



## Pacific Health Advisory Committee

### Minutes

Of the meeting held on Wednesday 21<sup>st</sup> March 2007 at 9am – 12noon at CMDHB, Manukau Boardroom, 19 Lambie Drive, Manukau City

Attendees	Sefita Hau'oli; Bernadette Pone; Louisa Lavakula; Stephanie Erick-Peleti; Philip Beilby; Michael Chan; Roine Lealaiauloto; Nuku Rapana; Etuate Saafi; Malia Hamani;
CMDHB	Elizabeth Powell; Rachel Enosa-Saseve; Diana Olive;
Apologies	Anae Arthur Anae (Chairperson); Bernadette Pereira; Paul Cressey;
Welcome	The Committee was welcomed and informed that Sefita Hauoli would chair the meeting in the absence of the Chairperson, Anae Arthur Anae.  Opening Prayer                      Louisa Lavakula
Minutes	The minutes were accepted as a true and accurate record of the previous meeting held on the 21 <sup>st</sup> February 2007.  Moved                                      Etuate Saafi Seconded                                  Roine Lealaiauloto
Procedural	Update on structure of team – attached to the minutes <ul style="list-style-type: none"> <li>• Interviews for new Pacific GM have been held with appointment pending</li> <li>• Ron Dunham who is the acting GM for Pacific Health has been recently appointed to Chief Operating Officer</li> </ul> Minutes from Planning Day – attached to the minutes <ul style="list-style-type: none"> <li>• To be circulated to all PHAC members</li> </ul> Address Changes <ul style="list-style-type: none"> <li>• Sefita Hau'oli's postal address to be changed.</li> </ul> Declaration of Interest <ul style="list-style-type: none"> <li>• Michael Chan declared involvement with Horizon Healthcare.</li> <li>• Stephani Erick-Peleti declared she is a member of the NSAC.</li> </ul>
Pacific Youth One-Stop-Shop Service Development <i>Rachel Enosa-Saseve</i>	The Scoping of a Pacific youth one-stop-shop health service for the District had recently been completed. A business case had been developed to assess the options for establishing a youth one-stop-shop to provide services to Pacific young people and their families in the Counties Manukau District.  <i>Bernadette Pone</i> asked if there was an opportunity for other agencies to be part of the service development with funding to come from other sources. Bernadette also noted that the service would not exclude other ethnicities and queried how financial support and resource could be gathered from other

