

Community & Public Health Advisory Committee

Minutes

of the meeting held on 24 April 2007, from 1.00 to 4.00pm, at the Manukau Boardroom, bldg 2, 19 Lambie Drive

Present:	Ms Airini Tokerangi (Chairman), Mr Arthur Anae, Mr Bill Mudgway, Ms Yvonne Waterreus, Dr Peter Didsbury, Ms Donna Richards, Ms Miria Andrews, Mr Pat Snedden, Mrs Jillian Dooley (from 1.25pm), Ms Elizabeth Farrell (from 1.30pm) In attendance: Mr Chris Mules, Dr Allan Moffitt, and Mrs Alice Ropata (minute-taker)
Apologies:	Mr Paul Cressey, Whaea Nganeko Minhinnick, Malia Hamani, Jillian Dooley (lateness)
1) Welcome	
2) Minutes of Previous Meeting & Matters Arising	<p>Resolution: Noted that the minutes of the meeting of CPHAC held on Tuesday 27 March 2007, having been circulated, were taken as read and confirmed.</p> <p>Moved: Mr Arthur Anae Seconded: Ms Yvonne Waterreus Carried: Unanimous</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> - Interviews for the HoP representative on CPHAC will be held prior to the next Committee meeting in May. - An Action Items Summary was tabled as per CPHAC's request at the March meeting. <p style="text-align: right;">Action: J Coles</p>
3) Procedural Matters	<p>3.1 Interests Register</p> <ul style="list-style-type: none"> - The current interests register was distributed. Members were advised to update if necessary with the Committee secretary. - The register will be included in CPHAC papers each month. <p>3.2 CPHAC Members' Profile</p> <ul style="list-style-type: none"> - CPHAC agreed that these would not be included in CPHAC papers each month. <p>3.3 Membership</p> <p>Resolution CPHAC approved the extension of membership of co-opted members to CPHAC to November 2008 in line with the Board's recommendation.</p> <p style="text-align: right;">Action: A Ropata Resolution</p>
4) Presentations	<p>Presentations:</p> <p>4.1 Introducing Geraint Martin, CMDHB Chief Executive</p> <ul style="list-style-type: none"> - The Chair welcomed Mr Martin to CPHAC. - Mr Martin has been with the DHB since December 2006. He has committed to working with the DHB's front line staff and

has already worked in the Spinal Unit and Pharmacy. He is impressed by the professionalism and dedication of DHB staff. Working on the front line enables him to get a real feel for the organisation.

- Mr Martin advised that CMDHB has a good reputation nationally, but he'd like to see the DHB go from good to "great". In order to achieve this, he aims to focus on clinical quality and clinical leadership on the premise that if we improve the quality of our services to our community, our health dollars and outcomes will be maximised.
- 4.2 Three-year Primary Healthcare Plan (Tina McCafferty & Dr Allan Moffitt)**
- Ms McCafferty asked for CPHAC's feedback on the three-year plan which was provided in the Committee's papers.
 - CPHAC members gave the following feedback:
 - Ms Andrews: re statistics for health improvements for Maori – she cannot see these results in her own community, however, she is encouraged by the fact that the plan acknowledges the need for change in addressing health inequalities.
 - Ms Farrell explained that the meningococcal immunisation programme was successful because of the outreach component. She stressed the importance of keeping such primary health initiatives alive.
 - Mr Mudgway expressed concern that elective surgery waiting lists be decreased. Dr Moffitt explained that the plan will address how primary care can assist elective surgery. Mr Mudgway also asked what is being done for international medical practitioners who come to NZ and are unable to work in their profession. Dr Moffitt explained that the Medical Council is responsible for registrations and will be working with immigration to synchronise registration laws with immigration laws.
 - Ms Tokerangi suggested development of an effective communications strategy that informs the public where to access services. She also encouraged the DHB to communicate with the public its successes as well. Ms McCafferty agreed that consumers who self-manage well could be held up as champions that would influence others.
 - Ms Waterreus asked how health providers could be more user friendly i.e. pharmacists, practice nurses. In her experience, primary health services would be more effective if they had better, user-friendly communications and were open to consumer/family input. She also agreed that there needs to be better marketing of health services e.g. breast screening, cervical smear tests.
 - Ms Waterreus also asked whether the DHB was on target to meet future workforce demands. She also expressed concern that the Medical School is turning away Counties Manukau applicants. Dr Moffitt advised that the Primary Health Care Workforce Plan of 2004 will be revisited. Mr Mules advised that there is work being undertaken nationally to increase the intake of students to the School of Medicine.
 - Dr Didsbury stated that he is generally supportive of the plan. He cautioned that quality should be measured by real data, not anecdotal evidence. He has seen an improvement in integrated services. Life expectancy is improving, there has been a reduction in hospital admissions and chronic care management is improving. He asked for clarification around the poor attitude of primary health care providers. Ms McCafferty explained that general public feedback was that patients feel they do not have a meaningful relationship with

their GPs and they are not listened to.

Next steps

The Plan will be revised with the feedback received and then presented to the CMDHB Board.

