

	<p>That CPHAC endorse the primary care nomination of Mr Michael Lamont to their committee <u>and</u> that the Board ratifies the recommendation. Moved: Ms Anne Candy/Mr Sefita Hao'uli. Carried: Unanimously.</p> <p>Resolution: That the Actions Register be received. Moved: Ms Anne Candy/Ms Ruth DeSouza. Carried: Unanimously.</p>	Resolution
3) Procedural Matters	<p>3.1 Register of Interests <u>Mr Arthur Anae</u> – Member, MIT Council. <u>Mr Sefita Hao'uli</u> – Remove LBD Consultant. Member, Advisory Group, National Pacific Tobacco Control Services within National Health Foundation, Auckland.</p> <p>Resolution: That the updated Register of Interests be received. Moved: Ms Anne Candy/Ms Lope Ginnen. Carried: Unanimously.</p> <p>3.2 Special Interests Register - Included for members' information. 3.3 Conflicts of Interest - Included for members' information. 3.4 Terms of Reference - Included for members' information. 3.5 Membership of Committees - Included for members' information. 3.6 Updated Board Policies - Included for members' information. 3.7 Annual CMDHB Board Agenda - Included for members' information.</p>	Resolution
4) Director, Service Integration's Report	<p>Director Service Integration's Report Ms Cliffe summarised the report as follows: <u>B4SC</u> The B4SC programme will be continuing and good progress is being made. <u>Immunisations</u></p> <ul style="list-style-type: none"> - Ms Cliffe was extremely pleased to announce that for the first time ever this DHB has met the 85% target. It is a huge milestone for us and due to getting the motivation and enthusiasm in primary care. - Mr Williams requested a breakdown; Maori are at 74%, Pacific 88% and Asian is at 93% making an overall combined figure of 85%. However, it was noted that Maori tamariki have gone from 63% to 74% so have come up dramatically from a really low base. - CMDHB continues to work closely with providers to focus on increasing those rates further. <p>Resolution: That CPHAC send a letter of congratulations to all providers for ongoing their commitment and outstanding achievement in meeting the 85% target. Moved: Ms Anne Candy/Ms Miria Andrews. Carried: Unanimously.</p> <p><u>Primary Care</u> <u>VHIU Programme</u> Making good progress which is having a real impact on acute demand.</p> <p><u>Health Lifestyles</u></p> <ul style="list-style-type: none"> - The Strategic Advisory Committee oversees the operational aspects of the Creating a Better Future 2010/11 Operational Plan, as well as providing high level strategic guidance. - Two Maori and Pacific representatives via POU and PHAC will be put forward no later than 4.00pm today. <p style="text-align: right;"><i>Mr Te Paa arrived at 1.35pm.</i></p>	Resolution
5) CPHAC Priorities/ Presentations	<p>5.1 Better Soon More Convenient Primary Care Update (Ms Sam Cliffe) The purpose of this item was to update on the business cases, outline the ministerial direction, provide a summary of feedback to date and what progress has been made around the implementation process. They key points were;</p> <ul style="list-style-type: none"> - To recap the three business cases required further work to develop the mechanics of how BSMC will work as there was not a lot of detail. - The ministerial direction is looking for a common regional approach. - One Regional District Annual Plan for Primary Care, more specificity with clear messages about deliverables. - What will be the main point of difference for patients from 1 July. - The implementation plan consists of; <ul style="list-style-type: none"> o Access to radiology o More minor surgery in the community o Reduced impact on hospitals (POAC) 	

	<ul style="list-style-type: none"> - The PATHS (Providing Access To Health Solutions) programme is in its sixth year of operation. - The aim of PATHS is to assist people in receipt of either the Sickness or Invalids Benefit to return to work (the programme is voluntary). - It is an intersectorial initiative between CMDHB, Ministry of Social Development and Work and Income New Zealand. - Key objectives include; <ul style="list-style-type: none"> o Implementing an integrated health, welfare and employment service approach. o Providing appropriate health interventions to enable a return to employment for people whose key barrier to employment is a health issue. o Contributing to a reduction the number and/or duration of people who access sickness or invalid benefits. - Ms Woolston gave a breakdown for accessing the range of packages of care available including intervention packages. - In summary, the PATHS programme has demonstrated that through joint working/case management it is able to deliver health and employment outcomes. - The programme is cost effective and has resulted in a reduction in benefit utilisation, and for every year a PATHS client remains off the benefit and in employment, equals a saving in benefit costs. - Mr Barker acknowledged the tremendous work being undertaken by the PATHS team. - The chair added her congratulations to Ms Woolston and her team for a job well done, with a final comment that this is the type of innovative programme that gives one faith in humanity. <p>5.5 Health Equity Forum Presentation (Mr Bernard Te Paa and Dr Kawshi De Silva)</p> <ul style="list-style-type: none"> - Mr Te Paa provided an update on the health equity process. - In 2001 CMDHB established its first District Strategic Plan with a vision to work in partnership with the community to improve the health status of all, with a particular emphasis on Maaori and Pacific peoples and other communities with health disparities. - The health equity discussion has come about after considerable change across the whole organisation. - A Health Equity Working Party was established to develop a project goal and deliverables to embed a health equity approach across CMDHB. - The working party are currently leading a process to determine organisational readiness, project development and scope, stakeholder engagement and consultation, and are working on an equity framework seeking Board endorsement. - The timeframe for implementation is by 1 July 2010. - Ms Candy acknowledged the CEO, Mr Martin, for recognising the power and liberty that comes from putting in place a structure that addresses equity, even though he was not brought up in this country. <p>Resolution: That CPHAC endorses the course of action. Moved: Ms Anne Candy/Ms Ruth DeSouza. Carried: Unanimously. <i>Ms Minbinnick left at 3.00pm</i> <i>Ms Andrews left at 3.40pm</i> <i>Dr Moffitt left at 3.45pm</i></p>	Resolution
6) For Information	<p>6.1 Pacific Health Update That the Pacific Health report be received.</p> <p>6.2 Maaori Health Update That the Maaori Health report be received.</p> <p>6.3 Chair's Update to the Board That the Chair's report to the Board be received.</p> <p>Resolution: That the above reports be received. Moved: Mr Don Barker/Dr Gary Jackson. Carried: Unanimously.</p>	Resolution

7) Monthly Reporting	<p>7.1 Updates from Board and Advisory Committees – Nil. <i>Ms DeSouza and Ms Ginnen left at 4.15pm</i></p> <p>7.2 Finance Report Resolution: That the Finance Report be taken as read and accepted. Moved: Ms Anne Candy/Mr Don Barker. Carried: Unanimously. <i>Mr Michael Williams left at 4.20pm</i></p>	Resolution
8) General Business	<p>General Business Ms Farrell advised that the Auckland Regional Public Health Service Resource Centre at Leyton House, Manukau will be closing in the next few months.</p>	

The meeting concluded at 4.25pm.

Next meeting will be on held Tuesday, 25 May 2010 at 1.00pm in the CMDHB Manukau Boardroom, 19 Lambie Drive, Manukau City.

Signed as a true and correct record on 22 June 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 27 April 2010 are approved.

Moved: Mr Don Barker

Seconded: Ms Miria Andrews

Carried: Unanimously