<p>groups to support the service.</p> <p><i>Rachel Enosa-Saseve</i> stated that CMDHB was still working through how this could be achieved and that an Expressions of Interest process would be undertaken to identify other potential 'partner organisations'.</p> <p><i>Louisa Lavakula</i> spoke about how client information should be collected as ethnic-specific data and be made available to the different ethnic communities. Louisa stated that the community wanted to know how their young people were doing and that they wanted to support their young people as much as possible, however they may be lacking the expertise to do this. For example, talking about sexual health in the churches setting – what is the starting point for the conversation.</p> <p><i>Roine Lealaialoto</i> asked about the risk analysis for the service and suggested that this be considered carefully during the development phase (ie: funding, sustainability, relationship management, involvement of gangs / high need groups and location of service). Roine recommended that there be a management group established to manage the one-stop-shop and the services delivering out of that location. Roine further supported Bernadette's comments around looking for other sources of funding.</p> <p><i>Rachel Enosa-Saseve</i> agreed that there was a need to have an appropriate structure in place to support a one-stop-shop, particularly if there were a number of 'partner organisations' who wanted to be part of the service development. Rachel also noted that there would be criteria to having other organisations partner with CMDHB in delivering the service as they would need to comply with the principles of youth development in order to fit with the proposed model of service.</p> <p><i>Rachel Enosa-Saseve</i> commented that the Pacific Division were in discussions with the Mental Health team to see where they would be able to link in with the service development.</p> <p><i>Sefita Hauoli</i> stated that PHAC was supportive of the project and asked how they could best support its progression. Sefita raised a concern that the project required committed resource for it to be progressed. <i>Rachel Enosa-Saseve</i> replied that it was likely that a Project Manager would be appointed to implement the project at the completion of the Expression of Interest Phase.</p> <p><i>Bernadette Pone</i> spoke about the issues with branding the one-stop-shop as 'Pacific'. She also asked how they were to deal with the transition period after a certain age and whether they should connect with PHOs in the District to assist with the transition. <i>Rachel Enosa-Saseve</i> stated that one of the service requirements would be to work closely with PHOs and that once a young person reached 25 years the provider would need to transition them to a family GP of their choice.</p> <p><i>Sefita Hauoli</i> questioned the timeframe for the project. <i>Rachel Enosa-Saseve</i> stated that the timeframe was dependent on the Expression of Interest</p>
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	<p>process as if there were a number of organisations that wanted to be part of the service development it would take longer for the service to be established. There would also be issues around resource consent given that the service was likely to be set up in a new setting in the Manukau City area. An indicative timeframe of six-months was given.</p> <p>It was recommended that PHAC:</p> <p>a) <b>Note</b> A scoping exercise for the development of a Pacific youth one-stop-shop has been completed;</p> <p>b) <b>Note</b> A youth development approach that was inclusive of young people was undertaken as part of the scoping phase;</p> <p>c) <b>Note</b> An Expression of Interest process will be undertaken for the following:</p> <ul style="list-style-type: none"> <li>• Expressions of interest from organisations who would be interested in delivering the service; and,</li> <li>• Expressions of interest from organisations / agencies that would be interested in being part of a Pacific youth one-stop-shop service development in the Counties Manukau District.</li> </ul> <p>Moved Louisa Lavakula Seconded Roine Lealailoto</p>
<p>Pacific Provider Development Funding <i>Lani Stowers</i></p>	<p><b>Governance Review update</b></p> <ul style="list-style-type: none"> <li>• Governance review of all Pacific Providers completed (except two who have external agencies completing their reviews).</li> <li>• A draft of the generic report is in the process of finalisation.</li> <li>• Provider-specific reports will be prepared, issued and discussed with providers within the next 31 days.</li> </ul> <ul style="list-style-type: none"> <li>• Each Provider is different in regards to having benchmarks.</li> <li>• To name it a governance review is a bit strong. Maybe think about calling it a Provider Review...</li> <li>• Should be an acknowledgement in compliance costs.</li> <li>• Critical mass in amount of i.e. revenue</li> <li>• Pacific Providers' journey to Governance needs to be acknowledged: <ol style="list-style-type: none"> <li>1. Visionary</li> <li>2. Pacific Provider Funding</li> <li>3. Governance Review</li> </ol> </li> <li>• There was a comment on how other sectors very territorial.</li> </ul> <p><i>Philip Beilby</i> commented on the opportunity to develop shared services. This is an area to develop.</p> <p><i>Elizabeth Powell</i> agreed that it is something to consider – combining Pacific Providers to make one, managed by Pacific Provider Management. But Providers need to inform DHB on what they want.</p>

