

## Community & Public Health Advisory Committee

### Minutes

of the meeting held on **Tuesday, 22 June 2010**, from **1.00pm to 4.00pm**, at the **Manukau Boardroom, 19 Lambie Drive, Manukau.**

Present:	Ms Anne Candy (Chair), Mr Don Barker, Ms Colleen Brown, Mr Arthur Anae, Mr Paul Cressey, Ms Miria Andrews, Ms Nganeko Minhinnick, Ms Elizabeth Farrell and Dr Gary Jackson (arrived later).  Absent: Mr Michael Williams, Ms Donna Richards  In attendance: Mr Geraint Martin, Ms Sam Cliffe, Dr Allan Moffitt, Mr Bernard Te Paa and Ms Nellie Rerekura (minute-taker).	
Apologies:	Prof Gregor Coster, Ms Lope Ginnen, Mr Jonathan Frith, Ms Malia Hamani, Ms Ruth DeSouza, Mr Michael Lamont and Mr Sefita Hao'uli. <b>Resolution:</b> That the above apologies be accepted. <b>Moved:</b> Ms Anne Candy / Mr Paul Cressey. <b>Carried:</b> Unanimously.	<b>Resolution</b>
1) Opening Prayer, Welcome	<b>1.1 Opening Prayer and Welcome</b> The chair welcomed everyone and invited Ms Colleen Brown opened the meeting with a prayer.	
2) Minutes of Previous Meeting & Matters Arising	<b>2.1 Minutes &amp; Matters Arising</b> <u>It was noted</u> that the committee did not hold a meeting quorum until 1.35pm. <b>Resolution:</b> That the previous minutes of 25 May 2010 be accepted. <b>Moved:</b> Mr Don Barker / Ms Miria Andrews. <b>Carried:</b> Unanimously. <u>Amendments to the Minutes</u> Mr Te Paa queried whether the presentation from Te Kaahui Ora be given at CPHAC or HAC as the team is an in hospital service. <u>It was noted</u> that Te Kaahui Ora would present at a future HAC meeting. <b>Resolution:</b> That the above amendment be accepted. <b>Moved:</b> Ms Anne Candy / Ms Miria Andrews. <b>Carried:</b> Unanimously. <b>2.2 Actions Register</b> The Actions Register was taken as read and received.	<b>Resolution</b>  <b>N Rerekura</b>  <b>Resolution</b>
3) Procedural Matters	<b>3.1 Register of Interests</b> - Included for members' information. <b>3.2 Special Interests Register</b> - Included for members' information. <b>3.3 Conflicts of Interest</b> - Included for members' information. <b>3.4 Terms of Reference</b> - Included for members' information. <b>3.5 Membership of Committees</b> - Included for members' information. <b>3.6 Updated Board Policies</b> - Included for members' information. <b>3.7 Annual CMDHB Board Agenda</b> - Included for members' information.	
4) Director Service Integration's Report	<b>4.1 Director Service Integration's Report</b> <u>It was noted</u> that this item be brought forward on today's agenda until a quorum was established. Ms Cliffe summarised the report as follows: <u>Immunisations</u> Attention was drawn to the upward trend of our immunisation rates which are now at 86%. The target for next year is 90% across the region which will be challenging.	

