

Minutes of Pacific Health Advisory Committee

Of the meeting held on Wednesday 15th November 2006 – 9.00 to 12.00 @ Lambie Drive

1. Present:	<p>Mr Anae Arthur Anae, Mr Sefita Hauoli, Dr Etuate Saafi, Mrs Jillian Dooley, Mr Peter Skelton, Ms Bernadette Pereira, Ms Louisa Lavakule, Mrs Bernadette Pone, Mr Nuku Rapana, Mr Paul Cressey</p> <p>In attendance: Fepulea'i Margie Apa, Mr Chad Paraone, Ms Gerardene Waldren, Mrs Rachel Enosa-Saseve, Ms Subha Srinivasan (Secretary)</p>	
Apologies:	<p>Ms Malia Hamani, Mr Phil Beilby, Mr Michael Chan, Mrs Roine Lealaialoto Mr Nuku Rapana for lateness</p>	
	<p>Welcome and apologies noted.</p> <p>Resolution Apologies are accepted.</p> <p>Moved: Ms Jillian Dooley Seconded: Mr Arthur Anae Carried: All</p>	Action
2. Minutes of Previous Meeting:	<p>- Noted a correction to spelling - Mr Peter Skelton.</p> <p>Resolution The minutes of PHAC held on Wednesday 18th October 2006 were confirmed and approved with no further amendments.</p> <p>Moved: Ms Bernadette Pereira Seconded: Mr Arthur Anae Carried: All</p>	
3. Matters Arising:	<p>- Noted that work is progressing on the Provider Governance Review. A progress report will be tabled after the review team meets with provider chairs.</p> <p>- Noted that PHAC will meet on Wednesday 24th January for a Think-Tank session. This will be scheduled from 9.00am to 3.00pm and will be held in the Manukau Boardroom at the DHB offices Building 2.</p> <p>-</p>	
4. Procedural Matters	<p>Membership Update</p> <ul style="list-style-type: none"> - Noted that members are required to check if they receive payment for Committee attendance and update Subha. - Members to also provide correct contact details to Subha to ensure they receive all correspondence –address for couriers documents, e-mail address (if available), phone numbers, mobile phone numbers <p>Future meetings</p> <ul style="list-style-type: none"> - Noted that a list of Committee meetings for 2007 has been included with the agenda for member's information. - The meetings are on the 3rd Wednesday of the month 9.00 to 12.00. <p>Disclosure of interest</p>	

Disclosure of interest (this list is part of all PHAC minutes)

- Mr Sefita Hauoli
 - Ø Contracted to the Social Marketing Strategy formation work stream of the Let's Beat Diabetes initiative
 - Ø Contracted to 531PI, a broadcasting service that has a health promotion contract with CMDHB;
- Mr Nuku Rapana
 - Ø Board member of TaPasefika
- Mr Michael Chan
 - Ø CEO - Southseas Health Care – CM Pacific Provider
 - Ø Member of PHWAG, Oral Health group and Pacific Provider Management group.
- Ms Malia Hamani
 - Ø Manager, Toa Pacific – CM Pacific provider and involved in the Let's Beat Diabetes initiative
- Mr Anae Arthur Anae
 - Ø Board member of Phobic Trust
 - Ø Counties Manukau Sports – Board member
- Ms Bernadette Pereira
 - Ø Member of the Breast Screening Advisory Group
- Mrs Roine Lealaiauloto
 - Ø Manager – Penina Health Trust – CM Pacific Provider
 - Ø Board member – Ta Pasefika
- Ms Stephanie Erick-Peleti
 - Ø AUT Researcher.
 - Ø Treasurer: Pacifica Womens Inc. Auckland Central Branch
 - Ø Treasurer: Pacific Health & Welfare Inc Society
 - Ø National Pacific Diabetes Initiative – Subcontractor
 - Ø Nancy Sheehan & Associates (Contracted provider for CMDHB) – (Writer) subcontractor
- Ms Bernadette Pone
 - MIT Board of Council - Member
 - Contracted Provider - Work and Income NZ and Housing NZ
 - St Josephs School, Onehunga - Board of Trustee
 - Careerworks Pasifika Ltd - Managing Director
- Mr Peter Skelton
 - Deputy Chair – Mangere Community Board
 - Board member 531PI
- Dr Etuate Saafi
 - Member of Pacific Island Advisory Committee – MCC
- Ms Louisa Lavakula
 - Member – Otara Community Board
- Mr Pat Snedden
 - Ø Business Advisor, Healthcare Aotearoa Inc
 - Ø Chairman Housing NZ
 - Ø Treaty negotiator, Ngati Whatua Orakei Maori Trust Board
 - Ø Deputy Chair ASB Trusts
 - Ø Director Watercare Services Ltd
 - Ø Director Mai 86.6 FM
- Mr Paul Cressey
 - Ø Chairman Life Education Trust
 - Ø Trustee South East Auckland Life Education Trust
 - Ø Chairman Health Information Strategy Action Ministerial Committee
 - Ø Chairman Injury Surveillance Ministry Advisory Panel (ISMAP)
- Mrs Jillian Dooley
 - Ø Currently employed by CMDHB as an Appointment Coordinator (0.5FTE)

