

# Pacific Health Advisory Committee

## Minutes

Of the meeting held on Wednesday, 19 May 2010, from 9am to 12pm in the Manukau Boardroom, CMDHB, 19 Lambie Drive, Manukau City

<b>Attendees</b>	Anae Arthur Anae (Chair), Reverend Uea Tulia (UT – arrived at 9.18am), Dr Etuate Saafi (ES), Leau Peter Skelton (LPS), Louisa Lavakula (LL – arrived at 9.15am), Bernadette Pereira (BP), Lope Ginnen (LG – arrived at 9.20am and left again to attend court, returning at 10.40am), Dr Andrew Chan Mow (ACM), Roine Lealaialoto (RL), Malia Hamani (MH), Nuku Rapana (arrived at 10.45am)
<b>CMDHB</b>	Manu Sione (MS), Vicky Tafau (VT)
<b>Apologies</b>	Prof Gregor Coster, Sam Cliffe, Ruth De Souza, Lope Ginnen (in court, hoping to attend before the end of the meeting), Anne Candy
<b>Absent</b>	Louisa Lavakula (arrived at 9.15am), Rev Uea Tuleia (arrived at 9.18am), Lope Ginnen (arrived at 9.20am and left again to attend court), Philip Beilby, Sef Hao'uli, Stephanie Erick- Peleti, Nuku Rapana (arrived at 10.45am),

### Actions from Previous Meeting

Pip Matthews to send Draft 5 to VT for dissemination to PHAC via email for feedback when it is finalised.

### Action Items

**Ongoing**

Topics	Discussion	Action Items
<b>Welcome</b>	Meeting was opened at 9.10am with a prayer from Bernadette Pereira. Apologies were received from Professor Gregor Coster. Apologies were accepted by the Committee members. <b>Moved:</b> Dr Etuate Saafi <b>Seconded:</b> Roine Lealaialoto	
<b>Minutes of the Previous Meeting</b>	Minutes of the meeting held on 21 April 2010, were accepted as a true account. <b>Moved:</b> Anae Arthur Anae <b>Seconded:</b> Bernadette Pereira	
<b>Action Items</b>	<ul style="list-style-type: none"> <li>Memberships – AA gave the Committee an overview on where he is up to with renewing memberships</li> <li>Peggy Fairburn attended the meeting for Creating a Better Future. Is keen to touch base with PHAC to keep them updated on a periodic basis.</li> </ul>	
<b>Matters Arising</b>	<ul style="list-style-type: none"> <li>MS advised that there will a request from the MoH in regard to the way that DHB's report to the Ministry. Therefore finalising the DAP is currently on hold.</li> <li>EOI Business Cases – Implementation planned not signed off as yet but all three DHB's as still some final points to be worked out. Some of the points can have work started.</li> <li>KM advised that the 3 Auckland DHB's are not quite on the same page yet, having some further issues to iron out. This is currently being worked on.</li> <li>The Trustee has been circulated through the three PHO's. Should be signed off by the end of this week and will officially become Alliance Health +.</li> <li>AA thanked Kirk Mariner and others around the table (also Sam Cliffe and the</li> </ul>	

