

# Community & Public Health Advisory Committee

## Minutes

of the meeting held on 22<sup>nd</sup> August 2006, from 1.00 to 4.00pm, at the Boardroom, 19 Lambie Drive

1) Present:	<p>Mr Paul Cressey (Chair), Mr Sefita Hauoli, Whaea Nganeko Minhinnick, Ms Yvonne Waterreus, Ms Airini Tukerangi, Mr Bill Mudgway, Mrs Jillian Dooley, Ms Elizabeth Farrell, Dr Lynne Lane, Ms Miria Andrews, Mr David Collings, Dr Peter Didsbury</p> <p>In attendance: Dr Allan Moffitt, Mr Chris Mules, Ms Penny Young and Ms Subha Srinivasan (secretary)</p>
Apologies:	Mr Pat Snedden, Mr Arthur Anae, Ms Eileen Fox, Ms Donna Richards
1) Welcome	Mr Bill Mudgway opened the meeting with karakia. <span style="float: right;"><b>Action</b></span>
	<p><b>Apologies</b></p> <p><b>Resolution:</b> Accept apologies as noted above.</p> <p><b>Moved:</b> Mr Paul Cressey <b>Seconded:</b> Mrs Jillian Dooley <b>Carried:</b> Unanimous</p>
2) Minutes of Previous Meeting:	<p><b>Resolution:</b> Noted that minutes of the meeting of CPHAC held on Tuesday 25<sup>th</sup> July 2006, having been circulated, were taken as read and confirmed.</p> <p><b>Moved:</b> Ms Yvonne Wattereus <b>Seconded:</b> Dr Lynne Lane <b>Carried:</b> Unanimous</p>
3) 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.</li> </ul> <p><b>3.3 Membership</b></p> <ul style="list-style-type: none"> <li>- Noted that letter of acknowledgement to Ms Jenny Prince still outstanding – Dr Allan Moffitt to action.</li> </ul>
4) Matters Arising:	<ul style="list-style-type: none"> <li>- Ms Mhairi Porteous will attend the next meeting for a discussion on breast screening indicators for reporting.</li> <li>- Committee has requested a presentation on Healthy Tuck Shop at a future meeting.</li> <li>- Noted that Ms Airini Tukerangi's profile needs to be uploaded on the system.</li> <li>- Presentation on Southern Cross private hospital was cancelled on 16<sup>th</sup> August and will be rescheduled to another time.</li> </ul>