5. Committee Updates	Noted as read	
6. Presentation	<p>PATHS – PROVIDING ACCESS TO HEALTH SOLUTIONS Presentation by Jude Woolston – Programme Manager</p> <ul style="list-style-type: none"> - Noted this service is in its third year of operation. - The objective of this programme is to design and implement an integrated health and welfare service delivery model for those on sickness or invalids benefit. - The programme aims to provide appropriate health interventions to enable a return to employment for those on sickness/invalids benefits and have identified health as a key barrier to employment. - Overall the programme aims to reduce the numbers and duration of people who access these benefits. - The programme strength is the co-ordination and co-ordination between the DHB, WINZ and MSD. - As a result, the programme is well poised to address the health, welfare and employment needs of the participants. - It was clarified that sickness in this context includes physical and mental health. - It was clarified that the programme coordinators work with the GPs to identify all the issues hindering a return to work and also keep the family involved to ensure the person is well supported. - It was noted that participation in this programme is voluntary only. - Referral for the programme is through WINZ case manager or the GP. Participants need to be a resident of CMDHB, long-term sickness or invalids beneficiary, have an identified health condition as a principal barrier to returning to sustainable employment. - This programme is managed by a joint operational team consisting from the DHB and WINZ work. - There are two components to this programme – personal health and mental health. - In terms of referral source, it was noted that a majority of the referrals are from WINZ case managers and GPs, with higher participation from those in the 45-54 age group. - It was also noted that there was a higher proportion of male than female participants to this programme. - Diagnosis of PATHS participants notes a higher number of those with chronic condition and joint/back pain. - In addressing the health needs of the participants, WINZ has funded a range of packages of care that includes specialist assessment, primary care, counselling, and drug and alcohol services. - The PATHs Work Broker works with the client and is vital to the success of the programme. - For the year ending 30th June 06, there have been a total of 58 participants enrolled under the personal health outcomes and 7 participants enrolled under the mental health programme that returned to employment. - Given the success of this programme it is anticipated that this programme will be rolled over beyond 207, also noted this programme has been rolled out nationally. <p>Ethnic Specific Health Care Needs Assessment for Pacific People in CMDHB Presentation by Dr Brad Novak – Public Health Registrar</p> <ul style="list-style-type: none"> - This aimed to assess significant differences in health 	

