

	Mr Geraint Martin arrived at 1.20pm.	
2) Minutes of Previous Meeting & Matters Arising	<p>2.1 Minutes & Matters Arising <u>Amendments to the Minutes</u></p> <p><u>Page 5 – Before School Checks (B4SC)</u> “We have learnt a great deal from the programme and it has become a catalyst for conversations with PHOs in how we work together. We continue to work with the MoH to plan forward.”</p> <p><u>Page 7 – Terms of Reference – 5.3</u> Ms DeSouza raised the possibility of including a representative from the ethnic community.</p> <p>Resolution: That subject to the amendments the Minutes of the Meeting of CPHAC held on 25 November 2008 was taken as read and confirmed.</p> <p>Moved: Ms Anne Candy Seconded: Mr Donald Barker Carried: Unanimously</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none"> - Mr Frith requested a support statement be in place so this committee is kept in the loop with issues for the Health of Older People. - There was discussion on whether there should be a name change for DiSAC (Disability Support Advisory Committee). <p>2.2 Action Items Register <u>Item 1 – Manawhenua</u></p> <ul style="list-style-type: none"> - Ms Richards advised it has been discussed at the Manawhenua meeting and they have a person on standby. - Payment for attending is an issue as the person is not in paid employment. - Ms Cliffe confirmed there is a remuneration policy for meeting attendance. Ms Cliffe will circulate the document when finalised. <p><u>Item 2 – Brainwave Trust/Infant Mental Health</u> Ms Ginnen and Ms Cliffe will meet to coordinate the tandem presentation to be set down for March.</p> <p><u>Item 3 – Men’s Health</u></p> <ul style="list-style-type: none"> - Both CMDHB applications were declined. - Mr Williams would like to know what we are doing about men’s health? - Dr Don Mackie is reporting back to HAC on men’s health next month and will await that update. <p><u>Item 4 – Health Education</u></p> <ul style="list-style-type: none"> - Child Youth Health Steering Group is reviewing how we address all child, youth and maternity health issues. - Looking at the intervention points to get the greatest value out of life long learning. - Mr Williams’ view is not just child health but it goes into old age. - Ms Brown felt there needs to be better intersectoral collaboration and ensure we have a curriculum that is age appropriate. - Currently reviewing all health promotional activities across public health. - Mr Martin highlighted the potential for initiative overload with so many people focusing in a lot of areas. - Limit our focus to a specific area eg as pre-school children that is probably the best place, and then extend it subsequently. - Ms Cliffe to report back in June. <p><u>Item 5 – Living Smokefree</u></p> <ul style="list-style-type: none"> - Ms Cliffe to report back in March on regional and national activity, and 	<p>N Rerekura</p> <p>Resolution</p> <p>S Cliffe</p> <p>S Cliffe</p> <p>S Cliffe</p>

	<p>what are the Ministry's targets, to ensure we are aligned.</p> <ul style="list-style-type: none"> - Mr Williams commented if we can derive that the economic and health benefits are immediate it is a worthy investment. - Mr Martin responded that impact is almost immediate. Within the first six months there is a significant drop in heart disease. - Mr Hao'uli declared his specific interest and went on to speak about the complexities of attacking smoking cessation. - The money collected in taxing cigarettes, what is being spent on cessation programmes, along with the limited drugs that are government approved, there needs to be a robust plan that is well funded. - Ms Candy suggested a letter of congratulations be sent to Niue for being the first Smokefree country in the world. - Ms Cliffe to update in March what funding is available and where to from here in terms of a plan. <p><u>Item 7 – Maaori Disability Action Group</u> Mr Te Paa confirmed the group amended the Terms of Reference to invite a DiSAC representative to join Maaori Disability Action Group. That recommendation to go to the next DiSAC meeting in February.</p> <p><u>Item 8 – Multi Agency Centre</u> CMDHB still having discussions with the intersectoral agencies involved. This DHB is supportive of a Multi Agency Centre in this area and we await a response from ADHB re sexual violence services. Still ongoing.</p> <p><u>Item 9 – Child & Adolescent Oral Health</u> Next Auckland Regional Public Health Alignment Group meeting to be held on 6 March 2009.</p> <p><u>Item 10 – Mental Health: Tupu Ake</u></p> <ul style="list-style-type: none"> - The chief executive has written to Manukau City Council to ask what we can do to assist to expedite this matter. - Ms Brown has also offered her assistance as a councillor. - An update next month on what the response has been. <p>Resolution: That the above Action Items Register be received.</p> <p>Moved: Ms Anne Candy Seconded: Carried: Unanimously</p>	<p>A Candy S Cliffe</p> <p>S Cliffe / G Martin</p>
<p>3) Procedural Matters</p>	<p>3.1 Register of Interests <u>Ms Hao'uli</u> – Remove member, National Heart Foundation</p> <p>3.2 Special Interests Register Included for members' information.</p> <p>3.3 Quick reference guide – conflicts of interest Included for members' information.</p>	<p>N Rerekura</p>
<p>4) Chief Planning and Funding Officer's Report</p>	<p>Ms Cliffe summarised her report as follows:</p> <p>HPV – Human Papillomavirus</p> <ul style="list-style-type: none"> - Statistically were running at 15% immunised across all ethnic groups. However, the National Immunisation Register (NIR) has not been receiving all our referrals, meaning we could be tracking higher than that. - In terms of recruitment, we have funding to recruit specific roles actively promoting uptake of this vaccine for the South Asian, Maaori and Pacific populations, and with an appropriate whaanau perspective. - Acknowledged the primary care providers for their great roll out of the campaign. 	

