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AGENDA

FOR THE WEST COAST DHB COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON WEDNESDAY 19TH MAY 2004 COMMENCING 12.30 AM

1. Welcome / Apologies
2. Standing Orders/Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of the Last Meeting – 18th February 2004
5. Action / Responsibility List & Matters Arising
6. Correspondence
7. General Business
 - 7.1 Westcoast PHO Update
 - 7.2 PHO Monitoring
 - 7.3 Rural GP Training Scheme Update – Greville Wood
 - 7.4 WCDHB Primary Health Care Plan
 - 7.5 Youth Health Strategy
8. Next Meeting – Wednesday 16th June 2004 at 10.30 am

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
<p>CHAIR Julie Kilkelly WCDHB Member</p>	<ul style="list-style-type: none"> • Member - Pharmaceutical Society • Member - NZ College of Pharmacists • Member - Pharmacy Defence Association • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board – Co-opted Pharmacist • Director - Olsen's Pharmacy
<p>Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i></p>	<ul style="list-style-type: none"> • Director - PHARMAC • Director - Cornwall Management Limited • Director - Cornwall Nominees Limited • Trustee - The University of Auckland Primary Health Care Trust • Trustee - Institute of Rural Health • Trustee - Goodfellow Foundation
<p>Robyne Bryant WCDHB Member</p>	<ul style="list-style-type: none"> • Member - New Zealand Nurses Organisation • Member - New Zealand College of Midwives • Member - Mawhera Maori Women's Welfare League • Employed by Coast Health Care as a midwife for two shifts per week • Trustee - Board of Coast Care Trust
<p>Tamai Sinclair WCDHB Member</p>	<ul style="list-style-type: none"> • Health and Social Services Representative, Te Runanga o Ngati Waewae • Shareholder - Mawhera Corporation • Member - Poutama Ora • Trustee - West Coast PHO Board • Kaiwhakarite, Te Puni Kokiri • Member - Mata whanui (Maori DHB members committee)
<p>Lindy Mason</p>	<ul style="list-style-type: none"> • Owner - Masons Pharmacy • Member - Pharmaceutical Society
<p>Gareth Rees</p>	<ul style="list-style-type: none"> • Resigned from CPHAC on 26/04/04
<p>Cheryl Brunton</p>	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public • Health - Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Trustee - Hepatitis C Services Te Waipounamu • Fellow - Australasian Faculty of Public Health Medicine • Member - Public Health Association of NZ • Member - Association of Salaried Medical Specialists

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

**HELD 18TH FEBRUARY 2004, IN THE BOARD ROOM,
CORPORATE OFFICE AT 10.35 AM**

PRESENT: Julie Kilkelly, Chair
Cheryl Brunton
Barbara Greer
Tamai Sinclair, WCDHB member
Gareth Rees
Greville Wood
Lindy Mason

IN ATTENDANCE: Marguerite Moore, WCDHB member
June Robinson, WCDHB member
Kevin Hague, General Manager Planning & Funding
Melanie Penny, Research and Planning Analyst
Gary Coghlan, Kaiarahi
Alison McDougall, Minute Secretary

APOLOGIES: Christine Robertson, Deputy Chair, WCDHB
Gerri Vanderzanden

1. WELCOME, APOLOGIES

The Chair welcomed Cheryl Brunton, Community & Public Health, committee members, Board members and management. Apologies were received from Christine Robertson, Deputy Chair, WCDHB and Gerri Vanderzanden.

2. DISCLOSURES OF INTEREST

Additions added to the Disclosures of Interests are:

Tamai Sinclair

- Iwi Representative - Grey District Safer Community Council — will have resigned by the next meeting.

3. AGENDA CHECK

- Response from Board regarding planning day.

4. MINUTES OF THE LAST MEETING HELD 3RD DECEMBER 2003

Page 5 Item 4: Last paragraph, first sentence should now read “Jo Holmes added that smoking is the most preventable cause of death”.

Page 6 Item 5.1: Point 3 second paragraph, first sentence should now read "Gerri Vanderzanden will be overseeing this project and the services specification for the first 12 months during which time getting people together and training them to deliver the programme will be the key task".

Page 7 Item 7.1: Should now read "The Chair advised that Cheryl Brunton is available to advise and that CPHAC can also seek advice from Christopher Bergin and Verne Newcombe from C&PH as needed".

Page 7 Item 7.2: Point 1, fourth sentence should now read "She works under the auspices of the Health Act and works with territorial authorities in communicable disease control and other matters".

Moved: Lindy Mason, Seconded Cheryl Brunton

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 3rd December 2003 were a true and correct record following the amendments listed as above.

4.1 Action & Responsibility List

Check through the detail list of exchange card providers to get an update on if the listed people are still supplying services and on what timeframes are these available
Carried over.

