

# Pacific Health Advisory Committee

## Minutes

Of the meeting held on **Wednesday, 21<sup>st</sup> April 2010, from 9am to 12pm** in the Manukau Boardroom, CMDHB, 19 Lambie Drive, Manukau City

<b>Attendees</b>	Anae Arthur Anae (AA- Chair), Louisa Lavakula (LL), Dr Etuate Saafi (ES), Reverend Uea Tulia (UT), Dr Andrew Chan Mow (ACM), Philip Beilby (PB), Nuku Rapana (NR arrival 0944am), Lope Ginnen (LG), Malia Hamani (ML arrival 916am), Sefita Hao'uli (SH arrival 910am), Leau Peter Skelton (LPS), Bernadette Pereira (BP), Anne Candy (AC arrival 0931),
<b>CMDHB</b>	Sam Cliffe (SC), Manu Sione (MS), Kirk Mariner (KM), Tracey Barron (TB), Jenna Clarke (JC), Esther Faitala (EF), Mele Ioasa (MI), Kawshi DeSilva (KDS), Dr Doone Winnard (DW),
<b>Apologies</b>	Professor Gregor Coster (GC), Roine Lealaialoto (RL), Ruth DeSouza (RD), Bernard Te Paa (BTP),
<b>Absent</b>	Stephanie Erick-Peleti (SEP)

<b>Actions from Previous Meeting</b>	<b>Action Items</b>
Pip Matthews to send Draft 5 to VT for dissemination to PHAC via email for feedback when it is finalised.	<b>MI</b>
RL request for follow up with the Board in regards to the commitment to Pacific Island for Pacific Island by Pacific Island	<b>AA</b>
PHAC request for statistics and general follow up information for the Lotu Moui Summit. MS to provide Lotu Moui Evaluation March, including action of various points including follow up of workshops with groups involved, alongside initiatives of non community group participation in similar activities.	<b>MS</b>
MS to request update from Workforce Development Team on WF progress	<b>MS</b>
TB to keep PHAC updated on progress	<b>Ongoing</b>
PH to keep PHAC updated on progress	<b>Ongoing</b>
AA/MS to follow up PHAC memberships	<b>AA/MS</b>
TB to provide TOR to PHAC for candidate nominees.	<b>Complete</b>
PHAC to recommend 2x Pacific Island Leaders as candidates for nomination to CaBF governance	<b>PHAC</b>
JC to action: request for statistics in regards to the last few years to compare current stats and figures	<b>JC</b>
MI to send out updated Power Point Presentation for Health Equity Forum to PHAC	<b>Complete</b>
MS to organize this group to present again with sufficient discussion time frame	<b>MS</b>
KM, DSD, DW forward out Health Equity Forum draft papers for PHAC review pre board submission.	<b>KM</b>
MS community meetings as per membership procedures to be organized with nominations from these groups to be forwarded for panel interview with PHAC delegates.	<b>MS</b>
AA to follow up with Board recommendations for member reappointment.	<b>AA</b>

