COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

Pacific Health Advisory Committee

Minutes

Of the meeting held on Wednesday, 17 October 2007 at 9am until 12pm at CMDHB, Manukau Boardroom, 19 Lambie Drive, Manukau City

Attendees	Anae Arthur Anae (AA), Peter Skelton (PS); Jillian Dooley (JD), Sefita Hauoli (SH); Louisa Lavakule (LL); Bernadette Pone (BP1), Bernadette Pereira (BP2), Paul Cressey (PC), Dr Etuate Lui Saafi (ELS), Roine Lealaiauloto (RL), Michael Chan (MC), Nuku Rapana (NR), Stephanie Erick-Peleti (SEP)
CMDHB	Manu Sione (MS), Vicky Tafau
Apologies	Malia Hamani, Philip Beilby
Absent	

Actions from Previous Meeting	Action Items
Michael Chan is to report to PHAC in the new year to update on how his Family Violence programme has run.	MC
Cancer Control Committee – could we look at a joint POU/PHAC venture or a Pacific Cancer Advisory Committee? The Maaori Committee is already organised. Awaiting feedback from Maika Veikune. This is required for the November meeting	MS & MV
P Beilby to present at the next PHAC meeting – amalgamation model between PIASS and another organisation.	PB
A request from PHAC was made for Mhairi Porteous (Programme Manager, BreastScreen Manukau) to present in person at the next PHAC meeting in November. PHAC would like to know what Pacific Island barriers/issues/problems have been identified and how can we get past them?	Mhairi Porteous
LBD to liaise with Primary Care on the Screening issues and Primary Care to have a representative present at the next PHAC meeting in November. CP and MS are to meet to discuss the frequency of feedback meetings that PHAC requires.	C Paraone MS & CP
PHAC asked Josephine to look into Middlemore Hospital's grounds being cleared of all cigarette butts. A Smokefree property needs to be a clean property.	J Samuelu

		Action Items
Welcome	Arthur Anae welcomed the Committee. **Opening Prayer:** Nuku Rapana	
Minutes	**Amendments to previous minutes:** The minutes were accepted as a true and accurate record of the previous meeting held on the 19 September 2007. **Moved:** Louisa Lavakule **Seconded:** Sefita Hauoli	

Topics	Discussion	Action Items
Matters Arising	Pacific Provider Development Forum – MC & RL found this forum to be unacceptable. It was advised that presenters should have been more sensitive. MS responded: It is possible that Providers were not prepared. Going forward it is important for Providers to discuss the strategy that Pat Snedden presented. There is a need to achieve a 'fit for purpose' A positive to come out of the forum was that the Pacific Providers have since met and established a Pacific Provider Forum that will meet on a regular basis. The next step for the Forum is to include more/all Providers. This Forum will be kept separate from the DHB. The Forum will be looking to work with some of the objectives from Pat's strategy. Cancer Control Sub-Group – both men and women should be represented as separate groups. MS asked the Committee members if they felt that the Pacific Community had people with the expertise and the time to meet monthly? It was felt that the Clinical side is where the Pacific people would be weakest.	
	Do Maori have the expertise – MS is to report back on the experts involved with the Maori Cancer Control Group.	MS
	Maika Veikune will send an email to the CMDHB networks to discover if there are in fact any Pacific experts in this field. MV will present the findings at the next PHAC meeting. PHAC had no objection to searching outside of the Pacific Island Community to find people willing to work with them. Should be regional. Pulaloa Fatupaito has taken on a .5 role with BreastScreen Manukau and will be linking the programme with the Churches via Lotu Moui.	MS & MV
	A request from PHAC was made for Mhairi Porteous (Programme Manager, BreastScreen Manukau) to present in person at the next PHAC meeting in November. PHAC would like to know what Pacific Island barriers/issues/problems have been identified and how we can get past them. Sefita Hauoli arrived at 9.35am.	MP
Presentations	**Discussion**	**Action Items**
Pacific Mental Health & Addictions Plan Rachel Enosa-Saseve Phil Grady Kirk Mariner Martin Dawe	The Plan was provided in the PHAC meeting papers. The team have been collating all the Pacific mental health information available and simplifying it. The purpose of this presentation/discussion of the plan is to gain feedback from the PHAC committee as to whether or not the team are heading in the right direction. The stakeholders have indicated their approval of the plan. Martin Dawe advised that it is necessary to have people on the same page of understanding. Points 1.4 to 1.5 give an overview of what is currently available in CMDHB. The plan is focused on filling gaps and advising what improvements can be made.	