Investigate obtaining data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast

General Manager Planning & Funding advised he had nothing to report at this point and gave his apologies, he will get information to members prior to next meeting.

He advised the Ministry is reviewing programs such as Quit For Kids which were well received on the West Coast but being discontinued by the Ministry as the overall evaluation of the program is not positive. The General Manager Planning & Funding advised he has asked the Ministry for a copy of the evaluation as it does not tally with what was experienced here and ask what the Ministry intends to do with the funding previously allocated for Quit for Kids.

A committee member advised that to make a difference CPHAC should lobby the Associate Minister to provide more funding for smoking issues and that funding provided for smoking cessation may be better spent on smokefree education.

The Chair advised that the PHO have a party working on health promotion and one of the things they are interested in is smoking cessation and education. It would be good for CPHAC to recommend the Board write to the Ministry to look at the amount of funding going into anti-smoking education and smoking cessation services and how it is going to be applied to DHBs and PHOs.

Greville Wood joined the meeting at 10:40am

CPHAC will make a recommendation to the Board on this issue.

It was RESOLVED that CPHAC make the following RECOMMENDATION to the Board:

Moved: Chair – unanimous

CPHAC recommend to the Board that the DHB correspond with the Ministry in relation to the level of funding allocated to the West Coast region for tobacco control policies and restrictions around its use. Has this funding level taken into account the changes to the smoke free legislation and its implementation?

A committee member queried if the Ministry has asked the Treasury what proportion of the tobacco tax is used to fund tobacco control and what restrictions are in its use in relation to DHBs, PHOs and other providers.

Gary Coghlan left the meeting at 11:00am

Bring the poster “Ethnicity – What’s the big deal?” to the next meeting

Research and Planning Analyst advised that Planning and Funding have run out of posters and are still getting requests for them. The posters were sent out to a huge range of groups and businesses however she is unsure whether or not they were put up. The message is targeted at users of services and therefore should be on walls where people are filling out forms. The Chair advised that she has seen the poster in waiting rooms at GP practices.

A committee member advised that in the last Board papers it was stated that in terms of the ratio of Maori access to secondary services, our ratio is a higher rate than rest of country for access to secondary services. The Research and Planning Analyst advised that it may be more recording of ethnicity rather than more Maori accessing services. Either way it is a positive result.

A committee member suggested it would be positive to look at the data over time because of the poor health outcome for Maori. A bigger question is whether or not this means Maori are accessing primary care more as there are some electives which do not need referrals.

A committee member queried if there is a need to ask the PHO to deliver data on a regular basis and that as an Advisory Committee what sort of data CPHAC wishes to see presented on an annual basis.

The Chair advised that this item would be put on the agenda for the next meeting and she would raise it at the PHO planning day next week.

Action: Minute Secretary

Ask if South Link Health will be able to give a presentation to CPHAC on the West Coast PHO – 12 months on

Carried over.

5. CORRESPONDENCE

The Chair recognised the second letter from the Chief Executive regarding the WCDHB planning day and requested updated contact details from all members because as committee members had changed it was difficult to contact everyone for comment prior to the planning day.

Moved: Lindy Mason – unanimous

**The CPHAC correspondence inwards was accepted.
There was no outwards correspondence.**

6. GENERAL BUSINESS

6.1 CPHAC Roles and Responsibilities

The Chair updated CPHAC on matters arising from the WCDHB planning afternoon and advised that one of the issues discussed was the Terms of Reference for CPHAC. The Chair read from the Terms of Reference for CPHAC, which in her opinion are very broad.

One thing that did come out of the planning day was whether CPHAC should be monitoring KPIs in relation to primary health and also the WCDHB Chair had raised the issue that CPHAC could receive delegations from community organisations for presentation at meetings. The CPHAC Chair proposed that perhaps CPHAC could choose a topic to focus on for one or two meetings and invite delegations from community groups with an interest in the topic. Time can be set aside for the delegates to discuss their organisation and services and have discussion around issues that are identified from this process. This will improve the relationship between CPHAC and community organisations and CPHAC can then advise the Board of these issues.

A committee member suggested a co-ordinated approach is a good idea however organisations must understand that even though they have been invited to speak there must not be a default expectation they will get action. There should be a sense that the presentations are to provide good communication and understanding of issues.

A committee member suggested that presentations not be confined to management issues and that it should be a forum for proposals or feedback on achieving strategic objectives. The Board would be enriched by that kind of comment from CPHAC after gathering data and sifting through it with Committee members.

A committee member suggested these presentations may be seen by some organisations as an open invitation to ask for money and it should be made clear to the group making the presentation that they should not expect funding from the DHB.

A committee member suggested that the Board is required to seek information about health needs and there will always be issues in the community and possibly taking part in Local Government long term community plans. With good information on health issues then recommendations made to the Board would be taken seriously.