Topics	Discussion	Action Items
<b>Welcome</b>	<p>Warm welcome to all members Meeting was opened at 9.08am with a prayer from Reverend Uea Tulia. (UT)</p> <p><b>Apologies were received from:</b> Professor Gregor Coster (GC), Ruth DeSouza (RD), Bernard Te Paa (BTP) Apologies were accepted by the Committee members.</p> <p><b>Moved:</b> AA <b>Seconded:</b> Unanimous</p>	
<b>Minutes of the Previous Meeting</b>	<p>Minutes of the meeting held on <b>17 March 2010</b>, were accepted as a true Account.</p> <p><b>Moved:</b> UT <b>Seconded:</b> LL</p>	
<b>Action Items</b>	As covered in the action list above.	
<b>Matters Arising</b>	<ul style="list-style-type: none"> <li>• Noted no matters arising</li> </ul>	
<b>Procedural Matters</b>	<ul style="list-style-type: none"> <li>• LG Disclosure of Interests noted needs to be updated, request to have current Disclosure of interests to be sourced from Lyn Butler.</li> <li>• PB please include his details alongside SH to the register</li> <li>• Community meetings as per membership procedures to be organized with nominations from these groups to be forwarded for panel interview with PHAC delegates.</li> </ul>	
<b>Issue Arising:</b>	<p><u>Memberships and Nominations:</u></p> <ul style="list-style-type: none"> <li>• AA membership, currently GC has advised that an extension of 3 months be granted to those memberships that were currently due for renewal.</li> <li>• The procedure to complete now includes nominations to be put forward via the various Community groups to appoint their Community Leader(s). if these communities would like to reappoint their leaders this will need to be established within these groups.</li> <li>• This an extensive process and there is a 3 month time frame to complete these tasks.</li> <li>• MS informed the committee that once these nominees had been found, the process also included a panel interview by the chair and nominated members for final review and decision.</li> <li>• AA advised that those members current portfolios: ie mental health, tongan community etc needed to be taken into consideration to have an even representation under the pacific island umbrella.</li> <li>• SH advised the committee that he was happy to assist in finding new candidates, his place on this committee of the last 6 years was valued time but he would like to see someone else elected to this committee.</li> <li>• AA acknowledged SH valued input into this committee; SH was consistent with community alignment and development during his active participation here.</li> <li>• SC also acknowledged SH concurring with AA for the challenge of managing CPHAC- which was very useful.</li> <li>• Suggestion to the committee to utilize the media, advertising these board positions with determining points of reference. This is a transparent process.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• LG noted for members that the board was able to recommend a member for reappointment. Suggestion that the chair be delegated this task to be processed.</li> <li>• AA to approach each of these members whom are to be reappointed individually; to clarify which way forward.</li> <li>• AA to follow up with Board recommendations for member reappointment.</li> </ul>	
<b>Sam Cliffe DSI Report</b>	<p><u>Better Sooner More Convenient</u></p> <ul style="list-style-type: none"> <li>• Papers provided <ul style="list-style-type: none"> <li>○ GAIHN due 7<sup>th</sup> May</li> <li>○ Alliance Health Plus 30<sup>TH</sup> April</li> <li>○ National Maori Coalition 30<sup>th</sup> May</li> <li>○ Alignment across the board, alliance health plus is at a stage of implementation which is tracking well.</li> </ul> </li> </ul> <p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• Governance: process in place with legal input</li> <li>• Cross boundary issues: July 1<sup>st</sup> issues of who is holding contract; this is work that is evolving. Suggestion that CMDHB hold this contract in the interim, there will be some disagreement. Complexity of planning funding will arrive at a solution. Mergers across boundaries to consolidate into one alliance</li> <li>• Clinical buy in: document released 9 months ago. Multi disciplinary buy in. PHO involvement requires more clinical governance and decision making to be on board. Lack of nursing presence on the governance group as well as on the working party. Crucial point</li> <li>• Alliance contracting: new initiative in the health system; construction and roading projects. Encompasses different cost structures, solution to arrive at common result. An alliance contract has been drafted already, unsure of new contract to be kept as the current contract. Major policy changes.</li> <li>• Trust pho coalitions and DHB's. Trust within the DHB's. Results of this will be applicable to all. Demonstration shown of this has been shown within alliance health plus.</li> <li>• AA Welcome to NR for this</li> <li>• SC no difference to the community that you are talking about. Disability is not represent in big numbers. Not a focus; maybe involved at the next stage. Issue raised on the DISAC agenda, meeting with CB to clarify how to clarify work training and awareness. Does not effect transformational change for this process</li> <li>• NR establishing governance within the organization</li> <li>• SH the wish to integrate operationally seems to be one of the obstacles. Clarify that we do not have 3 DHB's this will then effect the rest. Will this ever happen</li> <li>• SC there will be some legislative change, mandate DHB's to increase requirement for regionalization. Will not change autonomous sovereign as per health disability act. It is on the agenda for the new political term.</li> <li>• DHB's boundaries are apparent, these boundaries are being dissolved. For patients these boundaries are not apparent. Forming of legal entity from a planning and funding perspective as open alliance, needs to be consolidated.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Formulate mechanism that governs all 3 DHB's.</li> <li>• AC Otahuhu moving to Manukau ward, location is different to funding locators.</li> <li>• SC Franklin and Waikato locality boundaries are being developed. As a DHB's we need to define 3x DHB's as one organization.</li> <li>• She what we would like to see, how will this make pi people more healthy, consequences are we want to see improvement. Fact that pacific providers with providers with understanding with a common approach is useful in breaking down barriers. From the principal what extent will this be good for Pacific Island patients.</li> <li>• Gaihn has advantageous that are too big to fail, from sheer size they need to succeed. Cynical of change, currently able to see some benefits. Historically it's great that we are at the forefront of this process.</li> <li>• Fears with Gaihn, as alliance doesn't have all the answers. Would like to see these entities sharing for the betterment of the community</li> <li>• SC analogy, pacific providers are at the front of the queue to be supported. Not convinced about gaihn at their business case- there source of resources etc are not available. This is a huge opportunity for all. Influence to a broader sphere will effect more pacific and Maaori than any other. Have faith in the process that these services are</li> <li>• MS Valuable benefits from the business case realizing strengths in the different areas. Clinical outputs with gaihn have bilateral support with alliance health plus (best practise rates). Bilateral strengths that pos</li> <li>• Sc welcome to contact with any questions that are apparent.</li> <li>• BP Acknowledge work that you have, definite changes</li> <li>• AA changes are apparent. Thanks to SC for information</li> </ul>	
<p><b>Presentation:</b> Tracey Barron</p>	<p><u>Creating a Better Future:</u></p> <ul style="list-style-type: none"> <li>• Papers provided with PowerPoint.</li> <li>• AA Apologies for delay in presentation as late start</li> <li>• TB apologies for absence of CN due to illness</li> </ul> <p><u>Discussion points that followed:</u></p> <ul style="list-style-type: none"> <li>• AC pg 28 focal point with governance group; surprised at no woman or pacific islanders who represent the majority. Function of governance group to provide stewardship, issues in this area are repeatedly pi and Maori. Why is pakeha make group</li> <li>• TB points look for representative to be nominated onto this group.</li> <li>• Ac other areas which lack in Pacific island and Maori input. Not a good structure</li> <li>• BP Membership into different groups, what policy was used into eh policy in the selection of this group. What was used and what hasn't, taking responsibility for people's health.</li> <li>• Tb community partnership group, seeking high level support going forward.</li> <li>• Aa absolutely right, community partnership needs to be</li> <li>• Ac huge trust in governance structures; strategic decisions. Question of head of working group. Questionable make up of the group.</li> <li>• Ms recommendation of report pg 9</li> </ul>	<p>TB to provide TOR to PHAC for candidate nominees.</p> <p>PHAC to recommend 2x Pacific Island Leaders as candidates for nomination to CaBF governance group.</p>

