
Apologies	<p>Ms Malia Hamani, Ms Miria Andrews, Mr Geraint Martin, Ms Sam Cliffe, Dr Allan Moffitt, Mr Bernard Te Paa, Mr Arthur Anae (lateness) and Ms Colleen Brown (early departure).</p> <p>Resolution: That the above apologies be accepted. Moved: Ms Anne Candy/Ms Ruth De Souza. Carried: Unanimously.</p>	Resolution
1) Opening Prayer, Welcome & Announcements	<p>1.1 Opening Prayer and Welcome The chair extended a warm welcome to everyone and invited Ms De Souza to opening the meeting.</p> <p>1.2 Announcements</p> <ul style="list-style-type: none"> - The chair respectfully advised the committee that the late Sir Robert Mahuta's wife, Lady Raiha Mahuta, passed away early this morning. 	
2) Minutes of Previous Meeting & Matters Arising	<p>2.1 Minutes & Matters Arising</p> <p>Resolution: That the previous minutes of 23 February 2010 be accepted. Moved: Ms Lope Ginnen/Prof Gregor Coster. Carried: Unanimously.</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none"> - That the previous minutes be amended to reflect that Ms Elizabeth Farrell's membership does not expire until 31 March 2011. - Dr Jackson and Mr Frith's membership expire on 31 March 2010, and both members have agreed to continue for a further term. - The chair expressed delight in both Dr Jackson and Mr Frith being agreeable to extending their membership for another three years. - Mr Williams questioned the process for reappointment and whether it is still the process the committee should proceed with. - Prof Gregor referred the committee to the Board Terms of Reference Appendix 'A' clarifying the reappointment process for Board members. - The chair will contact the nominating body who put forward Mr Frith seeking their approval to extending his membership. <p>Resolution 1: That CPHAC recommend to Board that Dr Gary Jackson be reappointed for a further three year term commencing on 1 April 2010. Moved: Ms Anne Candy/Prof Gregor Coster. Carried: Unanimously.</p> <p>Resolution 2: That CPHAC recommend to Board that Mr Jonathan Frith be reappointed for a further three year term commencing on 1 April 2010, subject to confirmation of the nominating body; CM-MHAN, agreeing to the extension. Moved: Ms Anne Candy/Prof Gregor Coster. Carried: Unanimously.</p> <p>2.2 Action Register</p> <p><u>Primary Care Vacancy</u> Upon Ms Cliffe's return, these interviews to be set down early next month.</p> <p>Resolution: That the Actions Register be received. Moved: Ms Anne Candy/Ms Lope Ginnen. Carried: Unanimously.</p>	<p style="text-align: center;">Resolution</p> <p style="text-align: center;">A Candy</p> <p style="text-align: center;">Resolution 1</p> <p style="text-align: center;">Resolution 2</p> <p style="text-align: center;">Resolution</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>3.3 Conflicts of Interest - Included for members' information.</p> <p>3.4 Terms of Reference - Included for members' information.</p> <p>3.5 Membership of Committees - Included for members' information.</p> <p>3.6 Updated Board Policies - Included for members' information.</p> <p>3.7 Annual CMDHB Board Agenda - Included for members' information.</p>	
4) Director Service Integration's Report	<p>4.1 Director Service Integration's Report In Ms Cliffe's absence, Ms McCafferty, Group Manager Primary Care, summarised the report.</p> <p><u>Oral Health</u></p> <ul style="list-style-type: none"> - Prof Coster was impressed by the progress underway with the Oral Health Business case and conveyed his congratulations to the team. Mr Cressey added his personal commendation and agreed that the progress is fantastic. <p><u>Smokefree</u></p> <ul style="list-style-type: none"> - Prof Coster emphasised how critical it is that we get on top of smoking cessation, as the latest results for the national health targets around smoking cessation has us at the bottom of the table. - The Smokefree service at the hospital has developed systems and processes for patient smokefree interventions which are currently being rolled out throughout the hospital. - The Smokefree service is working closely with the Quality Improvement Unit to facilitate the picking up of the systems and ensuring quality processes through staff training. They are also working together to explore ways of strengthening the flow of information between secondary and primary care providers. - Mr Cressey commented that Middlemore Hospital does not look like a Smokefree establishment with smoke butts all over the place and patients sitting around smoking. <p>Resolution: That Mr Cressey refer to the Hospital Advisory Committee the important matter of keeping <u>all</u> of the Middlemore Hospital grounds Smokefree zones.</p> <p>Moved: Prof Gregor Coster/Ms Elizabeth Farrell. Carried: Unanimously.</p> <ul style="list-style-type: none"> - Discussion was had regarding the Maaori Party seeking prohibition of smoking. - Prof Coster guided the committee that we need to be thoughtful in our approach as a Crown entity, subject to the Minister's directive. Unlike with other local bodies we have a different mandate. - From a CPHAC perspective, we can show support by continuing to drive hard for smoking cessation. <p><u>Pharmaceutical Budget Management</u></p> <ul style="list-style-type: none"> - There was a request for more information regarding the pharmacy budget holding project within primary care being led by Dr Allan Moffitt with East Health and ProCare. - Prof Coster wished to have some more of an insight into the difficulties the project was experiencing. Ms McCafferty reported that the key hurdles are; <ol style="list-style-type: none"> (1) Managing the volume of data, and being able to meaningfully analyse this in terms of clearly identifying activities that would add value to the project. (2) Negotiations regarding risk sharing between the PHOs and the DHBs. (3) The ability to source and employ FTE pharmacists within the PHOs and agree pricing. - Prof Coster urged for more progress stating that this project was highly profiled as one that may be implemented regionally in terms of the DAP and BSMC objectives. <p><u>Refugee & Migrant Regional Workstream</u></p> <ul style="list-style-type: none"> - Ms McCafferty gave a summary of progress under the strategy in the child disability, Learning and Development and Primary Health Interpreting pilot workstreams. - Ms McCafferty reported that e-learning modules for working with 	<p>Resolution</p> <p>T McCafferty</p>