A committee member advised that there are issues that are brought to the attention of Committee members from time to time not only because they are part of CPHAC but because they are working in health in the community. She advised that she became aware that if intellectually handicapped people on the West Coast experience a real crisis the DHB workers are not trained to handle these situations and the current procedure is to go straight to Christchurch for treatment. It seems there is a section of the West Coast population who are not being attended to at a specialist level and this is the kind of issue that CPHAC can advise on.

The Chair advised that CPHAC could look at investigating some of the issues on the Minister's "start here" for the DAP list, such as reducing the incidence and impact of diabetes and thinking about groups out there with an interest in diabetes services, e.g. local societies and groups who may want to come forward and present to CPHAC. Another example would be to assist in the implementation of the Maori Health Strategy to reduce inequalities. It would be good if CPHAC could help the board progress and monitor the Strategy.

The General Manager Planning & Funding suggested that the ideas put forward may not give CPHAC the opportunity to achieve much with only six meetings per year.

A committee member suggested it may be useful to ask organisations to prepare a work plan to present so CPHAC can be aware that a plan has been formulated and they are working on issues. The organisations can then be invited back the following year to keep up with their progress. In this case organisations may feel more supported.

CPHAC discussed issues such as cardiovascular disease, immunisation, Maori Health Plan, depression and diabetes and organisations that could be approached for presentations.

A committee member suggested CPHAC could recommend funding for pilot projects similar to the Neighbourhood Nurses project to the Board.

The Chair advised that she and the General Manager Planning & Funding would work together on some ideas and a strategy for moving ahead and bring this back to CPHAC before the next meeting.

**Action: Chair /
General Manager Planning & Funding**

A committee member advised there appear to be two basic streams, strategy or policy. The Maori Health Plan can be looked at and organisations can be contacted about Maori health issues, diabetes could be chosen for a presentation and get in contact with relevant organisations and investigate whether they would be interested in improving their goals.

The Chair suggested that CPHAC may focus on diabetes first, then immunisation and have the Maori Health Plan as a more strategic option.

6.2 Oral Health

The Chair advised this issue was referred to CPHAC from the last Board meeting as the Ministry had approved one off funding for an oral health project. The Chair requested an update from the Research and Planning Analyst as to whether or not a project has been found.

The Research and Planning Analyst advised that planning is underway for two projects. The first is a fluoridation project and a working party has been established and has met twice now to discuss strategy. There are plans to fluoridate the West Coast and how to work with community groups, Council, media and Maori. The first step is to have West Coast water tested to find out how much fluoride is currently in the water.

An oral health hui is to be held at the end of March with a primary focus on Maori oral health. John Broughton from Otago, an expert in Maori oral health will speak at the hui. Looking at trends in Maori oral health good progress has been made in the last couple of years but has suffered a serious decline. The Research and Planning Analyst advised that invitations are being targeted to people working with Maori, health care workers, schools and those working in the primary sector and community. The third project looks at older persons oral health and is looking to find a dental professional to develop a program to deliver to people working with older people, e.g. rest homes rural nurses. The Research and Planning Analyst is working on resources that can be left behind for people to refer to and liaise with the likes of the Polytech in terms of the people they are training.

The Chair queried if the funding the DHB has received is enough to cover all projects.

The Research and Planning Analyst advised that out of the \$20,000 a detailed budget has been formulated and all projects should be covered. The Research and Planning Analyst

tabled the invitation to the hui and a calendar featuring oral health to be distributed throughout the community.

The General Manager Planning & Funding informed CPHAC that the WCDHB Chairman had requested he draft a letter to the Ministry in relation to oral health services and in this letter he noted the DHB's achievements in school dental services. He extended his congratulations to the Research and Planning Analyst on her work on the oral health projects.

The Research and Planning Analyst noted that all these projects originated directly from the CPHAC forum meeting. The Chair noted it was good to see the projects progressed so well.

6.3 Primary Health Care Plan

The General Manager Planning & Funding tabled a document showing the DHB is committed to developing a Primary Healthcare Plan and a strategy for the West Coast which extends beyond the PHO. The intent was that SISSAL would undertake the work on our behalf, however this has not yet been done. The General Manager Planning & Funding tabled a paper adapted from something given to the Executive Management Team which sets a path forward for this project and essentially it sets out issues the Plan needs to cover and sets out a path forward. Part of the way forward is to distribute the document as widely as possible to gain feedback on scope for the Plan. In this way ideas for content can be formulated and a 'virtual' steering group can be put together. The timeframe is not long enough to have physical meetings so it is necessary to try and organise by email instead. The General Manager Planning & Funding is looking to get initial feedback from the group and send out a draft plan. CPHAC clearly has a role in monitoring the progress of the plan both in development and implementation.

The Chair advised that this item should be placed on the agenda for the next meeting and that CPHAC should review the document and circulate to other interested parties. Feedback and queries to be directed to the General Manager Planning & Funding.