Topics	Discussion	Action Items
	<p>Pacific Health Team) for all their hard work and unflinching support for helping Alliance Health + achieve the strong position that they are currently in.</p> <ul style="list-style-type: none"> <li>● BP supported AA's comments. She feels that the challenges now are more institutional rather than external. She questioned the reason behind the Implementation Plan not being signed off.</li> <li>● KM responded that the clear message has been from the Minister that there is no new funding and hence no new resources. What is exciting for Alliance Health + is that they are working together to find possible pockets of existing funding.</li> <li>● RL advised that the 'rushed' nature of creating Alliance Health + and GAIHN have been raised before. What kind of risk management strategies are being put in place? The accountability is huge.</li> <li>● ACM sees that the presentation from Alliance Health + shows a strong focus on clinical services which he is pleased with. <ul style="list-style-type: none"> <li>○ He is however concerned that the closest Integrated Family Health Centre will be in Mt Wellington – this will be difficult for most South Aucklanders to access.</li> </ul> </li> <li>● KM advised that there will be Integrated Family Health Centres in Mangere – final planning stages are in the process of being completed.</li> <li>● AA would like to see Alliance Health + present at the next PHAC meeting. VT to arrange.</li> </ul>	VT
<p><b>Health Equity Discussion con't</b>  <b>Kirk Mariner</b>  <b>Dr Doone Winnard</b></p>	<ul style="list-style-type: none"> <li>● CMDHB's legal mandate stated that: we must work to improve the health and disability outcomes of our population and reduce disparities between groups.</li> <li>● An overview was given of how we got to the point of Triple Aim since Geraint Martin has been on board at CMDHB.</li> <li>● AA would like to have Mary Seddon (Clinical Director at MMH) present at PHAC. VT to arrange.</li> <li>● Equity is not the same as 'sameness' (treating people the same). People need to be dealt with differently in order to achieve equal outcomes.</li> <li>● KM asked the Committee to consider the question: What kind of infrastructure, processes are needed to support you to further embed equity in your work? <ul style="list-style-type: none"> <li>○ ACM spoke about 'access'. For people that visit their GP's, it isn't necessarily about getting to the GP, it is about priorities. Health is not usually at the top of the list.</li> <li>○ RL – Triple Aim. There are a lot of factors that impinge on the outcomes. The Triple Aim is not contextual, it conceptual. RL sees issues of Equity already being raised for Alliance Health +.</li> <li>○ BP feels that CMDHB need to deconstruct some of its structures so that as an organisation it is better able to demonstrate 'equity'. The CMDHB's internal processes do not reflect equity.</li> <li>○ DW said the challenge lies in what the DHB has jurisdiction to actually change within the organisation.</li> <li>○ DW asked ACM how we would address the issues he raised?</li> <li>○ ACM raised the Falole Muliaga case. The lack of handover of care. He felt this case highlighted the access issue for some families.</li> <li>○ MS advised the committee that we, as a community, are coming into tough times and those that will be impacted on the most are our communities.</li> </ul> </li> <li>● KM asked what systems within the DHB hinder access to services. <ul style="list-style-type: none"> <li>○ ACM feels that the lengthy discharge summaries are not user friendly to patients. Too much clinical detail. The instructions to the patients are</li> </ul> </li> </ul>	VT

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<b>LotuMoui</b> <b>Silao Vaisola-Sefo</b>	<p>not in their native language and they are at the end of the summary and often missed.</p> <ul style="list-style-type: none"> <li>○ BP – solutions need to be targeted to specific communities, not an overall solution for Pacific.</li> <li>○ LL sees a lot of gaps between support provided for those with disabilities resulting from an accident and those that are born with disabilities.</li> <li>● KM asked the committee what would make them feel confidence in CMDHB that they are taking Health Equity seriously? <ul style="list-style-type: none"> <li>○ MH – there is no paid for ‘daycare’ or ‘day activities’ for Pacific Older People. Health of Older People, in particular Pacific People, appears not to be a priority.</li> </ul> </li> <li>● KM asked the Committee to focus some responses around the Vision. <ul style="list-style-type: none"> <li>○ RL – where is the Government in that vision statement? Partnership should not just be DHB and a community, the Government needs to be included. Infrastructural and philosophical changes need to be made. Attitudes don’t necessarily change behaviour. This changes won’t easily be made.</li> <li>○ MH – to improve the health status of all, including health carers – no one can see where they (health carers) are specifically included.</li> <li>○ ES – what is perfect health equity? Is there an example of this anywhere in the world? Emphasis needs to be focused on personal responsibility (education).</li> <li>○ BP – what is CMDHB’s point of difference? Does not see an internal shift in thinking. Would like to see a more pragmatic approach – especially in the language used. Leadership needs to come from CMDHB and have a flow on effect to the Providers.</li> </ul> </li> <li>● KM advised that the Equity Group are in a place whereby they are collating feedback from various groups and committees and would like to come back to PHAC in a few months when they have formulated this feedback.</li> <li>● RL – would like to see a scenario presented.</li> <li>● SVS is attending the meeting to give the committee an overview of the findings from the LotuMoui 2010 Summit.</li> <li>● Theme – Our Health, Our Wealth. The idea was to gather information from the community and Churches around bridging the gap between communities and health services.</li> <li>● BP – is there are desire to engage other services to provide the Train the Trainer type workshops. <ul style="list-style-type: none"> <li>○ MS advised that yes, LotuMoui do engage with other services, such as Smokefree, National Health Foundation.</li> </ul> </li> <li>● SVS advised that there is a lot of work being undertaken with the Youth of the Churches – in particular developing Youth Leaders within the churches. <ul style="list-style-type: none"> <li>○ LL feels that youth in the CM area do not have a good understanding of the area in which they live and the health services that are offered in that area.</li> </ul> </li> <li>● RL asked how the LotuMoui team and the Summit form the basis for some of the CMDHB strategic planning. <ul style="list-style-type: none"> <li>○ MS advised that LotuMoui will be presenting their findings to Primary Care, Healthy Lifestyles and Mental Health.</li> </ul> </li> <li>● RL – Penina provides a Train the Trainer workshop for AOD. There is little uptake of this workshop from the churches despite the interest in it and funding provided for it. <ul style="list-style-type: none"> <li>○ MS advised that findings show that the uptake of these workshops is voluntary and usually the basis for the uptake is on whether or not they</li> </ul> </li> </ul>	