<p>5) CPHAC Priorities</p>	<p><b>5.1 NASC Update</b>  Presentation by Jenni Coles – Programme Manager HOP</p> <ul style="list-style-type: none"> <li>- The main role of this service is to determine eligibility, complete a needs assessment, refer to specialist assessment if needed, and link client with DHB, community and informal services.</li> <li>- There has been a 53% increase in referrals since 2002/03 and the current caseload is 7213.</li> <li>- The waitlist categorised by activity and ethnicity highlights that Household Help has 159 waitlisted.</li> <li>- The reason for the waitlist is the population, demographic growth, and multiple co-morbidities.</li> <li>- Ms Jenni Coles clarified that the waiting list is 191 at this point in time. The waiting time is the average maximum time based on priorities.</li> <li>- Mr Mules clarified that the waiting list is mainly for Household Help and that people with higher needs are being addressed.</li> <li>- Ms Miria Andrews queried what is being tagged under the Household Help category and more specifically requested information on how Maori are accessing services.</li> </ul> <p>Action</p> <ul style="list-style-type: none"> <li>- To continue with a regular update to CPHAC.</li> <li>- To provide information on how Maori are accessing services</li> </ul> <p><b>Resolution</b>  That CPHAC</p> <ul style="list-style-type: none"> <li>- Note that the NASC waiting list is being managed proactively by management and commend the NASC team for their considerable efforts in clearing the waitlist.</li> <li>- The Committee continues to express concern at the high numbers waitlisted for home help services and encourage/support management to reduce this waiting list.</li> </ul> <p><b>Moved:</b> Dr Peter Didsbury  <b>Seconded:</b> Dr Lynne Lane  <b>Carried:</b> Unanimous</p> <p><b>Resolution</b>  That CPHAC</p> <ul style="list-style-type: none"> <li>- Endorse presentation by Maori home help service providers to further investigate issues this. Agreed to Invite 3 organisations to talk about their concerns at a future meeting.</li> </ul> <p><b>Moved:</b> Mr Bill Mudgway  <b>Seconded:</b> Dr Peter Didsbury  <b>Carried:</b> Unanimous</p> <p><b>5.2 Auckland Regional Physical Activity &amp; Sports Strategy (ARPASS)</b>  Presentation by Kelvyn Eglinton – Strategy Director</p> <ul style="list-style-type: none"> <li>- ARPASS is funded by local authorities and SPARC and work together to influence the decision makers.</li> <li>- They're committed to supporting LBD, and working at regional and local level to increase physical activity.</li> <li>- The presentation focused on work with DHBs, TLAs and other agencies to achieve a regional coordination and alignment in relation to physical activity and sports.</li> <li>- The aim is to address service delivery gaps in sports and physical activity at the regional level, share, utilise and coordinate knowledge skills, resources and infrastructure.</li> <li>- The challenge is the lack of a regional approach resulting in duplication of facilities/programmes and lack of</li> </ul>	
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	<p>integration/alignment in activities.</p> <ul style="list-style-type: none"> <li>- ARPASS are preferring to take a cross-sector approach, align programmes, include regional view and input, and use physical activity as a mechanism to achieve other sector outcomes.</li> <li>- Regional collaboration will be used to define processes and policies, and identify and deliver priorities. Aim is to increase physical activity in areas of greater needs, work with agencies involved in urban design, transport, health promotion etc</li> </ul> <p><b>5.3 KPIs for LBD</b> Presentation by Paul Stephenson. The following points were noted:</p> <ul style="list-style-type: none"> <li>- LBD is a complex programme that spans across public health, primary care and specialist services. The programme design is informed by actions from multiple organisations.</li> <li>- Because not all LBD interventions currently are based on evidence, there is the need to develop an environment to learn as much as possible and use robust data to inform ongoing decisions.</li> <li>- The indicator set developed by the School of Population Health is being used to develop KPIs for LBD. The review has been able to identify what measures are available and robust, and what data is missing.</li> <li>- In linking indicators to performance frameworks, a “superset” of indicators focussing on a specific activity needs to be developed. This can then be used to develop performance framework.</li> <li>- The first KPI framework to be developed is the management framework and this will be used to provide progress updates to the Partnership Steering Group, EMT and CPHAC.</li> <li>- The management KPIs need to be understandable, logical, meaningful, and reflective of DHB priorities and effectiveness of the programme.</li> <li>- There are two dimensions to the design of the KPI framework – track how the indicators of risk and disease change over time and how LBD reduces inequalities.</li> <li>- Noted that the initial focus should be on doing what we set out to do (ie measuring activity) and 2-5 year indicators.</li> <li>- Noted that a data dictionary is being developed for each indicator.</li> <li>- Dr Lynne Lane congratulated the LBD team on the work done and queried if there was anything we could still be doing better. It is important to include indicators to show that we’re achieving DAP targets.</li> <li>- A major part of the investment in 2006/07 is about increasing awareness of LBD among the community. This awareness will be driven through the Social Marketing Programme which will start later during the year.</li> <li>- Dr Peter Didsbury noted this is an ambitious programme and has plenty of learning to offer. It is important to capture this learning, and set up a design to capture relevant findings.</li> </ul> <p><b>Resolution</b></p> <ul style="list-style-type: none"> <li>- Due to a lack of quorum at this point of the meeting, the presentation was received as work in progress and an update will be considered at the September meeting.</li> </ul>	
6) CPHAC Priorities update	<p><b>6.1 Personal Health Care Update</b></p> <ul style="list-style-type: none"> <li>- A submission to Health Select Committee inquiry into Obesity and Type 2 Diabetes on 26<sup>th</sup> July was well received.</li> <li>- The evaluation of McDonald’s Sprite Zero trial showed a</li> </ul>	