	<p>Oral Health Business Case</p> <ul style="list-style-type: none"> - Ms Brown asked what talks are occurring re more land? - Liaising with the Ministry of Education within the next month. - Mr Williams suggested speaking with the development team in particular, Graham and Jenny Wilson. <p>Oral Health Community Consultation</p> <ul style="list-style-type: none"> - Concern was raised about the limited attendance at the community consultation, which was exactly the same for the community laboratory consultations. - Invested and lot of time money and effort into them and only got small numbers along. - Looking at how we can do it better possibly having a rolling system approach. - Certainly much greater success targeting people at special events such as Hunters Plaza and the markets. - The formal part of the consultation ended in December. <p>Before School Checks Programme (B4SC)</p> <ul style="list-style-type: none"> - Ms Brown raised a concern about the hearing and vision testing regarding follow up. - Mr Te Paa advised that he went out with a hearing and vision tester to understand the whole process. - Children are referred to our internal services for a much more detailed check, and then for any further tests to be referred to a specialist. - The vision testing wait time for the initial appointment is down to 3-4 weeks with a referral to a specialist within around six weeks. - With referrals done through schools, the DNA rate is 15%. <p>Snug Homes – Counties Manukau</p> <ul style="list-style-type: none"> - Ms Cliffe made another appeal to get Snug Homes more visible in the community as we still need more referrals. - The eligibility criteria could be a barrier as you need to be a community services cardholder. - Ms Ginnen commented on how well CMDHB is working with Housing NZ on the Healthy Housing project, which can include insulation of state houses. - Ms Cliffe to re-circulate the material to get it through to all your networks. - More media exposure to contact Ms Nicola Williams at the Courier. <p>Mr Anae arrived at 2.20pm. Ms Brown left the meeting at 2.25pm.</p>	S Cliffe
5) CPHAC Priority/ Presentations	<p>5.1 Oral Health Regional Service Report (Ross Smith and Pip Oatham)</p> <p>Mr Ross Smith and Ms Oatham jointly provided an overview of the briefing paper that was tabled at the previous CPHAC in November. They highlighted;</p> <ul style="list-style-type: none"> - Declining levels of activity but not reduced level of need - Concerns around some of the definitions ie recording a completion after ARDS has sent out two reminders - Much of the information is aggregated, however, we need it by population cluster to assess the ‘at risk’ populations. - Inadequate reporting on many aspects of business which are critical such as workforce and recruitment - As a consequence the ARDS report very low efficiency levels – 48% compared to 75% in Canterbury (assuming the definitions are the same). - Reports show changes in the mix but don’t highlight declining volumes and are potentially misleading <p>Feedback on analysis of the ARDS 2007/08 Report:</p> <ul style="list-style-type: none"> - Although half a year has gone past, these targets in the report should not be accepted. - Most of the other recommendations are about; 	

- getting clarity around the definitions
- setting realistic targets and KPIs
- broadening out the KPIs which will be reported on so they align to the business case
- changing the way that some of the information is shown in the report
- We think ARDS also have to have some regard to the MoH targets.
- Proposed we agree the targets by 30 April for the 2009/10 year.

That the following recommendations be endorsed:

Resolution 1:

CMDHB reject the 2008/09 targets and negotiate a set of robust transparent KPI's (Key Performance Indicators) for agreement in the 2009/2010 Service Level Agreement with WDHB. These should be based on population need and risk in accordance with the Business Case parameters.

Resolution 2:

A KPI or measure is developed that records the number of examinations that don't result in any treatment – preventative or otherwise.

Resolution 3:

A KPI or measure for preventative treatments is developed and reported on separately from other treatments.

Resolution 4:

A KPI is developed that is able to measure Dental Therapist and Dental Assistant clinical activity which is reported on quarterly.

Resolution 5:

A KPI is developed that measures the ratio of Dental Therapists to Dental Assistants and distribution of the workforce to key areas of need.

Resolution 6:

A KPI is developed that measures DNA's across the school and pre-school services to encourage a more robust enrolment and follow-up process.

Resolution 7:

A KPI is developed to measure the number of IDC's carried out to treatments/completions. This would measure how robust the pathway of care is for our children.