Breast Screening <i>Mhairi Porteous</i>	<p><u>Who are we</u></p> <ul style="list-style-type: none"> <li>• BreastScreen Counties Manukau is the Lead Provider for BreastScreen Aotearoa (BSA) in the Counties Manukau DHB region. We are one of 8 Lead Providers nationally</li> <li>• We work with 2 BSA Independent Service Providers in the region - Health Star Pacific and Raukura Hauora O Tainui</li> <li>• BreastScreen Aotearoa is a free national breast screening programme for all eligible women between the ages of 45 and 69 years</li> <li>• This programme is for 'well women' ie those that do not have any breast symptoms</li> <li>• We have a purpose built fixed site at Manukau Super Clinic</li> <li>• 2 sub sites in Papatoetoe and Howick</li> <li>• 1 Mobile Unit</li> <li>• Our administration team are based at Lambie Drive</li> <li>• 4 MRTs</li> <li>• 4 Radiologists</li> <li>• 4 Breast surgeons</li> <li>• 8 Pathologists</li> <li>• 2 Breast care nurses</li> <li>• 12 Administration and support staff including Health Promotion Coordinator</li> </ul> <p><u>National Policy and Quality Standards</u></p> <ul style="list-style-type: none"> <li>• BSA has rigid National Policy and Quality Standards and we are obliged to meet.</li> <li>• We are monitored externally on a six monthly basis</li> <li>• There are clear guidelines regarding cultural appropriateness</li> </ul> <p><u>Screening Services</u></p> <ul style="list-style-type: none"> <li>• We provide free screening mammograms every 2 years for well women aged 45-69</li> <li>• All mammograms are read by at least 2 Radiologists</li> <li>• Results are either Return to Routine Screening, Return to screening with symptom, or Recall for Assessment.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Site</th> <th style="text-align: left;">Screening Dates</th> </tr> </thead> <tbody> <tr> <td>Otara</td> <td>5th Feb to 8 March</td> </tr> <tr> <td>Pukekohe / Waiuku</td> <td>12th March to 10th May</td> </tr> <tr> <td>Mangere</td> <td>15th May to 7th June</td> </tr> <tr> <td>Botany Downs*</td> <td>11th June to 5th July</td> </tr> <tr> <td>Papatoetoe</td> <td>9th July to 2nd August</td> </tr> <tr> <td>Clendon*</td> <td>6th August to 30th August</td> </tr> <tr> <td>Papakura</td> <td>3rd Sept to 27th Sept</td> </tr> <tr> <td>Papakura Marae*</td> <td>1st Oct to 11th Oct</td> </tr> </tbody> </table>	Site	Screening Dates	Otara	5th Feb to 8 March	Pukekohe / Waiuku	12th March to 10th May	Mangere	15th May to 7th June	Botany Downs*	11th June to 5th July	Papatoetoe	9th July to 2nd August	Clendon*	6th August to 30th August	Papakura	3rd Sept to 27th Sept	Papakura Marae*	1st Oct to 11th Oct
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<p>Family Violence <i>Carmel Peteru</i></p>	<p><u>Literature Review</u></p> <p>Identify and gather national and international evidence on</p> <ul style="list-style-type: none"> <li>family violence models of service delivery to Pacific families and, ethnic minority communities appropriate to the realities and needs of Pacific peoples; in particular Pacific elderly, Pacific women, children and youth</li> <li>mental health, alcohol and other drugs models of service delivery related to and associated with family violence in Pacific families and communities</li> <li>theological models of wellbeing</li> </ul> <p>Preliminary findings from literature review</p> <ol style="list-style-type: none"> <li>Maori and Pacific people are over represented in all family violence statistics.</li> </ol> <p>(Four forms of violence occurring in Pacific families are: spousal, child &amp; youth, elderly)</p> <ol style="list-style-type: none"> <li>Definitions of             <ul style="list-style-type: none"> <li>family violence needs to be inclusive of Pacific holistic perception of health and,</li> </ul> </li> </ol>							

Achievements

- Established a new screening and assessment site at Manukau Superclinic
- Established a mobile screening service
- Screened approx 17,000 women to date
  - 2020 Pacific women
- Assessed over 1000 women to date
  - 158 Pacific women\*
- Diagnosed over 90 women with breast cancer
  - 11 Pacific women\* (\*Figures are draft)

*Louisa Lavakula* commented that she thought it was just for the holidays and how the public is unaware of the mobile unit. They should advertise it more to the community.

*Mhairi* advised that the PHOs were aware of the Mobile Unit and how there is still a lot of work to do, regarding the matter.

