

Minutes of Pacific Health Advisory Committee

Of the meeting held on Wednesday 19th April 2006 – 9.00 to 12.00 @ Lambie Drive

1. Present:	<p>Mr Arthur Anae (Chair), Mr Paul Cressey, Mrs Roine Lealailuloto, Mr Michael Chan</p> <p>Ms Elizabeth Powell (Acting GM, Pacific Health), Ms Subha Srinivasan (secretary)</p> <p>Attendees from THO for 9.15am presentation: Mr Sukhi Arora, Dr Hulme - Clinical Advisor, Tupou Manapori-PI Trustee and Dr Ellis</p>	
Apologies:	<p>Mr Pat Snedden, Ms Malia Hamani, Ms Bernedette Pereira, Mrs Jillian Dooley Mrs Bernadette Pone, Mr Sefita Hauoli Mr Nuku Rapana, Seiuli Dr Juliet Walker, Ms Sosefina Fuimaono, Ms Margie Fepulea'il</p>	
	<p>Meeting commenced at 9.05am without a quorum and will be considered as meeting of some members of the PHAC Committee. This group can receive updates or papers, but cannot pass resolutions.</p>	Action
2. Minutes of Previous Meeting:	<p>Resolution</p> <p>Noted that the minutes of PHAC held on Wednesday 15th March 2006 as correct and reflecting discussions at this meeting and requiring no further amendments.</p>	
3. Matters Arising:		
4. Procedural Matters	<p>Disclosure of interest</p> <ul style="list-style-type: none"> - "Register of Interests" document circulated for updating. <p><u>Disclosure of interest (this list is part of all PHAC minutes)</u></p> <ul style="list-style-type: none"> - Seiuli Dr Juliet Walker <ul style="list-style-type: none"> Ø Director – Southseas Healthcare - CM Pacific Provider, Ø Member of the CMDHB Breast Screening Steering Group, ESSAG & CAG - Mr Sefita Hauoli <ul style="list-style-type: none"> Ø Contracted to the Social Marketing Strategy formation workstream 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 <ul style="list-style-type: none"> Ø Board member of TaPasefika - Mr Michael Chan <ul style="list-style-type: none"> Ø CEO - Southseas Health Care – CM Pacific Provider Ø Pacific Workforce Advisory Group Ø Oral Health Advisory Group - Ms Malia Hamani <ul style="list-style-type: none"> Ø Manager, Toa Pacific – CM Pacific provider and involved in the Let's Beat Diabetes initiative 	

	<ul style="list-style-type: none"> - Mr Arthur Anae Ø Board member of Phobic Trust - Ms Bernadette Pereira Ø Member of the Breast Screening Advisory Group - Mrs Roine Lealaialoto 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 <ul style="list-style-type: none"> • Member, Council for Manukau Institute of Technology - 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 Ronald McDonald House Auckland 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	- None	
6. Presentation	<p>Total Healthcare Otago Tupou Manapori – PI Trustee, Dr Richard Hulme – Clinical Advisor and Dr Ellis – THO Executive Committee</p> <p>The presentation focussed on the current programmes/ initiatives for Pacific people. It was noted that:</p> <ul style="list-style-type: none"> - This PHO covers approximately 1/3rd of the Pacific population for CMDHB. - 36.4% Pacific representation on the Board. - In terms of workforce Pacific people constitute 20.6% doctors, 68% nurses, 70% Community Health team and 66% Health Promotion team. In response to a query on classification of Fiji-Indians, it was noted that this group are Pacific competent and safe. - The PHO delivers a wide range of services, building prevention and health promotion programmes and builds on the Maori and Pacific Health action plans. - The PHO delivers a Pacific-sensitive services using the CCM module – the difference here is that there is greater emphasis on active recall, engagement/motivation with the patient and getting the message across to the people. - In ensuring health needs for Pacific people are met, performance indicators on outputs/outcomes are defined. - It was noted that the PHO has established targets for the provider and outcomes for patients for cervical smears, 	

