

Pacific Health Advisory Committee

Minutes

Of the meeting held on Wednesday, 16 May 2007 at 9am until 12pm at CMDHB, Manukau Boardroom, 19 Lambie Drive, Manukau City

Attendees	Peter Skelton (PS); Roine Lealaialoto (RL); Michael Chan (MC); Malia Hamani (MH); Jillian Dooley (JD); Sefita Hauoli (SH); Louisa Lavakula (LL); Philip Beilby (PB); Bernadette Pereira (BP)
CMDHB	Elizabeth Powell (EP); Vicky Tafau
Apologies	Anae Arthur Anae

Welcome	Sefita Hauoli welcomed the Committee. Opening Prayer: Peter Skelton
Minutes	Amendments to previous minutes: It was noted that the Penina Pacific Health and TOA Health presentations were missing from the minutes. The minutes were accepted as a true and accurate record of the previous meeting held on the 18 April 2007. Moved: Jillian Dooley Seconded: Michael Chan
Procedural	General Discussion Issues around workforce and how we use PPD was raised. Workforce is a key area of funding for PPD. Generally there is a very positive theme, most Providers are doing very well, some looking at moving ahead on the graph of development. PHAC asked how it could be more helpful to Pacific Providers to facilitate access to funding or alleviate some of the common problems between Pacific Providers. For example it was mentioned at the Provider Presentations at the last meeting that the only Pacific Dentist needs more chairs. CMDHB has a responsibility to grow Pacific Services. Anne Fitisemanu will be presenting the Workforce Development Plan at the next PHAC meeting. Also there is a Pacific Nurses plan – getting nurses returning to the workforce up to speed. For providers it is about sustainability. They can only plan 2 years ahead. Pacific health is an uncertain field. There is also an element of pay disparities between private and public sectors... People train under the public sector and move to the private sector for more money.

	<p>We strive to upskill our staff, but the reality is that when we invest, there is no surety of ROI. Recruits from Tonga and Samoa struggle with language and the Providers struggle with the fact that their recruits will eventually become qualified and then move to the private sector.</p> <p>The issue is that we struggle with sustainability. We need a forum to talk about Sustainability. If we don't change the contracting procedure then we are in a no-win situation.</p> <p>We need a workshop to discuss all of these issues... We need to liaise with our providers to see if our visions are linked. There is an us/them mentality. Where should we be driving our organisations?</p> <p>Timing needs to be separate from PHAC. Possibly in 3 months. PPD will still consult and plan. Feedback to GM.</p> <p>Another issue is around the VISION. Where are we going? Where does the ministry want to see us going? This is unsettling to Providers...</p> <p>Motion is: to arrange a meeting between PP, PHAC and Pacific Team.</p> <p>Moved by: Bernadette Pereira Seconded by: Louisa Lavakula</p>
<p>Topics</p>	<p>Discussion</p>
<p>Primary Healthcare Lani Stowers & Danny Wu</p>	<p>Why do the PHO's face so many issues? Issues faced by PPD are the same for the PHO's. PHO's need to be more involved in Workforce discussions.</p> <p>There is a lack of clarity around sustainability. We need pricing guidelines and templates for services.</p> <p>A brief overview of the PHO setup was given.</p> <p>GM's of PHO's do meet to discuss Operational issues and Strategic issues. There is a huge range of management clinical diversity.</p> <p>It is enrolments that determine the funding. TaPasefika have 19,500 individuals enrolled. There are 6 PHO's in Mangere alone. They need to be more integrated.</p> <p>TaPasefika is to work alongside LotuMoui.</p> <p>TaPasifika issue. Do CMDHB have a plan given the complexity of the Primary Care beast? What is it that will enable us to give better services to our people? What should we concentrate on? How can it work better under the PHO umbrella?</p> <p>We need greater focus on strategic alliances. With all the expectations on GP's – Mental Health has taken a backseat.</p> <p>Providers are independent. What the PHO's suggest may not suit Providers.</p> <p>Thanks were given to Lani Stowers and Danny Wu for their presentation.</p>