	<p>status between Pacific ethnic groups.</p> <ul style="list-style-type: none"> - It is anticipated this will be used by the Pacific Health team in the DHB for tailoring current interventions, inform future decision making and resource prioritisation. - The 4 largest Pacific ethnic groups selected for this assessment – Samoan, Cook Island, Tongan and Niuean. - In analysing the figures for Pacific Island people, it was noted that: <ul style="list-style-type: none"> Ø Across all 4 ethnic groups, there is an emphasis of younger group. Ø Samoans account for 43% of the total CM population, 18% Cook Island, 17% Tongan and 7 % Niuean. Ø It is anticipated that the Pacific population will grow by 80% by 2026 Ø Noted the percentage of NZ born is higher for Cook Islanders and Tongans - The presentation also provided statistics on 'risk factors' indicators and health outcomes for all 4 ethnic groups. - Noted that more detailed information on health indicators for all 4 ethnic groups is available for child and adult populations. - In going forward, Fepulea'i noted that this detailed analysis will be used for planning the work programme for the team. - The information presented here complements the Tupu Ola Moui plan as these are directly linked to the health outcomes outlined in this plan. - In fact, the Health Needs analysis has highlighted the specific interventions need for the specific group in order to achieve a positive health outcome. - This information will also be made available to the Committee in a more detailed fashion for the PHAC planning so that they can discuss/identify priorities to inform the DHB funding activities. PHAC are in a position to influence the community at a grass-root level in order to ensure better participation. <p>Social Marketing Concepts</p> <p>Ms Gerardene Waldron provided an update on progress to date</p> <ul style="list-style-type: none"> - Sample of survey questions were distributed to the Committee. - Noted the flavour of the type of approach – engage people in the lifestyle changes for their children. - The campaign doesn't target just the overweight or obese people, but the entire community to influence their thinking/approach. - The aim is to empower people to believe they do this and provide them with the tools and navigate their way. - The campaign will be seen as a galvanising mechanism targeting families, community and retailers/food manufacturers. - The objective is to make it as easy as possible. So keeping it simple, 4 opponents are sugar, fat, lack of exercise and portion size. - The campaign will aim to educate families on the concept of 'swaps' to smaller plates, reduce sugar drinks, less TV to more exercise time etc. - With a community/family approach, it won't be seen as difficult, not blaming but empowering as a collective approach. - In response to Anae's query that healthy food is more 	
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	<p>expensive in supermarket, Gerardene noted this is being addressed through the Food Industry Group. Rob Bree has been briefed to look at specific number of areas to explore opportunities.</p> <ul style="list-style-type: none"> - Mr Rob Bree can be invited to a future meeting to provide an update on this. - Noted that LBD is working with organisations that put together food parcel in order to ensure the food content is healthy and include healthy recipes. - This will be launched at the Lotu Moui symposium to give the community a preview of the messages coming in March. - LBD is lobbying the media, rotary etc to support this campaign. - Mr Peter Skelton noted that the programme should try to influence the sale of pies/soft drinks outside the school. - In response to a query on using the boxing glove which symbolises fight, Gerardene clarified that this has been tested with focus group being mindful of the potential implication. It was felt positive/energetic and felt it was physically safe act. <p>Afterhours Project</p> <p>Presentation by Ms Lynnanne Stanaway contextualising this project and progress to date. It was noted that</p> <ul style="list-style-type: none"> - The project aims to develop a district wide plan for the DHB consistent with policy settings of the National working party which was formed in 2004 to look at the issue of after-hours. - This working party drafted a framework and specific set of national requirements determined for the service. - It is acknowledged that while aligning to the national standards, DHBs can work out a local solution. - The national standards has an emphasis on <ul style="list-style-type: none"> Ø Timely, affordable, equitable, culturally acceptable and information services to the people Ø Effective service that can provide continuity of care in an enrolled population framework Ø Sustainable and capable services in the appropriate setting – rural and urban - It was noted that part of the problems is getting the workforce and clarifying the funding issues. - After hours care is service designed to meet the need of patients which cannot be safely deferred until regular or local GP services are next available i.e. this is for urgent needs only. - The service is not aimed to provide the same level of service as during standard business hours. The standard GP service during business hours includes diagnosis, solutions and proactive. - Noted that the capitation funding follows the patient – this is a contentious assumption. Also to note is that no additional government funding is available for after-hours services. - The after hours services are mainly delivered by A & E centres as the regular providers aren't open. As these providers haven't got capitation funding, they charge a larger co-payment and this puts the services out of reach for the socio-economically disadvantaged groups. - The providers had assumed their services were for business hours only. - In order to ensure that people could access the A & Services, it is felt that GPs ought to be sharing their 	