Recommendations

Moved Nuku Rapana  
Seconded Louisa Lavakula

	<ul style="list-style-type: none"> <li>- Abuse and neglect of the Elderly requires comment from Pacific providers</li> </ul> <p>Prevalence:</p> <ul style="list-style-type: none"> <li>- 2000: 52% of 53 murders in New Zealand were family violence related. 3% were Pacific Island</li> <li>- 2000/01: Women's Refuge provided services to 7,766 women and 9,241 children. Of this number, 6% were Pacific women and 8% were Pacific children</li> </ul> <p>Inequalities</p> <ul style="list-style-type: none"> <li>• No one single cause of disparity and inequality</li> </ul> <p>Contributing causes to family violence:</p> <ul style="list-style-type: none"> <li>Ø Impacts of migration on family structure</li> <li>Ø Identity of New Zealand born</li> <li>Ø Traditional attitudes to family violence</li> <li>Ø Adjusting to new environment</li> <li>Ø Differences in social control and decision making in NZ</li> <li>Ø Discrimination and racism</li> <li>Ø Financial difficulties</li> <li>Ø Meeting customary obligations</li> <li>Ø Male attitudes and alcohol /abuse</li> <li>Ø Pressure from unemployment</li> <li>Ø Other family members</li> <li>Ø Cross cultural misunderstanding</li> <li>Ø Poor and ineffective communication between family members</li> </ul> <p>Where to from here (March07 – April07):</p> <ul style="list-style-type: none"> <li>• Develop Terms of Reference for Reference Group</li> <li>• Literature Review with recommendations for service provision completed</li> <li>• Develop discussion document on workforce development</li> <li>• Develop theological component with working team of Pacific theologians</li> </ul> <p>Group Discussed -</p> <ul style="list-style-type: none"> <li>• 'Family Violence' too strong of a name. Should be changed to a name which is less aggressive.</li> <li>• Ministry of Health has just release their tender on Family Violence. Try not to duplicate.</li> <li>• At this stage CMDHB are just concentrating on the literature research and getting a heads up on how it fits in with other programmes.</li> <li>• MOSD one of their largest streams of work.</li> <li>• a lot is based on health promotion <ul style="list-style-type: none"> <li>• looking at changing attitudes</li> <li>• can't just hand out pamphlets</li> <li>• There should be a consistent message.</li> </ul> </li> <li>• Should be prepared to step on toes</li> </ul>
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GM Update	<p><u>LotuMoui</u></p> <ul style="list-style-type: none"> <li>● Ministers Meeting-discussion of draft symposium minutes to ensure accuracy of workshops.</li> <li>● Ongoing forums – becoming Advisory Group <ul style="list-style-type: none"> <li>○ Leadership training</li> <li>○ possibility of Ministers Symposium</li> </ul> </li> <li>● Ministers Meeting will be held on Wednesday 28<sup>th</sup> March.</li> <li>● Report from the Symposium in November 2006 to be finalised before release.</li> <li>● LotuMoui Church and Minister to be fronting Social Marketing Campaign for LBD.</li> </ul> <p><u>Well Child Tool</u></p> <ul style="list-style-type: none"> <li>● Working group put together to look at areas for further discussion and development.</li> </ul> <p><u>Smokefree</u></p> <ul style="list-style-type: none"> <li>● Focus is on ASB Polyfest from 21-24 March 2007.</li> <li>● Making behavioural changes that are sustainable is key message.</li> <li>● Quitline will be actively enrolling people with the intention to follow up in 12 months. This will be a measurable outcome.</li> <li>● Building a database that we can access.</li> <li>● Hospital smokefree <ul style="list-style-type: none"> <li>○ Steering group revising hospital SF policy.</li> <li>○ Reviewing the exemption of MH</li> <li>○ Role of security in enforcement of policy.</li> <li>○ Employment of Community officers to assist on the hospital grounds.</li> </ul> </li> </ul> <p><u>PPD</u></p> <p>Full Presentation of Audit findings and future planned allocation of PPD.</p> <p><u>Workforce Development</u></p> <ul style="list-style-type: none"> <li>● Workforce development Plan</li> <li>● Working with Whitireia and MIT to implement a Pacific training model to grow our workforce.</li> <li>● Targeting Island trained, youth, mature student.</li> </ul> <p><u>Family Violence Project</u></p> <ul style="list-style-type: none"> <li>● Literature review and scoping for the Pacific Family Violence Plan commenced as part of the Pacific Mental Health Plan.</li> </ul> <p><u>Bariatric Project</u></p> <ul style="list-style-type: none"> <li>● Project scoping to commence a cohort of 30 patients to receive Bariatric Surgery and post surgical support for up to 12 months.</li> </ul>
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Next Meeting	18 <sup>th</sup> April 2007, 9am – 12noon, CMDHB 19 Lambie Drive, Manukau Boardroom, Manukau City.
<p>Signed as a true and correct record on the 11<sup>th</sup> April 2007.</p> <p>Chair: Mr Arthur Anae</p> <p><b>Resolution</b></p> <p>The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 21<sup>st</sup> March 2007 are approved.</p> <p>Moved: Ms Bernadette Pone</p> <p>Seconded: Mr Arthur Anae</p> <p>Carried: Unanimous</p>	