	<p>breast screening, diabetes screening, and after-hours care.</p> <ul style="list-style-type: none"> - Dr Hulme emphasised that the PHO is keen to work/engage with the DHB to achieve positive health outcomes for their enrolled population. - In response to query re the PHO's services aligned to the District Strategic Plan, Dr Hulme noted that the DSP is a regional and over-arching document, engaging Primary Care to deliver at strategic level isn't simple. Need a DHB/PHO dialogue to achieve a win/win situation. - Mrs Roine Lealaialoto noted that as a consumer of services, she's seen significant improvement at the practices - consistent branding, quality facility and excellent after hours care. There is a process for comments/feedback. - Dr Hulme clarified that GPs are available 8am to 11pm 7 days a week. - The PHO has scheduled a business planning exercise and invited DHB participation as an opportunity to maximise the relationship. - Mr Paul Cressey congratulated the PHO for adopting a proactive approach in how they deliver services, encouraged them to continue with this approach and to feedback to the DHB on a regular basis. - The team from THO thanked PHAC for the opportunity to present at the meeting. <p>Kids in Action Dr Teuila Percival and Christina Tapu – Southseas Healthcare</p> <ul style="list-style-type: none"> - Noted this project was triggered by obesity/over-weight in Pacific children. - There isn't enough evidence in what works for obesity prevention. The project commenced in a setting where there was no prevention programmes. - Teams consisting of paediatricians, nurses and dietitians was set up. The programme is informed by the Statement from American Academy of Paediatricians which advises early intervention, treat them early with family support. - As part of the programme, the 1st contact with the family is established by the nurse, followed by weekly clinical visit and a weekly group exercise/support. - The initial nurse visit is important as the nurse can determine if the family is interested and ready for the programme. - The dietitians focus on education and healthy eating patterns. - The coaches conduct a fitness assessment, draft a homework program, help develop sports skills and provide support and confidence to the children. - The simple advise is to get more active, drink water, eat every -5 hours, portion control, healthy snacks and not skip lunch. - Children are motivated by fun, family and friends behaviour. So, it's important to make exercises fun and involving family is critical to motivate the desired change. - This programme is partnered with other agencies: Otara Recreation Centre, Fitness Testing/Monitoring, Additional Sports. - This programme needs to be part of the wider obesity prevention programme. - The longest a child can stay in this programme is 1 year, 	
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	<p>they have 1-2 hours contact a week, many of them are stigmatised. There isn't a tracking of them once they leave the programme.</p> <ul style="list-style-type: none"> - As this is a targeted programme, funding is a problem due to the high cost as it varies for the children. - Mr Paul Cressey noted that this programme needs to be linked to a wider obesity prevention programme, input into national discussions around obesity and tap into funding available nationally. HEHA funding has been held up as the project hasn't been confirmed yet. - Noted and agreed by all present that evidence and follow-up on children who have dropped off the programme 2-3 years ago needs to be collated as this will have a significant impact on funding. <p>Action</p> <ul style="list-style-type: none"> - Consideration be given by LBD at the possibility of funding this programme on a trial basis to support this initiative as a clinical trial to get evidence. - Take this recommendation to Management and Board. - Ms Elizabeth Powell to write a paper for management and then taken to Board with the recommendation. 	
<p>7. Progress report</p>	<p>Palliative Care Strategy Update</p> <ul style="list-style-type: none"> - CMDHB Palliative Care Project Plan tabled. - The project aims to develop a Palliative care strategy and 5-year palliative care plan. The plan will not be restricted to cancer services, but will include all diseases requiring palliative care for the patient. - The Advisory Group has consulted stakeholder, service groups and surveys to inform the Strategy and Terms of Reference. Noted that Dr Aumea Herman and Ms Margie Fepulea'i are part of this group. - Draft copy of the strategy will be tabled at PHAC in June for comments. Please advise Sue Dashfield of details of other groups to be consulted. - The purpose of this project is to determine how we provide respite care While the focus is on adults, it also includes children, Counselling services is part of hospice care. No figures available on the numbers of children suffering cancer. - Some of the issues that the project is focussing is to determine what support families need in dealing with a family member requiring palliative care and implications for the families. - Some of the key issues identified was the lack of a vision/strategic plan for Counties Manukau, co-ordination and integration of service – this will be addressed in the framework. - There are 2 hospice service providers for the Counties Manukau area. Hospices are community focussed services and their primary purpose is supporting people in communities in their homes. - It is important for families to be aware of how to access the services after hours. The project considers the whole need of the patient so it can be managed holistically. - A 1-page guide for patients with all key information is being proposed. Educating key people in the family to respond to a panic situation. - Once implementation plan is ready, details of engagement with other agencies will be clarified. 	

	<p>LBD update report</p> <ul style="list-style-type: none"> - Noted that draft 3 year strategy and 18-month action plan for social marketing presented to the social marketing leadership group. - Work continues on the evaluation plan. - <p>NZIER Report – Health Service Needs and Labour Force Projections - Implications for the Development of the Pacific peoples workforce</p> <ul style="list-style-type: none"> - Draft report tabled as a confidential document for the Committee's information. - This will be picked up at a subsequent meeting to progress discussions around the Sustainability conference. 	
8. Information papers	<p>Pacific GM update</p> <ul style="list-style-type: none"> - Noted the opening of the Niue hospital on 16th March - Noted the Pacific Health Awards night held on 22nd March acknowledging more than 30 scholarship recipients. - Noted that a Health Careers day scheduled for 29th March for school career advisors and counsellors. <p>Breast Screen Service Implementation Project Update</p> <ul style="list-style-type: none"> - Report read and noted. - . 	
9. General Business:	-	
10. Adjournment :	The meeting adjourned at 12.00noon	
11. Next Meeting:	Wednesday 17 th May, 9.00 to 12.00, Boardroom – Lambie Drive.	
<p>Signed as a true and correct record on the 17th May 2006</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 19th April 2006 are approved.</p> <p>Moved: Mr Michael Chan Seconded: Mrs Jillian Dooley Carried: Unanimous</p>		