Currently there is no Pacific Mental Health for older people – mainstream, but no 'by Pacific for Pacific'.

Underpinning any service delivery model is the need to establish planning and funding principles in relation to what essentially makes a Pacific mental health and addictions service "Pacific".

As a starting point the following could be considered:

- Pacific mental health and addictions services are family-focused and support family involvement throughout recovery.
- The Matua role is clearly articulated and acknowledged within Pacific mental health and addictions services.
- Pacific mental health and addictions services utilise a holistic approach to health and wellbeing.
- Pacific mental health and addictions services foster a sense of community and community ownership linked to ethnic identity, a sense of belonging and language.
- Pacific mental health and addictions services are strongly linked to each other both locally and regionally, and to primary care, employment, social and other community services.

Seven **Action Areas** and related **Goals** are proposed as follows:

Action Area	Goal
1. Promotion and Prevention	To promote mental health and wellbeing for Pacific people in Counties Manukau and prevent mental illness and addiction.
2. Primary care	To strengthen the capability of the primary health care sector to promote mental health and wellbeing for Pacific people in Counties Manukau and to respond to the needs of people with mental health and addiction related problems.
3. Responsiveness	To build responsive services for Pacific people in Counties Manukau who are affected by mental illness and/or addiction, and their families.
4. Child and Youth	To ensure that Pacific young people in Counties Manukau who are affected by mental health, alcohol and other drug and gambling problems, and their families, can access quality care tailored to their needs.
5. Addictions	To ensure that Pacific people and their families in Counties Manukau are able to access effective addictions services.
6. Older people	To ensure that Pacific older adults in Counties Manukau who are affected by mental health and addictions problems, and their families, can access quality care tailored to their needs.
7. Workforce	To continue to build and strengthen a competent mental health and addiction workforce to support Pacific people in Counties Manukau who are affected by mental health and addictions problems.

Bernadette Pereira arrived at 10am.

Pacific Mental Health and Addictions are just beginning and it is a big project that will become better focused along the way. It is imperative that

	we build a good foundation. The Providers acknowledged the process followed by the Team. Participants felt that they were listened to. The research is great and it is hoped that it will be linked appropriately to other expectations. It was mentioned that statistics needed to be checked for Cook Is people as the figures for those that attend church were considered very high. It is possible that further options need to be researched for the Cook Island people. The PHAC Committee advised the team that they were doing a good job.	
LBD Discussion Chad Paraone & Tracey Barron	LBD is a 5 Year initiative. We are currently in Year 3 of LBD. What happens at the end of Year 5 is for the Board to decide. Need to be presenting to the Board by the end of Year 3 and provide them with results and our views. Mass Screening – Not a matter of yes or no but HOW? These issues are being looked at by Primary Care/GM's/Pacific and Maori. LBD would like to know what PHAC would like to be kept informed of and how they would like this information presented. It was suggested that large employers of Pacific Island people should be targeted for health initiatives. LBD are looking at many areas where good health can be promoted. One such area is Urban Design and LBD are liaising with MCC in regard to the design of public parks. Whatever LBD is pushing out to the wider community – it is not necessarily Pacific specific, but it must work for Pacific Islander's and Maoris. Paul Cressey arrived at 10.20am. **Diabetes to Obesity** LBD is most definitely still about Diabetes. What is clear though is that to get to diabetes you have to tackle obesity. There is a need to focus on the causes as well as the result. Obesity/activities/nutrition – we need to focus on all of these. PHAC informed LBD that they had noticed a shift in how LBD was received when the focus seemed to shift from diabetes to obesity. Pacific Island people are happy to be perceived as big, but not obese. Some concerns were put to Mr Paraone in regard to money being given to micro-initiatives. He responded by saying that to facilitate change the message needed to be put out into the community. The idea behind giving community groups small amounts of funding was to give them a helping hand at a grass roots level, in order to create a ripple effect and to build momentum. Some other ideas presented to LBD were: Treating Pacific Islanders without diabetes differently – they should be advised on how to avoid diabetes. LBD could/should be split into culture specific. Screening is important so we know who we need to look after. Priority should be placed on those areas where we can have a direct say. LBD assured PHAC that they are a living programme and are working hard to bring the learning to life. Prevention focus is a priority. Screening, however, is not a good idea if we don't have the capacity to	PHAC