<p>5) CPHAC Priorities/ Presentations</p>	<p>5.1 Otara Health Incorporated – Kaitohutohu Project (Ms Louise McCarthy, Ms Sue Zimmerman)</p> <ul style="list-style-type: none"> - Ms McCarthy and Ms Zimmerman (MOH) joined the meeting for the purpose of presenting the Kaitohutohu pilot project being run through Otara Health Incorporated. - With funding from the Ministry of Health, Otara Health Incorporated's Maori Forum developed and delivered a Tamariki Hauora Oral Health Promotion Pilot concluding on June 2009. - Following promising results the MOH requested further development in the areas of reducing inequalities and addressing the six national health targets focus. - Another component of the pilot is health promotion to encourage at-risk communities to adopt healthier lifestyles working with other government agencies, communities and primary care to improve access, strengthen early intervention and improved management of chronic diseases. - The main objectives of the pilot is to: <ul style="list-style-type: none"> - Support workforce capacity (Kaitohutohu) to work with the Otara community using a Whaanau Ora and intersectoral collaborative approach to promote; - Improve and protect individuals and community health in reducing health inequities; - Create supportive social environments to improve health and wellbeing, thereby strengthening strategic alliances and partnerships to promote health; and - Enhancing integrated care pathways and support people with chronic illness to manage their own health - The developing workstreams are: <ul style="list-style-type: none"> - Smoking cessation, increased access to primary care through reducing barriers, CVD screening, diabetes checks, cervical and breast screening; - Clients receiving mental health and domestic violence screening; - Settings based health promotion and capacity building - Establish a project steering group to guide project implementation. - Challenges ahead include keeping PHOs engaged and links with primary care, uncertainty around the changing environment and being responsive to a range of diverse needs in the community. All this while keeping within the FTE funding available. - Prof Coster expressed his excitement at the potential opportunities, commended the team on their performance to date and encouraged them to continue on with their excellent work. <p>5.2 Oral Health Business Case Update (Ms Christine McKay)</p> <ul style="list-style-type: none"> - Ms McKay joined the meeting to update the committee on the progress with the Oral Health Business Case implementation and building programme. - The business case and plan have been litigated extensively and were approved by the Ministry and key stakeholders and signed off by Board and MOH. - Ms McKay proceeded to give a brief overview to the committee on the project status for the reconfiguration of facilities and services including changes in the following areas; <ul style="list-style-type: none"> - The model of care for better access to be more flexible to meet the community needs moving to prevention focus. - Workforce increased hours to 40 hours and increasing ratio of dental therapists and assistants. - Fixed clinic facilities comprised of hub 3-4 chair) and satellite 2 chair clinics - Mobile oral health facilities comprised of TDUs for screening, preventative and restorative treatments, and MDVs for screening and some preventative treatments. - Next steps are to continue with the implementation of the facilities plan, dependent on the status and scope of the fixed clinic area and/or site. 	
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	<p>Resolution: That this committee's congratulations go to the Oral Health team for their ongoing commitment and for the incredible progress that has been made with the implementation of the business case.</p> <p>Moved: Mr Paul Cressey /Prof Gregor Coster. Carried: Unanimously. <i>Ms Brown left at 3pm.</i></p>	Resolution
6) For Information	<p>6.1 Pacific Health Update</p> <ul style="list-style-type: none"> - Mr Anae commented that the return to Nursing Pilot was one of the highlights of the PHAC meeting, and the workforce development team have been asked to present on initiatives to growing our own aspect in the workforce to obtain the right reflection. - Lotu Moui continues to grow in strength and we look forward to receiving the final report on the Lotu Moui Summit. <p>Resolution: That the above Pacific Health report be received.</p> <p>Moved: Mr Arthur Anae/Mr Sefita Hao'uli. Carried: Unanimously.</p> <p>6.2 Maaori Health Update</p> <p>Ms Candy advised that the Waitangi Day celebration at Sir Barry Curtis Park was a wonderful event that was well attended by the huge crowd.</p> <p>Resolution: That the above Reports be received.</p> <p>Moved: Ms Anne Candy/Ms Nganeko Minhinnick. Carried: Unanimously.</p>	<p>Resolution</p> <p>Resolution</p>
7) Monthly Reporting	<p>7.1 Updates from Board and Advisory Committees</p> <p><u>HAC</u> Mr Cressey commented that all five presentations were of an extremely high standard, in particular, the progress around midwives and our own recruitment policies was inspirational.</p> <p>7.2 Finance Report</p> <ul style="list-style-type: none"> - The February forecast has not changed significantly to the last month, and provided for an unfavourable \$2.5m variance largely driven by Health of Older People, the limited Labs savings, Pharms not commencing this year and the POAC overspend. - However, the overall risk is held by the DHB and offset by cost savings in other areas. <p>Resolution: That the Finance Report be received.</p> <p>Moved: Ms Anne Candy/Ms Elizabeth Farrell. Carried: Unanimously.</p>	Resolution
8) General Business	General Business - Nil.	

The meeting concluded at 4.21pm.

Next meeting will be on held Tuesday, 27 April 2010 at 1.00pm in the CMDHB Manukau Boardroom, 19 Lambie Drive, Manukau City.

Signed as a true and correct record on 27 April 2010

Chair: Ms Anne Candy

Resolution

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

Moved: Mr Don Barker

Seconded: Ms Miria Andrews

Carried: Unanimously