

TABLE OF CONTENTS

TABLE OF CONTENTS.....	1
AGENDA.....	2
DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING.....	3
ORANGA NIHO HUI	11

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 16 JUNE 2004
COMMENCING 10.30 AM**

1. Welcome / Apologies
2. Standing Orders / Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of the Last Meeting – 19 May 2004
5. Action / Responsibility List & Matters Arising
6. Correspondence
7. General Business
 - 7.1 West Coast PHO Update
 - 7.2 PHO Monitoring
 - 7.4 WCDHB Primary Health Care Plan
 - 7.5 Youth Health Strategy
 - 7.6 Oral Health - Update on hui and way forward
8. Next Meeting – To be advised at 16 June meeting

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

**HELD 19 MAY 2004, IN THE BOARD ROOM,
CORPORATE OFFICE COMMENCING 12.45 PM**

PRESENT: Julie Kilkelly, Chair
Gregor Coster, Chairman WCDHB
Robyne Bryant, WCHB member
Cheryl Brunton
Barbara Greer
Greville Wood
Lindy Mason
Gerri Vanderzanden

IN ATTENDANCE: June Robinson, WCDHB member
Malcolm Stuart, WCDHB member
John Luhrs, Chief Executive
Kevin Hague, General Manager Planning & Funding
Melanie Penny, Research and Planning Analyst
Gary Coghlan, Kaiarahi
Robin Williams, General Manager Primary Services / Director of
Nursing
Debra Griffin, Minute Secretary

APOLOGIES: Christine Robertson, Deputy Chair, WCDHB
Tamai Sinclair, WCDHB member

1. **WELCOME, APOLOGIES**

The Chair welcomed all committee members, Board members and management. Apologies were received from Christine Robertson, Deputy Chair, WCDHB and Tamai Sinclair, WCDHB member.

2. **DISCLOSURES OF INTEREST**

The following changes were made to the Disclosure of Interests.

Gregor Coster

- Chairman - Institute of Rural Health

3. **AGENDA CHECK**

No further items were added to the Agenda

The Chair advised that the Agenda item 7.1: West Coast PHO Update, had not been confirmed when the meeting papers were sent to committee members, and as neither she or the General Manager Planning & Funding had received any further advice from the PHO regarding their attendance today, they will be contracted again and invited to attend the next CPHAC meeting.

4. **MINUTES OF THE LAST MEETING HELD 18 FEBRUARY 2004**

Moved: Barbra Greer, Seconded: Cheryl Brunton - unanimous

Add to Apologies – Robyne Bryant

Page 8: No 6.2: 2nd paragraph: 1st sentence – Change ‘two’ to ‘three’ projects.

Page 8: No 6.2: 3rd paragraph: 2nd sentence – Change sentence to read ‘Looking at trends in oral health good progress has been made in the last couple of years although Maori oral health has suffered a serious decline’.

Page 10: No 6.5: 7th paragraph: – Change paragraph to read ‘The Chair advised that she had sent a letter to the PHO on behalf of CPHAC in November last year and the letter noted the risk of GP domination in the PHO structure and how this could be minimised’.

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 18 February 2004 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

The General Manager Planning & Funding tabled a letter on ‘Smoking Cessation’ from Peter Burton, Senior Locality Manager, Public Health Directorate, MoH received on 17 May. Included in the letter was mention that the Quit for Our Kids Programme was discontinued as the outcomes achieved, did not compare favourably with those achieved in other MoH funded smoking cessation programmes. Also mentioned was the Quit Line user data for the West Coast will be routinely collected and reported from 1 July 2004. The letter provided a list on the current Exchange Card (Quit Card) providers. and some commentary on the providers in the appendix. Committee members went through the list and advised on three people on the list that have left the West Coast.

The General Manager Planning & Funding will contact each of the providers on the list to determine how active their roles are and how they fit in with the scheme. A committee member advised that very few people on the West Coast are issuing NRT exchange cards.

The Chair advised that there is a PHO Health Promotion proposal sitting with the West Coast DHB awaiting sign off which ties in Smokefree Promotion and Smoking Cessation services. Perhaps the PHO could update regarding this at the next meeting. She advised that it would be prudent to wait until this has been evaluated by the DHB and then any concerns that CPHAC may have would then most likely be addressed once the status and content of the PHO proposal is known. The Chair will keep the committee members informed.