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Recommendations
1. Screening. Report required from Primary Care as to why screening is not feasible. Surely the investment should be made now to look after tomorrow?
2. Pacific Specific. Template to be created whereby people can be identified.
3. Use a different 'speak' for those without diabetes. Need to focus on prevention.
LBD to liaise with Primary Care on the Screening issues and Primary Care to have a representative present at the next PHAC meeting in November.
CP and MS are to meet to discuss the frequency of feedback meetings that PHAC requires.
PHAC also recommends that the Board investigate the Screening issue.</td><td>

C Paraone

MS & CP</td></tr>
<tr><td>CMDHB Renal Project
Johan Rosman (Clinical Head)</td><td>Increasing Demand
§ Demand for kidney dialysis exceeds population growth
§ Average growth in Auckland 8-9% (1998–2004)
§ CMDHB growth >11% some years
§ Patients at high risk of developing End Stage Kidney Disease (ESKD) are those with diabetes, hypertension, elderly
§ High growth in patients accessing dialysis within Maori and Pacific groups
Counties Manukau DHB dialyses 25% of all patients receiving kidney dialysis in New Zealand although we have approximately 10% of the NZ population

Recommendations
1. Choice of Renal Replacement Therapy
Increase home dialysis ratio from current (41%) to 50% of patients accessing dialysis by December 2007
2. Transplantation
Increase awareness among the Auckland region communities of kidney donation and transplantation with a view to increase the rates of transplantation
3. Quality of Patient Care
Continue CMDHB project to reduce rates of patients on PD developing peritonitis
Ensure a timely switch from PD to HD (and vice versa)
Improve the care of the elderly with kidney disease
4. Access to Renal Care
Continue the strategy whereby no patient is accepted onto a RRT programme without full clinical review by a renal physician
5. Promote New Knowledge / Practice in Primary Care
Design an education programme for primary care to promote the importance of early detection of renal disease. Include a Chronic Kidney Disease module in the CCM programme</td><td></td></tr>
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	Next Steps § Remaining 'project work' to be continued by operational staff § Local service initiatives § Regional Renal Project Phase II – Home Therapies - Transplantation – Capacity Planning - Primary Care Interface § National renal strategy / framework development	
Smokefree Update Josephine Samuelu	**Aim** To reduce the prevalence of smoking and tobacco related harm in Counties Manukau. **Why do we need smoking cessation programs in Counties Manukau?** – DSP - Outcome 1: Improve community wellbeing – In CM approximately 100,800 report that they smoke (23.2 % of males and 25.7 % of females) – 1 in 6 deaths in CM is tobacco-related – Nationally, 1 in 5 people of European descent smoke – 1 in 2 Maori smoke (45.8%) – 1 in 3 Pacific people smoke (36.2%) **Service Update** As at 11th October 2007: • 451 patients have been referred to the service • 217 of those patients have joined the quit or reduction programme • 113 have been referred on to other cessation programmes • 42 patients and staff have attended a smokefree support group **What We Know** • More females than males are being referred to the service • Proportionately, there are very high numbers of Maori patients being referred to the service • The service is growing – 49 patients were referred in September 2007, compared to 21 referrals in September 2006 • The success of the service is the having a dedicated service to provide behavioural support and medication. **Where to from Here?** • Gathering 12 month data • Developing a pre-operative cessation programme • Looking at expanding the service in response to high demand, especially among Maori patients. PHAC asked Josephine to look into Middlemore Hospital's grounds being cleared of all cigarette butts. A Smokefree property needs to be a clean property.	JS

General Business	Bernadette Pereira closed the meeting with a prayer at 12.15pm.	
Conclusion	The next meeting is on Wednesday, 21 November 2007 at CMDHB Offices, 19 Lambie Drive, Manukau City.	

Signed as a true and correct record on **Wednesday, 21 November 2007**

Chair: Anae Arthur Anae

Resolution:

The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 17 October 2007 were approved.

Moved: **Nuku Rapana**

Seconded: **Stephanie Erick-Peleti**

Carried: Unanimously