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	<p>capitation funding with the after hours services provider.</p> <ul style="list-style-type: none"> - In terms of the process to date, it was noted that: <ul style="list-style-type: none"> Ø A stocktake of current services in and around Manukau Ø Comparison with the principles of the national framework by a project group consisting of 2 doctors, 1 nurse, 1 DHB rep and Lynnann. Ø The review has identified gaps to be addressed Ø Recommended solutions proposed. - The key issues to be addressed is as follows: <ul style="list-style-type: none"> Ø Clarification of responsibility Ø Need for the DHB to be transparent in setting expectation from providers and monitoring them. Ø Consistent service standards – same levels of services from all providers. Ø Efficient allocation of resources Ø Better integration between GP, After Hours services and Middlemore hospital. Ø Funding alignment to ensure services are delivered as per the expectations. Ø Inform patients so that the services can be accessed - In determining some of the key issues around access, the DHB needs to be mindful of the variability between providers, impact of provider's normal hour arrangements as we can't look at after-hours in isolation without looking at the providers. The DHB also needs to ensure consistent treatment of all PHOs in relation to the needs of their population. - Also PHOs need a clear understanding of what is expected and the appropriate funding support. - Also noted that it is important not to use after-hours for routine GP service as they are not set up to do this as they don't have patient notes. - There are 3 kinds of service – regular care – standard business hours, extended care – extension of the regular care after hours and after hours which is for urgent need. - Regular providers need to contract with other providers to ensure there is 24 hour care for their enrolled patients. - There are some challenges in providing continuity of care – access to low cost pharmaceuticals, patient records and cost/effective use of IT. - In response to consumer's lack of knowledge and frustration in accessing AH care, absence of guidance on what service to access etc, the project team has developed an algorithm, a logical pathway to access after-hours services incorporating existing triage and disposition services. - Noted that Healthline is going to be an important part of this new proposed pathway. - It was also noted that only 60-70 patients per night district wide has accessed the overnight service – this isn't cost-effective to everybody. Overnight services refer to 10.00pm to 8.00am. - Given that many people are accessing the emergency department at MMH, discussions are in progress as to whether we continue to use ED or set up a service close to MMH. - In terms of clarifying funding issues– source and reallocation, it is recommended to use the SIA funding to support access/availability of after hours services. - It is also recommended to define quality standards in agreements for the after hours service provision. - The recommendations from the project team have been 	
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	<p>accepted by GPHO as blueprint for action.</p> <ul style="list-style-type: none"> - The next stage will be the development of an implementation plan – priorities, sequence, timeframes, and resource. - The after hours plan and use of emergency care by primary care patients will then become a work stream within overall Health Services plan. - Work will be undertaken over the next 6-12 months as the DHB determines the direction, how we operate and deliver the after hours services. <p>LBD – Food Industry and Healthy Tuck Shop initiatives Update by Mr Chad Paraone, Programme Director, LBD</p> <ul style="list-style-type: none"> - Noted that the NZ food industry accord was signed in 2004 with the aim to reduce obesity, improve nutrition, and increase physical activity. It also aimed to work collaborative with food sector, develop constructive relationship with MoH and health related NGOS. - The members of the accord are committed to information sharing, develop communications strategy and work with the DHB on initiatives consistent with HEHA strategy. - The LBD/Food Industry joint initiative has agreed to work on 9 key areas which are listed below: <ul style="list-style-type: none"> Ø Soft drinks programme. Ø White milk project. Ø Healthy School Tuck Shops Ø Social Marketing programme – this has been regularly updated by Gerardene Waldron Ø Healthy Kai project: aims to increase healthy food choices combined with retailer makeover approach Ø Vulnerable families: working with Salvation Army and Auckland City Mission to utilise their resources better, improve food industry contributions and enable nutritionally balanced food parcels. Ø Healthy workplaces – supporting an initiative to encourage employers to support the workplace programme – active work force, business related benefits for food industry employers. - Soft drinks programme <ul style="list-style-type: none"> Ø Pilot initiative by Coca Cola/McDonald's in 21 outlets in Manukau to replace Sprite with Diet Sprit Ø The programme was a huge success resulting in a 17% reduction in sugar consumption Ø Currently talking with Burger King and Pepsi and extending this to other product ranges. - White milk project <ul style="list-style-type: none"> Ø Joint initiative with suppliers to shift to lower fat milks. Ø Fonterra is supportive of this and Foodtown agreed to use Manukau City store to trial. Ø The goal is to work with milk suppliers and merchandising to promote our goals without hitting the profits. Ø Attention will be given to price regulation. - The Healthy School tuckshop – <ul style="list-style-type: none"> Ø This initiative involved dieticians, DHB staff, school reps and food industry reps. Ø The programme is built around the current model with an emphasis on controlling portion size and increasing nutrition value Ø The Kai Kombo concept was developed that includes a main, side and a drink and a 12-15% discount has been factored in the pricing. 	
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	<ul style="list-style-type: none"> Ø Healthy food items being sold at Tangaroa College since February 2006. Ø This will also be rolled out to 8 more secondary schools Ø Also currently scoping a project to investigate approach for ease of rollout to 200+ schools in this region. <p style="text-align: center;">-</p>	
7. Information papers	<p>Pacific GM update</p> <ul style="list-style-type: none"> - Noted report tabled. <p>Breast Screen Service Implementation Project Update</p> <ul style="list-style-type: none"> - Noted report tabled. 	
8. General Business:	<ul style="list-style-type: none"> - Noted the Pacific Workforce Development Conference is scheduled for Tuesday 21st November and the Lotu Moui Symposium scheduled for 22/23 November. - Committee members who wish to participate to confirm their attendance with Subha. 	
9. Adjournment:	The meeting adjourned at 12.10noon	
10. Next Meeting:	<p><u>PHAC Team brainstorming/planning day:</u> Day & Date: Wednesday 23rd January 2007, Time: 9.00 to 3.00pm, Venue: Manukau Boardroom at DHB Office, Building 2 19 Lambie Drive</p> <p><u>PHAC Committee meeting:</u> Day & Date: Wednesday 21st February 2007, Time: 9.00 to 12.00 Venue: Boardroom at DHB Office, 19 Lambie Drive</p>	
<p>Signed as a true and correct record on the 21st February 2007</p> <p>Chair: Mr Arthur Anae</p> <p>Resolution</p> <p>The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 15th November 2006 are approved.</p> <p>Moved: Anae Arthur Anae Seconded: Bernadette Pone Carried: Unanimous</p>		