	<p><u>Oral Health</u> All the indicators are heading in the right direction with school dental arrears decreasing and utilisation of adolescent oral health services rising. Also targeting preschool initiatives particularly Kohanga Reo including Early Childhood Education Centres.</p> <p><u>Better Sooner More Convenient</u></p> <ul style="list-style-type: none"> <li>- In brief, we are progressing steadily and incrementally to get implementation process underway.</li> <li>- Alliance Health+ PHO has been given the green light to implement their business case and have established their leadership team and transitional management structure.</li> <li>- Ms Cliffe will be presenting to Board next month and come back to CPHAC next month to provide a full update.</li> <li>- It is a changeable situation at the present time. CMDHB are putting a huge amount of effort into the business cases, and we want to be as supportive and responsive as possible across the board.</li> </ul> <p><u>Workforce</u> Dr Moffitt informed this committee of the GP training pilot that is being run for a year. This is a new approach with the key principle of training them locally. We have had four second year health officers and one registrar going through the programme.</p> <p><u>Pharmacy</u></p> <ul style="list-style-type: none"> <li>- This current national contract runs until August 2011 and there is a process underway to renegotiate the terms of that contract.</li> <li>- The pharmacy sector contracts can be difficult to navigate and a Pharms Leadership Forum has been established to get really good community pharmacists involved as a major part of the BMSC and part of the integrated multi disciplinary team.</li> <li>- We are proposing a short moratorium on setting up new pharmacies in Counties Manukau as to temporary stop gap to control the growth while we develop the regional approaches to the pharmacy sector.</li> </ul> <p><u>Interpreters Service</u> Ms Cliffe encouraged everyone to circulate to all our networks about the Interpreters Service and what support they offer.</p> <p><u>Men's Health</u></p> <ul style="list-style-type: none"> <li>- Ms Brown was intrigued to know what CMDHB did for Men's Health Week.</li> <li>- It was business as usual for CMDHB, but Dr Richard Shortland-Cooper is continuing to run the Men's Health Group and doing a fine job.</li> <li>- Ms Minhinnick asked if we have an events calendar for the year that lists events such as this and Breastscreening.</li> <li>- Mr Martin agreed and Ms Rerekura will look into whether CMDHB has a Calendar of Events.</li> </ul> <p><b>Resolution:</b> That the Director of Service Integration's Report be accepted. <b>Moved:</b> Ms Elizabeth Farrell/Mr Don Barker. <b>Carried:</b> Unanimously.</p> <p><b>4.2 CPHAC Scorecard</b></p> <p><u>Cervical Screening</u> Sam provided an update on cervical screening. Some of the key points noted were;</p> <ul style="list-style-type: none"> <li>- CMDHB has made steady gains every six months over the past three years, although we continue to lag behind national results.</li> <li>- CMDHB has been allocated some additional funding by the National Screening Unit to contract directly with PHOs to increase cervical screening uptake. Specifically targeting; <ul style="list-style-type: none"> <li>i. Maaori or Pacific</li> <li>ii. Unscreened which means Eligible Women over 30 who have</li> </ul> </li> </ul>	<p><b>N Rerekura</b></p> <p><b>Resolution</b></p>
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	<p>never been screened or</p> <p>iii. Under screened which means Eligible Women who have not been screened for five years</p> <ul style="list-style-type: none"> <li>- Dr Moffitt to look at what is being measured for PHOs from a clinical perspective.</li> <li>- Ms Andrews raised real concern about the extremely low Maaori women's cervical screening rate that reflects we are not meeting targets for Maaori.</li> <li>- In response, there is quite specific focus on both cervical screening and breast screening activities for Maaori women to raise it as it was considerably lower than that figure.</li> <li>- Ms Tibby has been asked to give a full breakdown of what we are doing for Maori and Pacific, as well as other age groups.</li> <li>- Mr Te Paa to follow up on the monthly cost productivity FTE for the Maaori unit, to find out how they got that assessment.</li> </ul> <p><u>CPHAC Scorecard</u></p> <p>Ms Brown pointed out the inconsistency of reporting Scorecards. Ms Cliffe will follow up to ensure data is expressed in the same way.</p> <p><b>Resolution:</b></p> <p>That the CPHAC Scorecard for the Month of June be accepted.</p> <p><b>Moved:</b> Ms Anne Candy/Ms Nganeko Minhinnick. <b>Carried:</b> Unanimously <i>Mr Te Paa arrived at 1.36pm and Dr Jackson at 1.50pm.</i></p>	<p><b>A Moffitt</b></p> <p><b>S Tibby</b></p> <p><b>B Te Paa</b></p> <p><b>S Cliffe</b></p> <p><b>Resolution</b></p>
<p>5) CPHAC Priorities/ Presentations</p>	<p><b>5.1 PHO Performance Programme (PPP) Presentation (Dr Allan Moffitt)</b></p> <p>The purpose of this item was to update the committee on the results of the PHO Performance Programme to December 2009.</p> <p><u>Breast screening</u></p> <p>Counties Manukau PHOs continue to make improvements, however, breast screening rates in CMDHB are still well below the 70% programme goal and below the current national average of 58%.</p> <p><u>Cervical Screening</u></p> <p>PHOs are making steady progress in both total population and uptake by 'high needs' women for cervical screening, and are slowly reducing the gap between CMDHB and the national average.</p> <p><u>CVD Risk</u></p> <p>It was noted this is still in the early stages but some data issues remain. Counties Manukau PHOs are performing well compared to the national average although there was an overall decrease for the previous six months.</p> <p><u>Diabetes Detection</u></p> <p>CMDHB continues to perform well above the national level on diabetes detection and has made further notable gains over the last six months. Again we are seeing an appropriate skewing towards recognising diabetes in 'high need' populations reflecting appropriate access to primary care. General practice is doing a good job of coding for people with diabetes.</p> <p><u>Flu Vaccinations for Over 65 Years</u></p> <p>This indicator reflects a slight improvement over 2008 expected to be higher this year due to the extension of the programme to the H1N1 flu vaccine.</p> <p>It is pleasing to see the momentum maintained given the additional load on primary care as a result of the H1N1 Flu last year.</p> <p><u>Child Immunisation</u></p> <p>Counties Manukau has achieved 86% coverage using National Immunisation Register data (but was at 82% as at 31 December 2009). This has been due to the extensive work done by PHOs, general practices and well child providers (including immunisation outreach) and NIR staff in order for us to hit this target. This represents a significant improvement from a few years ago and the sector is to be congratulated, particularly given this DHB's large 'high needs' population of which we are now tracking higher than the national average.</p>	