4.3 Intersectoral Projects Update (Jude Woolston)

- Ms Woolston updated CPHAC on the partnership between Housing New Zealand (HNZ) and CMDHB. There are 4 projects stemming from this relationship: Mascot Ave Apartments (for older adults), Healthy Housing, Mental Health Housing Solutions, and the Refurbishment of Manukau City Council (MCC) Pensioner Units.

Mascot Ave Apartments.

- HNZ has built 50 apartments on Mascot Ave, Mangere. The venue allows for the provision of supported accommodation for adults 50 years and over, either single or a couple. The DHB has had input into the design of the apartments.
- There is a joint operational team working together to achieve the objective of ensuring that residents are able to age in place and maintain the optimum level of health and independence.
- The apartments were completed at the end of March. There are 37 apartments already occupied.
- Prospective tenants are referred to HNZ. Referrals are supported by a needs assessment. Tenants must fit within HNZ criteria.
- There was inadequate lead time to put appropriate support in place before the tenants arrived, and hence there was a last minute rush to assess and meet needs.
- As residents have high needs, the aim is to bring services into the complex. CPHAC suggested implementing a visiting GP/Nurse service.
- The experience with establishing and tenancing these apartments will be documented to inform future planning.

MCC Pensioner Units

- This is a joint project between MCC, HNZ and CMDHB.
- Stage 1 is currently underway. This is the refurbishment of 515 MCC pensioner units, 401 of which are bedsits.
- At present MCC provides units that house 2.5% of the population aged over 65 years.
- An inspection of the units showed that the housing was inadequately designed for older adults and most units were in a state of disrepair.

PATHS (Providing Access to Health Solutions)

- PATHS is entering its 4th year of operation as a partnership between Ministry of Social Development (incl Work & Income) and CMDHB.
- PATHS participants are a high needs group due to their health conditions and the long time many have received the Sickness or Invalid benefit. PATHS participants require tailored solutions, both in terms of health interventions and support with gaining and retaining a return to employment.
- As of December 2006, there have been a total of 83 (35%) successful employment outcomes for PATHS participants. 28% of all participants enrolled as part of the personal health component of PATHS have returned to employment. 18% of all participants enrolled in the mental health component have returned to employment. These results are thought to be the

	<p>best being achieved in the various PATHS sites nationally, although MSD has yet to release such comparable data. An evaluation is currently underway.</p> <ul style="list-style-type: none"> - A full copy of the report for PATHS for the period March 2004 to December 2006 is available and will be distributed to the Committee. 	
<p>5) CPHAC Priorities</p>	<p>5.1 Planning & Funding Update (Chris Mules)</p> <p><u>LBD</u></p> <p>Social Marketing Campaign</p> <ul style="list-style-type: none"> - Mr Mudgway expressed concern that developing a new slogan and logo was taking too long and was slowing up the launch of the campaign. Mr Snedden asked whether there is a target date. Mr Mules advised that the launch was deferred in order to finalise the revised slogan and logo based on the feedback received in February and March, and to ensure timing compatibility with the national HEHA campaign. Details of the launch will be presented to the May CPHAC. - Progress on the Swap2Win campaign is going well and the four ambassador groups and content for swap ideas have been finalised. A website has been commissioned to support the campaign and media and communications planning is underway. <p>Food Industry</p> <ul style="list-style-type: none"> - Vicki Hamilton has recently been appointed to the position of Executive Director for the Food Industry Group, replacing Rob Bree. Vicki's extensive experience in the food industry and professional background as a nutritionist will be an asset. <p>Recruitment</p> <ul style="list-style-type: none"> - Appointments are pending for both the Programme Manager and Project Manager, HEHA positions. <p><u>Stand Up!</u></p> <ul style="list-style-type: none"> - This is a drug and alcohol programme piloted in secondary schools led by Odyssey House. Its popularity continues to grow with student self-referrals already reaching this term's capacity in 4 of the 6 participating schools. - A presentation on development of alcohol & other drug services will be made to a future meeting <p><u>RFPs Issued</u></p> <ul style="list-style-type: none"> - Mental Health Services Workforce Development. CPHAC asked whether there is any work being undertaken to help the community deal with family/friends suffering from a mental illness as families are relatively unsupported. - Recovery Education Pilot. Ms Waterreus suggested that the Recovery Education Pilot could be used to provide support for families. This programme is for both consumers and families. Mr Mules will look into this suggestion. <p><u>Oral Health</u></p> <ul style="list-style-type: none"> - Buckland Road. As part of the development of architectural plans and resource consent, a survey was undertaken of the property which showed that the existing building protrudes up to 4 metres over the southern boundary. The affected land is owned by Southern Cross Campus and this issue will have a large impact on the consent process timeline. - As an alternative, the project team is exploring a complete 'purpose built' rebuild on the site, as opposed to 	<p>Action: Chris Mules</p>