	<p>17% reduction in sugar consumption – very satisfactory outcome. No adverse reactions from customers or negative impact on the businesses.</p> <ul style="list-style-type: none"> <li>- The DHB was given the Heartbeat Challenge award for making 5 significant changes within the workplace.</li> <li>- CCM volumes are ahead of target.</li> <li>- In response to a query on the CCM renal project, Dr Allan Moffitt noted that Dr Gary Sinclair is working with general practice in early intervention measures that will result in appropriate management of the disease and prevent rapid deterioration.</li> <li>- In workforce development, the DHB won a Health Workforce Innovation Award for their work on promoting health careers in schools.</li> <li>- Noted there is considerable work underway considering future development of home based support services for older people.</li> </ul> <p>Action</p> <ul style="list-style-type: none"> <li>- To schedule a presentation on Home Based support services at a future meeting.</li> <li>- Work is progressing on the “Innovative model of primary care” project in Mangere and in Waiuku. The main challenges for Waiuku is the rurality and scarcity of workforce.</li> </ul> <p>Action</p> <ul style="list-style-type: none"> <li>- Don Barker to invite Whaea Nganeko Minhinnick to this group meeting.</li> </ul> <p><b>Resolution</b> Noted that the Personal Health Care Update was tabled</p> <p><b>6.2 Mental Health Update</b></p> <p><b>Resolution</b> Noted that the Mental Health Update report was tabled</p> <p><b>6.3 Health of Older People Update</b></p> <p><b>Resolution</b> Noted that the Health of Older People Update report was tabled</p>	
7) For Information	<p><b>7.1 Maori Health Update</b></p> <ul style="list-style-type: none"> <li>- Ms Elizabeth Farrell query on volunteer transportation has been referred to Tony Kake for clarification</li> </ul> <p><b>Resolution</b> Noted the Maori Health Update report was tabled.</p> <p><b>7.2 Pacific Health Update</b></p> <p><b>Resolution</b> Noted the Pacific Health Update report was tabled.</p> <p><b>7.3 Breast Screening Update</b></p> <p><b>Resolution</b> Noted the Breastscreening Update report was tabled.</p>	
8)	<p><b>Additional Maori Health Issues not already covered in the agenda</b> Nil</p>	

9)	<p><b>Additional Pacific Health Issues not already covered in the agenda</b></p> <p>Nil</p>	
10) Monthly Reporting	<p><b>10.1 Board update</b></p> <ul style="list-style-type: none"> <li>- Discussions mainly on Rural Health, and Tunnels and Corridors project, and the HOP action plan was approved.</li> </ul> <p><b>10.2 Updates from Board Advisory Committees</b></p> <p>HAC</p> <ul style="list-style-type: none"> <li>- The committee continues to have discussions around elective services.</li> <li>- After discussions on community radiology and the significant investment, the Committee has requested a regular report for HAC and CPHAC on progress achieved and community access.</li> <li>- Presentation by renal project at HAC and PHAC. To schedule a presentation at a future CPHAC meeting.</li> </ul> <p><b>10.3 Financial Report</b></p> <ul style="list-style-type: none"> <li>- The Committee noted the significant risk of HOP funding compensation regarding Income &amp; Asset testing changes. The northern DHBs have written to the Director General requesting clarification.</li> </ul> <p><b>Resolution</b> That the financial report be received.</p> <p><b>Resolution</b> The Committee resolved that the public and media be excluded from discussions on the risk register, (OIA s 9(2)(i), Standing orders Schedule 2 cl 2(g)) to enable the carrying out of commercial activities.</p> <p><b>Moved:</b> Dr Peter Didsbury <b>Seconded:</b> Ms Yvonne Wattereus <b>Carried:</b> Unanimous</p>	
11) General Business:	-	
12) Adjournment	The meeting adjourned at 4.25pm	
13) Next Meeting:	Tuesday 26 <sup>th</sup> September 2006, 1.00-4.00pm, Boardroom – 19, Lambie Drive	
<p>Signed as a true and correct record on the 26<sup>th</sup> September 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 22<sup>nd</sup> August 2006 are approved.</p> <p>Moved: Ms Yvonne Wattereus Seconded: Ms Miria Andrews Carried: Unanimous</p>		