	<p>selected from a Highschool competition. The winner was a 15 year old Howick College student.</p> <ul style="list-style-type: none"> <li>- There is a Strategic Advisory Group in partnership with intersectoral partners such as the Ministry of Social Development, and a lot of work is happening with our primary care colleagues and health workers.</li> <li>- Creating a Better Future supports a range of initiatives to really make a difference to our population and it is undisputedly a whole of whanau approach.</li> <li>- Ms Rerekura to circulate the Korero Marama report to members directly.</li> </ul> <p><b>Resolution 1:</b> That CPHAC <b>Endorses</b> the Operational Plan for 2010/11. <b>Moved:</b> Ms Elizabeth Farrell/Mr Don Barker. <b>Carried:</b> Unanimously.</p> <p><b>Resolution 2:</b> That a vote of thanks be extended to the Creating a Better Future team for the Operational Plan 2010/11. <b>Moved:</b> Ms Colleen Brown/Mr Arthur Anae. <b>Carried:</b> Unanimously. <i>Ms Farrell and Mr Martin left at 3.20pm and Ms Andrews left at 3.30pm.</i></p> <p><b>5.4 Health of Older People – National Strategy Update (Ms Jenni Coles)</b></p> <ul style="list-style-type: none"> <li>- The purpose of this item is to update the committee on the status of Health of Older People (HOP) briefly outline the financials, Interim Funding Pool (IFP) and current HOP activity.</li> <li>- Due to growth in demand for residential care, growth in demand for home and community based care and population growth it has put real financial pressure on our resources.</li> <li>- For CMDHB it is more desirable for older people to be at home as long as possible because it is more economical, more comfortable, and we provide options of support to do so.</li> <li>- With respite care and day care programmes ensuring there are linkages with the Community Geriatric Service, and additional funding has gone into that to cope with the surge in demand.</li> <li>- Respite funding is specifically targeted to people living at home to give their carers a break.</li> <li>- Big challenges in residential care and we need to start exploring how the hospital is going to be more responsive to older people.</li> </ul> <p><u>HealthCert</u></p> <ul style="list-style-type: none"> <li>- The DHB gets audited for certification to the sector standards.</li> <li>- Residential carers get audited for certification and for contracts.</li> <li>- The Ministry has advised DHBs that they will now undertake the remedial work for the providers and oversee the process to ensure that they meet the standards required.</li> <li>- This is a whole new process to be picked up by DHBs. That then brings about issues around quality of care, understanding the audit process and we will not be receiving any additional funding assistance.</li> </ul> <p><u>Interim Funding Pool</u></p> <ul style="list-style-type: none"> <li>- The 'Interim Funding Pool' was established as an interim measure to provide a funding mechanism for Community and/or residential support services. It is managed by Ministry of Health via NASC [Taikura], with a national review process and eligibility criteria underway, and is being monitored closely.</li> </ul> <p><u>HOP Activity</u></p> <p>Ms Coles took the committee through some of the key issues for the Dementia and Delirium service provision. They are;</p> <ul style="list-style-type: none"> <li>- Staying at home preferred option, increased autonomy and control</li> <li>- Confusion about array of systems, better utilisations of NGOs</li> <li>- Day support needs improvement and non-European carers</li> <li>- More support for GPs and specifically trained nurses</li> </ul>	<p><b>Resolution 1</b></p> <p><b>Resolution 2</b></p>
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Signed as a true and correct record on 27 July 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 22 June 2010 are approved.

**Moved:** Ms Lope Ginnen

**Seconded:** Dr Gary Jackson

**Carried:** Unanimously