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	<ul style="list-style-type: none"> <li>• Tb nomination that would be endorsed from this group for someone to represent pacific candidate. Clarifying nomination from PHAC of a person. Feedback from phac is that 2x nominees be appointed, happily accepted.</li> <li>• Ac tenuous rep amongst 2x members from both phac and pou. Minority group making decisions for majority issues, needs to be addressed.</li> <li>• Lg within leadership positions that need to nominated. Clarification of 2x nominees from phac. Nominee with sufficient mana and representation specific to strategic and governance groups. Formed positions or people required.</li> <li>• Tb high level representation for this governance group. Formed positions or people- those with business advise and fundraising perspective.</li> <li>• AA amendment agreed with 2x nominees as recommended by phac.</li> <li>• Lg nominate appropriate pacific leader(s) to be appointed to the strategic advisory. Able to commit time and effort to these causes.</li> <li>• Ms Email to send out to phac regards to .</li> <li>• Tb TOR to be sourced for this recommendation. Preference for phac to make the final decision.</li> <li>• Ac pacific island, Maori and women. Please consider nomination</li> <li>• Bp commitment list of names and recommendations suggestion of sub committee.</li> <li>• Tb meets once quarter for 2 hours, unpaid position.</li> <li>• Moved AA</li> </ul>	
<p><b>Presentation:</b>  <b>Jenna Clarke</b>  <b>&amp;</b>  <b>Esther Faitala</b></p>	<p><u>Pacific Workforce Development:</u></p> <ul style="list-style-type: none"> <li>• Papers provided</li> <li>• 11 people going forward to trip to the US 21<sup>st</sup> April 2010</li> <li>• AA consider alliance health plus, who chose these people. This is the growth area, essential that someone from alliance health plus rep to go.</li> <li>• Key stake holders, Tindal foundation, PMA (self nominated). Career development. Solomon group are bridging (to be done)</li> <li>• Aa current status of those attending in regards to present</li> <li>• Ac effectiveness of nominees post visit.</li> <li>• Ac equal employment</li> <li>• Jc eoo policy will be contributing “good employer</li> <li>• Sh supporting organization to be enabling.</li> <li>• Bp Tindal; devolved in this trip instead of entry points into the school. Are you capturing the kids in year 11. precedence of funding.</li> <li>• Ac why did twoa/ advisory committees need to resourced by all CMDHB. Why this was never bought before the advisory committees.</li> <li>• Aa request for alliance plus rep to go</li> </ul> <p><u>Discussion Points:</u></p> <ul style="list-style-type: none"> <li>• AC Request of figures :Jenna will email through to be forwarded out.</li> <li>• Pb why are we going to the US as the concern is that the translation to NZ</li> </ul>	<p>JC to action:  request for  statistics in  regards to the  last few years  to compare  current stats  and figures</p>