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	<p>can gain employment at the end of the course.</p> <ul style="list-style-type: none"> <li>• BP asked SVS and MS if they feel confident that the LotuMoui Churches could now take it to the next level? Are they confident in the sustainability of the churches with their church health programs?</li> <li>• AA feels that the moment that the funding stops – interest in health within the churches will wane and drop off. Yes there are other funding resources out there, but the fact remains that LotuMoui must remain to show churches on how to get this funding. LotuMoui is here to guide and strengthen churches.</li> <li>• MS advised that LotuMoui is a long term engagement relationship with the churches. Only a very small number have the infrastructure to sustain the focus on health.</li> <li>• MH applauds the success of LotuMoui. However, there is still a feeling of her that Older People are taken for granted. There has been no mention of Older People.</li> <li>• Rev UT – feels that Older People and their contributions are valued.</li> </ul> <p style="text-align: right;"><i>MH and LPS left the meeting at 11.20am.</i></p> <ul style="list-style-type: none"> <li>• NR – Uapo Fellowship holding a festival at the Pukapuka Community Centre on the Queen's Birthday weekend. Everyone is welcome.</li> <li>• SVS – LotuMoui was initially a vehicle, but is now a way of life for some churches. In terms of sustainability, some of the churches will carry on (on their own), but other churches still require assistance and as more churches come on board they will require assistance too.</li> <li>• AA feels that LotuMoui still has a big role to play in taboo subjects such as Women's health and Men's health.</li> <li>• RL – would like to see an infrastructure around LotuMoui here at the DHB. What business case has been put together to ensure the continuation of LotuMoui and have our positive evaluations been included?</li> <li>• LG – feels that LotuMoui is there to educate and not to 'preach' to communities. If LotuMoui is to succeed we must be clever around collaboration and not abuse the relationships we currently have. Need to look at clustering the programs that the DHB wish to deliver to the churches.</li> <li>• RL asked if there was an opportunity for churches to come together and apply for PPD funding? MS advised that this was unlikely, especially given that the control of PPD has returned to Wellington.</li> </ul>	
<p><b>General Manager's Report</b> <b>Manu Sione</b></p>	<ul style="list-style-type: none"> <li>• NR is happy to arrange for Peter Stower's from ASB Trust to present to PHAC around churches securing outside funding.</li> <li>• MS further reiterated his congratulations to Health Alliance +, now that NR was present at the table.</li> <li>• LotuMoui, over the last month, has stepped up its activities with the churches. Graduation of various workshops and courses have been celebrated.</li> <li>• Workshops around Mental Health and AOD – these have been well attended.</li> <li>• HPV has been challenging for the 17 to 19yr age group. New initiatives are in place to promote the vaccination to this age group. <ul style="list-style-type: none"> <li>○ School age girls' stats are doing well.</li> </ul> </li> <li>• Planning and Funding – contracts are now sitting with the Program Managers. The PHT are working alongside these program managers.</li> <li>• Working alongside the Emergency Care Dept at MMH. This is in order to change the statistics for our Pacific Peoples turning up at the Emergency Dept.</li> <li>• The percentage of inpatients accessing Smoking Cessations services is increasing.</li> </ul>	<p>NR</p>

**General  
Business**

- Lui Ola launch being held at Malaeola Community Centre – Friday, 28 May.
- Northern Regional Cancer Control Group – struggling to get people from the Pacific to link with their meetings. They meet bi-monthly and are most keen to have Pacific input into their Operational Plan. MS asked if PHAC are keen to have the Northern Regional Cancer Control Group to present to this forum.
- AA was favourable of this idea and was supported by the committee.

MS

**Conclusion**

Meeting closed at 11.55am.

Closing prayer was given by Rev Uea Tuleia.

The next meeting is on Wednesday, 16 June 2010 at CMDHB Offices,  
19 Lambie Drive, Manukau City.

Signed as a true and correct record on **Wednesday, 16<sup>th</sup> June 2010**.

**Chair:** Anae Arthur Anae (Chair)

**Resolution:**

The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 19 May, 2010 were approved.

**Moved:** Lope Ginnen

**Seconded:** Sefita Hao'uli

**Carried:** Unanimously