<p>Cancer Control Strategy Jeff Garrett</p>	<p>60% of the Pacific population that are diagnosed with Lung Cancer present at Emergency.</p> <p>Consequences are a 5% survival rate. The survival rate for Europeans is 8%.</p> <p>Hoping to define the budget. Screening for stomach/lung cancer is controversial. Being encouraged to start in Pacific areas. A steering group has been coordinated. We need to review the group to ensure it is reflecting the "people" of CMDHB. We need to evolve Cancer assessment services out to CMDHB. There will be no radiography until 2015 – it is too expensive. Allow referrals from Lung/Breast/Colorectal – only about 10% back to ADHB. Trying to implement continuity of care for cancer patients. Palliative care resources are to double. Keen to pilot an advanced Care Planning System. Try and deal with public expectation but we can deal with those expectations. Need to be well trained on how to inform patients of their choices. We are committed to research.</p> <p>We are to implement Nurse Navigators to guide patients on their journey.</p> <p>Thanks to Jeff Garrett for the presentation. PHAC would like to see more information on types of cancers and also palliative care and would like Jeff to present again in the future.</p>
<p>Mental Health Phil Grady & Kirk Mariner</p>	<p>A brief update was given by Phil & Kirk. They were unsure as to whether or not their were any specific topics that PHAC wanted to cover – so the overview was broad.</p> <p>There is a need to develop a Local Plan – where we are. Regionally – where we are.</p> <p>Key next step is the implementation of the plan. Model a forum – provider reps, family reps, service reps</p> <p>Key Challenges are the development of a model of care. How we link it to the new initiatives.</p> <p>Workforce development is a key issue.</p> <p>Need to enhance Pacific responsiveness (drugs, alcohol, gambling)...</p> <p>Mental Health issues/Addiction issues – which comes first in terms of treatment?</p> <p>Need to work cooperatively. This is our launch pad.</p> <p>Partnerships – working well at getting people to work collaboratively.</p> <p>Pacific Providers to work together with other providers – this is starting to happen.</p> <p>PHAC thanked Phil Grady and Kirk Mariner and asked them to return to present at a later stage. Phil and Kirk will be provided with clear specifications as to what PHAC would like them to cover in the next presentation.</p>

<p>Let's Beat Diabetes – Social Marketing Gerardene Waldron</p>	<p>This initiative is going live on 18 June – media-wise. Need to engage the communities hearts and minds. Change environments. We may use media – but how do we reinforces these behaviours long term?</p> <p>Our goal has always been to support promotion and facilitation.</p> <p>Swap2Win – this will be a very positive campaign and we are looking forward to sharing the story out there in the community. Language must be positive. Swap2Win will be a good thing to be associated with.</p> <p>There will be plenty of good tips in regard to food and physical activity, but we need to be out there long term. It is important to start somewhere – we need to talk the talk and walk the walk.</p> <p>We'll be active in the communities and a website and 0800 are to be implemented.</p> <p>MMH are getting on board.</p> <p>Thanks were given to Gerardene for her presentation.</p>
<p>Pacific Morbid Obesity Study – Yvonne Timaloa, Marinerway Consulting Group</p>	<p>Key Objectives of the Study: To identify and understand the attitudes and perceptions Pacific patients have to food, food consumption, weight loss and weight management. To explore patients' decision making process To identify the main barriers to Pacific people not successfully engaging and achieving weight loss and weight management To discover the key motivating forces To capture a holistic perspective from a range of participants including the families of Pacific patients, CMDHB clinicians, Pacific community reps and most importantly the Pacific patients To develop some actionable, effective solutions and recommendations to CMDHB for supporting Pacific Patients engage in weight loss and weight management</p> <p>We need Provider support for this study.</p> <p>Gastric Bypass Surgery – how can we get people to maintain the 6month waiting period? Why are they not successful?</p> <p>Also need Community Support.</p> <p>Discussion ensued on whether or not to support this study.</p> <p>Need to link in with the Bariatric Gastric Study (Rana Wong).</p> <p>PHAC would like to support this – subject to further discussion. Include buffer so the study can be completed accurately.</p> <p>Timeframe – next week would be good.</p>

General Business	Concerns were raised regarding Mental Health. The Mental Health spend is gate kept – requires pressure for money to be spent. Concern is then we have philosophy of funding – use or lose? Then people scramble hence the inefficiencies... Meeting concluded at 12.35pm.
Conclusion	The next meeting will be held on Wednesday, 20 th June 2007 at CMDHB Offices, 19 Lambie Drive, Manukau City.

Actions	Actioned - Yes/No
Anne Fitisemanu to present to PHAC on the Workforce Development Plan.	Yes
Phil Grady to return – please give clear specifications as to what you would like him to present on. He suggests Developing of Pacific Mental Health & Addictions Plan (locally)...	Can present at the July meeting, not enough information until then.
Arrange a meeting between PP, PHAC and Pacific Team in regard to Vision.	More detail required. Who to attend, etc...
<p>Signed as a true and correct record on Wednesday, 20 June 2007 Chair: Mr Sefita Hauoli</p> <p>Resolution: The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 16 May 2007 are approved. Moved: Malia Hamani Seconded: Peter Skelton Carried: Unanimous</p>	