Action: Minute Secretary

The General Manager Planning & Funding advised that he would like the document distributed as widely as possible so if anyone knows of a stakeholder database that can be utilised please contact him.

6.4 Service Development Groups

The General Manager Planning & Funding advised that the WCDHB need to develop the next District Strategic Plan by mid 2005 and the intent is to use a technique which was implemented most thoroughly by Hutt Valley DHB in the first round of District Strategic Planning. This technique is to set up service development groups drawn from a variety of stakeholder backgrounds. Members of these groups will not only be those with an interest in key areas but also those involved in secondary care, primary care, consumers, community and NGOs – a range of people who are reflective rather than representative. Given the WCDHB's financial constraints how can we change the strategic focus for these services so that they operate better and are more efficient. The next draft of the DAP goes to the Ministry next month and the service development groups will start work mid this year.

Tamai Sinclair left the meeting at 12:16pm

The General Manager Planning & Funding advised that instead of creating new groups it may be possible to use existing groups which have similar purposes such as the Primary Mental Health Steering Group which is reflective of different stakeholders. A committee

member suggested that at a regional level local authorities groups could also be used. The General Manager Planning & Funding agreed and advised that in a lot of cases these groups can consolidate on work already done.

The Chair suggested that the General Manager Planning & Funding investigate what groups are already started and provide comment on this at the next meeting.

Action: General Manager Planning & Funding

6.5 PHO

The Chair provided CPHAC with an update on the PHO and that as a member of the PHO Board a lot of time has been spent on issues relating to funding capitation. A position from the PHO meetings is that the minutes are being summarised and bullet pointed and distributed to key stakeholders including community members. The Chair advised CPHAC there is an email list of interested parties for distribution of the summarised minutes and if CPHAC members are interested in being included, to contact her.

The PHO has been working on Careplus for over 65s with chronic illness and a Careplus pilot is going ahead. They are also working on a retinal screening contract and contraceptive visits for under 22 year olds. Two proposals are being worked on as projects to improve access for people.

The PHO Board is having it's first planning evening on 25th February to look at setting the vision and goals of the PHO and a lot of work done by the original Steering Group may be picked up. So far a lot of PHO work has been number focussed however once the PHO's vision is clear CPHAC and the PHO can investigate how they can work together, however, at this stage it is still a little premature.

A committee member suggested it would help planning if the PHO was aware of some of the issues effecting CPHAC in advising the Board. The Chair advised she would carry this through to the planning day on behalf of CPHAC.

A committee member suggested that CPAHC would like to ask the PHO Board what information they are planning to present on an annual basis and to copy it to CPHAC for their information. This information can then be reviewed as to whether it is useful to CPHAC. The Chair agreed there need to be more linkages throughout the PHO that currently aren't happening.

The General Manager Planning & Funding suggested it would be useful to bring to the next CPHAC meeting the contractual requirements the PHO is obliged to provide and to whom and include information relating to these services and whether or not CPHAC would like an extract of that on a regular basis. The PHO is pivotal to what we hope to achieve on the West coast and on a national basis.

The Chair advised that she has sent a letter to the PHO on behalf of CPHAC in November last year to Murray Tilyard regarding GPs and data collection but has not yet had a reply. She will bring the letter up again and ask for response.

A committee member suggested some planning on when CPHAC would like information presented. The General Manager Planning & Funding advised that the PHO reports to him quarterly so he would expect the next report after the March quarter.

The Chair advised she would feed this through to the PHO on the planning day and convey that CPHAC would like a relationship with the PHO and some monitoring on contractual requirements effecting the DHB on a quarterly basis.

Action: Chair / General Manager Planning & Funding

7. **NEXT MEETING**

The next meeting will be held on Wednesday 14 April at 10:30am.

There being no further business the meeting concluded at 12:20pm

DRAFT

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 18 February 2004**

Page of Minutes	Task	Who Involved/Responsible
Meeting held on 10/09/03	Check through the detail list of exchange card providers to get an update on if the listed people are still supplying services and on what timeframes are these available.	Management
Meeting held on 03/12/03	Investigate obtaining data from New Zealand Health and information Service on the number of people calling Quitline from the West Coast.	General Manager Planning & Funding
Meeting held on 03/12/03	Ask if South Link Health will be able to give a presentation to CHPAC on the West Coast PHO – 12 months on.	Chair
Page 8 Item 6.1	Bring ideas back for organisations and pilot projects to be supported by CPHAC	Chair General Manager Planning & Funding
Page 9 Item 6.4	Investigate community groups already started and provide comment on their suitability to join/become service development groups.	General Manager Planning & Funding
Page 10 Item 6.5	Request the PHO delivers quarterly reports on contractual requirements effecting the DHB.	Chair General Manager Planning & Funding