Resolution 8:

A KPI is developed that sets targets which align to the MoH targets for the respective age cohorts (and ethnic mix) of each of the ARDS clusters:

0-2 years	50%
3-4 years	85%

Resolution 9:

Reports are received on workforce recruitment and retention with strategies for addressing workforce shortages in a timely fashion.

Resolution 10:

The targets for 2008/09 be rejected and ARDS asked to review and resubmit targets for 2008/09 by 28 February 2009.

Work commences now to develop targets for 2009/10 which more closely align to the plans and strategies in the CMDHB Oral Health Business Case. These should be negotiated and agreed by 30 April 2009 allowing sufficient time for strategies to be developed and resources secured prior to the start of the year. The service level agreement to be in place by 30 June 2009.

Resolution 11:

That a plan be put in place for 2009/10 to look at targets and agree the KPIs by 30 April 2009 and that an expression of CPHAC's dissatisfaction be noted.

	<p>Moved by: Ms Anne Candy Seconded: Ms Lope Ginnen Carried: Unanimously</p> <ul style="list-style-type: none"> - Ms Cliffe will report on progress at the next meeting. - In conclusion Ms Candy congratulated, with acclamation, Mr Smith and Ms Oatham for their excellent presentation. <p>5.2 CPHAC Planning (Sam Cliffe)</p> <ul style="list-style-type: none"> - Ms Cliffe opened this up for discussion to find out what the direction of travel is for CPHAC in 2009 so management can support in the best way possible. - Suggestions were as follows; <ul style="list-style-type: none"> - Meetings in the community (ie Marae, Pacific, Asian etc), every quarter starting with tangata whenua. - community meetings to be topical. - Receipt of the Board's agenda for next 12 months' to understand what their key focus areas are. - Look to deal with a few issues and be more quality conscious. - Be quite clear about what our key points of focus are. - Take a more futuristic approach looking at the next 20 years. - Require a visionary session to strategise our priorities. - Keen to focus more on advising the Board than how we engage with management. - The committee needs an uplift. A waananga is a good way to test some of the ideas. - There needs to be a balance struck between being visionary and meeting our business objectives. We cannot be visionary in isolation. - Half day planning workshop to be organised in the early part of the year to be facilitated by an external professional. 	
6) For Information	<p>6.1 Pacific Health Update The Pacific was taken as read and received.</p> <p>6.2 Maaori Health Update Mr Te Paa summarised the Maaori Health report as follows:</p> <p>CTA Hauora Maaori Scholarships</p> <ul style="list-style-type: none"> - There is a new funded Clinical Training agency Maaori scholarship to fund 27 people to work in health, ie health workers looking to move on from unskilled roles to do some study to just below bachelors level. - Only four places still available. - Much interest from home based support workers in the disability sector. <p>PPDF The PPDF projects have been cut back to two projects. Targeting people who have worked on Boards to provide guidance to Maaori providers, as well as developing the workforce.</p> <p>Maaori Responsive Programme</p> <ul style="list-style-type: none"> - The Tikanga Best Practice Programme are the working with individual services to understand how they can implement the training programme into that part of the service and then will evaluate. - All new employees will be required to undertake this programme within the first five months. - Pacific cultural competency training sits alongside that. - Ms Butler is coordinating the Board treaty training. <p>6.3 Chair Report to Board The Chair's report was taken as read be received.</p>	

7) Monthly Reporting	<p>7.1 Updates from Board and Advisory Committees <u>Board</u> The Terms of Reference have been reviewed at the last meeting. Significant change for CPHAC is the shift of the Health of Older People's rep to DiSAC. It was agreed there will still remain an overlap to CPHAC.</p> <p>7.2 Finance Report Finance report taken as read.</p> <ul style="list-style-type: none"> - We are expecting the high December result to balance over the next six months. - Pharmaceutical is tracking growth we had not anticipated, but are hopeful that will come into line within the next 4-5 months. - There is a bulge in HOP activity, partly due to agreed backdated funds, and partly due to demand. - Overall year to date is not looking too unhealthy. - Ms Candy commented it is great to see the dollars in the pie graphs. <p>Ms Richards left the meeting at 3.55pm.</p>	
8) General Business	<p>General Business</p> <p>a) <u>Health & Disability consultation document – J Frith</u></p> <ul style="list-style-type: none"> - The Health and Disability consultation document is up for review and can be accessed online for submission. - To endorse that consultation document or put forward a submission, go to the Ministry of Health website or: www.hds.org.nz/publications - Submissions close on 28 February 2009. 	

Meeting concluded with a karakia from Mr Bernard Te Paa at 4pm.

Next meeting will be on held Tuesday, 24 February 2009 at 1.00pm in the CMDHB Manukau Boardroom, 19 Lambie Drive, Manukau City

Signed as a true and correct record on 24 February 2009.

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 27 January 2009 are approved.

Moved: Ms Anne Candy
Seconded: Mr Donald Barker
Carried: Unanimously