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	<p>education system. Aware of previous experience within the tertiary that these models may contribute but will not work functionally.</p> <ul style="list-style-type: none"> <li>• Sh issue raised, there projects to contribute to our efforts, some US institutions for pioneering projects. Concerns for shaping and governance-missing the potential of these. Also may have been cheaper for them to come here. Not aware of any background efforts.</li> <li>• Ac concerns youth transition scheme (wife and husband) selection education to build a better workforce. Procedures.</li> <li>• Pb Le Va have the WFD? National pacific contract.</li> <li>• EF Back to Nursing:</li> <li>• Ac wonderful news to hear these</li> <li>• Sh issue that the pacific don't want to lose their nurses.</li> <li>• Bp status of nurses: enrolled in this programme, guarantees of placements within CMDHB post training.</li> <li>• Sh encourage to be in profession; once trained it is up to employer to remain attractive to the graduate.</li> <li>• Bp restricting themselves here, how much ground work with engaging with schools. This is a short tem measure; the schools are the number one feeder. Open days or sciences seem to be cmdhb short. Focus needs to be specific.</li> <li>• Jc limited resources for school</li> <li>• Aa thank you very much for the presentation: please come back to update on this:</li> </ul>	
<p><b>Presentation:</b>  <b>-Kirk Mariner</b>   <b>-Kawshi De Silva</b>   <b>-Dr Doone Winnard</b></p>	<p><u>Health Equity Forum:</u></p> <ul style="list-style-type: none"> <li>• Papers provided with PowerPoint.</li> <li>• KM apologies for BTP as he is in recovery:</li> <li>• Purpose of the group and the intention to describe what this would look like CMDHB. Dr Kawshi &amp;</li> <li>• Paparaangi Reid reminder that legislation; why we need to focus health equity and health disability act.</li> <li>• Differentiation equity and equality. Fairness is a values concept. Upfront and explicit. Equity is not about sameness,</li> <li>• Km treaty of Waitangi be embedded into this process.</li> <li>• AC activism or redress: known as same for everyone</li> <li>• BP ethos should be sent from MOH</li> <li>• Dr All MoH inequalities framework, the MoH policy documents are not friendly at a DHB's/ organizational level. One was drafted by the Maori ministry due out end of last year. This has been no response as this project has not materialised.</li> <li>• Doone: Models social determinants. Local or</li> <li>• Health care equity contributing to the health equity (vital for the population)</li> </ul> <p><u>Discussion post presentation:</u></p> <p>AA thanked all for their presentation  BP questioned the effectiveness with community engagement.</p>	<p>MI to send out updated Power Point Presentation to PHAC</p> <p>MS to organize this group to present again with sufficient discussion time frame</p>

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	<p>AC: questioned: from July 1st. what does this mean in regards to ADHB and WDHB. What is in the business case in regards to Gaihn. We need a regional view as a new structure being developed.</p> <p>DSD: once this proposal has been finalised it will go to the Board for submission and board approval. Suggestions welcome.</p> <p>DW: June is the next board meeting, this is the timeframe. Approximately the 3rd week of May these papers will ready for submission.</p> <p>MS: request for these papers to be sent to PHAC pre-submission.</p> <p>AA: Requests that this group come back next month, with apologies for the time sensitive session. Let's discuss again. Thank you.</p>	<p>KM, DSD, DW forward out draft papers for committee review pre board submission.</p>
<p><b>General Manager's Report</b> <b>Manu Sione</b></p>	<p>MS took his report as read.</p> <p>Alamoui</p> <p>4 points: looking to progress health and disability</p> <p>Ms 1223: minutes as read:</p> <p>Bp budgets safe for Lotu Moui: ms response:</p>	
<p><b>Conclusion</b></p>	<ul style="list-style-type: none"> <li>• AA concluded with thanks to all those that attended today.</li> </ul> <p>Meeting closed at 11.55pm.</p> <p>Closing prayer was given by Leau Peter Skelton at 1227pm.</p> <p>The next meeting is on <b>Wednesday, 19th May 2010</b> at CMDHB Offices, 19 Lambie Drive, Manukau City. Building 2.</p>	
<p>Signed as a true and correct record on <b>Wednesday, 19<sup>th</sup> May 2010</b>.</p> <p><b>Chair:</b> Arthur Anae (Chair)</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 <b>21 April, 2010</b> were approved.</p> <p><b>Moved:</b> Anae Arthur Anae</p> <p><b>Seconded:</b> Bernadette Pereira</p> <p><b>Carried:</b> Unanimously</p>		