	<p>refurbishment. The Business Case is being reworked to fit with this solution. The Ministry has been consulted. SkyCity is also being worked with regarding their contribution to the project.</p> <ul style="list-style-type: none"> - Pre-School Oral Health Engagement Project. This project seeks to look at strategies to improve the oral health of pre-school children and reduce inequalities in the oral health of Maori and Pacific pre-school children in Counties Manukau. Information is being collected on current services available, perceived gaps and possible solutions to bridge these gaps. <p><u>PATHS</u></p> <ul style="list-style-type: none"> - The PATHS team participated in a two-day evaluation workshop with the Ministry of Social Development. Evaluation will be ongoing. There are 8 sites operating nationally. <p><u>Resolution</u> That the report be accepted</p> <p>Moved: Yvonne Waterreus Seconded: Airini Tukerangi Carried: Unanimously</p>	
6)	<p>6.1 Accrued SIA funds (Danny Wu)</p> <ul style="list-style-type: none"> - Mr Wu tabled this update. CMDHB has developed guidelines for the use of SIA funding to provide greater clarity and certainty for PHOs on what services can be funded and how. - PHOs receive approximately \$10m a year. There is approximately \$8.15m in accrued SIA funds in Counties Manukau. The majority of these funds are already committed to programmes, and in fact over-committed in the two PHOs with the greatest level of accrued funds – which will require prioritisation of programmes in the future. SIA funds will continue to be monitored. - There has been agreement, on an interim basis, that SIA funds can be used by one PHO to support reduced cost access to After Hours care. However, all PHOs have been asked to submit their after hours plans to the DHB by June 07. Once these are received, the DHB and PHOs will sign off an agreed way forward, including use of SIA funds. <p>6.2 NIR/Kidslink Integrated System – update (Paula Sole)</p> <ul style="list-style-type: none"> - A meeting was held with MoH and other metro Auckland DHB representatives on 30 April. MoH presented an overview of the Key Directions project within which child health information management features. - The metro Auckland DHBs made clear to the MoH the need for a Well Child integrated information system and that this must be given priority. The metro-Auckland DHBs also advised that a regional integrated model would be our preferred option. - Agreement was reached with MoH that the metro-Auckland DHBs will proceed in scoping the development of a regional integrated model and liaise closely with MoH so that this development aligns with the Key Directions project. A DHB rep (Paula Sole) will join the Key Directions steering group. 	
7)	<p>7.1 Maori Health Update</p> <ul style="list-style-type: none"> - Mr Snedden advised that Hauora Marae initiative is being led by Louisa Wall. The programme aims to make Marae responsible for leading health initiatives for their people. It is the equivalent of the LotuMoui programme being driven in the 	

	<p>Pacific Island church community.</p> <p>7.2 Pacific Health Update</p> <ul style="list-style-type: none"> - No update this month. <p>7.3 Breast Screening Update</p> <ul style="list-style-type: none"> - Ms Farrell asked whether the mobile unit in Pukekohe will be opened on Saturday mornings as there is a market that takes place there each week but the unit is closed. - The backlog of women aged 45-49 is decreasing and should be cleared in the next couple of months. <p>7.4 NASC Update</p> <ul style="list-style-type: none"> - The backlog of patient assessments is virtually cleared. - Staff appointments are being made and an additional 3 FTEs will be recruited (2 assessors and 1 team leader). - CPHAC agreed that there is no longer a need for monthly updates to the Committee. It was also requested that any future updates be written in layman's terms and also be formatted for ease of reading. 	<p>Action: M Porteous</p> <p>Action: J Coles</p>
8)	<p>8.1 Board Update</p> <ul style="list-style-type: none"> - The Labtests issue has been a focus of the Board lately. An interim 12-18 month solution has been entered into with Diagnostic Medlab until a new longer term arrangement can be finalised. <p>8.2 Updates from Board Advisory Committees</p> <p>PHAC</p> <ul style="list-style-type: none"> - The new GM Pacific Health, Manu Sione, will start in his role on 28 May 2007. <p>HAC</p> <ul style="list-style-type: none"> - Acute volumes are down and elective surgery volumes are up. - Low level electives will continue through any industrial action taken in April. - Dr Andrew Connolly presented to the Minister, Hon Pete Hodgson that CMDHB will be in a position to service elective needs of entire population within the next six month period. <p>8.3 Financial Report</p> <ul style="list-style-type: none"> - The report was received. - CPHAC would like to invite Finance Manager, Steve Murray to attend the next CPHAC to speak to his report. <p>Resolution</p> <p>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>Moved: Pat Snedden Seconded: Donna Richards Carried: Unanimous</p> <p>The meeting was reopened to the public at 4.25pm</p>	<p>Action: S Murray – invite to CPHAC</p>
9)	<p>General Business</p> <p>Next meeting will be held Tues 22nd May 2007 at the CMDHB Boardroom, 19 Lambie Drive, Manukau City.</p>	

Signed as a true and correct record on the 22nd May 2007

Chair: Ms Airini Tukerangi

Resolution

The minutes of the meeting of the Community and Public Health Advisory Committee of Counties Manukau District Health Board of 24th April 2007 are approved.

Moved:	Arthur Anae
Seconded:	Donna Richards
Carried:	Unanimous