Action: Chair / PHO

The General Manager Planning & Funding suggested that perhaps Steve Cook, National Quit Card Manager, be approached to present at a CPHAC meeting and talk through how activity can be progressed and stimulated again. He added that this could happen after the PHO proposal to the West Coast DHB is completed.

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

The Chair suggested that information from Steve Cook suggests numbers have been declining. The General Manager Planning & Funding advised that Steve Cook is investigating this further and further breakdown is required. Due to enquires from CPHAC there will now be routine reporting by DHB area on this from 1 July and the WCDHB will hopefully get data retrospectively as well.

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

The Chair advised as mentioned previously that this has been actioned and added to the Agenda for the next meeting.

Bring ideas back for organisations and pilot projects to be supported by CPHAC

The Chair informed committee members that this was covered at the District Annual Plan (DAP) workshop this morning. The Board and management will feed back and refer to CPHAC items or issues as they arise.

A committee member suggested that CPHAC's role in monitoring the PHO can add value to the Board.

The Chair added that the Youth Health Strategy is now to come to CPHAC in the first instance and will then progress back to the Board.

A committee member added that that it may be valuable from a population health focus to evaluate statistics on the following:

- Housing NZ - housing for the low income
- Air quality
- Water Quality
- Sanitation on the West Coast
- WINZ - beneficiary entitlements

The Chair agreed that these are good ideas but initially there needs to be a more specific focus. A committee member responded that if organisations or community groups could present for only a short time to most CPHAC meetings, then this would prove of benefit.

A committee member suggested that progress with fluoridation would come under water quality.

The General Manager Planning & Funding advised that there are social indicators reports across the health sector that can be accessed through the Ministry of Social Development. Examples include smoking statistics, beneficiary statistics, and employment numbers etc. The way is to start with meaningful monitoring for the West Coast environs. He will supply CPHAC with the Ministry of Social Development report. Committee members can look at this then send comments or suggestions to him prior to the next meeting.

Action: General Manager Planning & Funding / Committee members

Once meaningful and useful measures have been agreed the reports could be incorporated into the CPHAC meeting papers, along with PHO reports. A committee member added that the PHO is only one provider arm and there is a number of other service organisations that

info should be requested from eg Rata Te Awhina, Plunket. The Chair added that for primary health providers it would be ideal to develop a set of indicators to get reports on in order to gain a broader picture.

A committee member asked if Community & Public Health monitor public health programs and providers. Cheryl Brunton replied that not all of the sector capture monitors but there are ways to obtain indicators for reports and to provide planning for strategic direction.

Committee members discussed how this could be fed into the Health Assessment Plan. The Chair reiterated that a sensible way forward is to get the Ministry of Social Development report' passed on to committee members to make comments on and then together we can develop a draft set of indicators to monitor on a regular basis.

Investigate community groups already started and provide comment on their suitability to join/become service development groups

This is on the Agenda.

Request the PHO delivers quarterly reports on contractual requirements affecting the DHB

This is on the Agenda.

4.2 Matters Arising

There were no matters arising.

5. CORRESPONDENCE

The Chair advised that on the 24 April, she had received a letter from Gareth Rees advising of his resignation as a CPHAC committee member. The Chair thanked Gareth for his valuable contribution to CPHAC. She informed the committee members that a response letter from the Chairman, WCDHB and the Chief Executive on behalf of CPHAC had been sent to Gareth. She noted that she has rang Gareth and expressed her gratitude to him for being a valuable member while on the committee. The Chair added that the Board have advised that CPHAC can advertise for another member to join the committee.

Action: PA to CEO

Also received on the 25 February, and not included on the correspondence list, was a letter addressed to the Chairman, WCDHB, and copied to the Chairs of, CPHAC and HAC from the New Zealand College of Midwives (Inc) re: Maternity Intervention Rates. A copy will be included in the correspondence folder.

Moved: Robyne Bryant, Seconded: Gregor Coster

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

6. GENERAL BUSINESS

6.1 Primary Health Organisation (PHO) Monitoring

The General Manager Planning & Funding tabled a list he had received from the West Coast PHO on Draft Key Performance Indicators for the Management Services Organisation. He informed committee members of highlighted items which were particularly relevant to CPHAC. He suggested that committee members take time to look through the areas and advise which are the ones/or not that CPHAC would like to see reported on.

The Chair informed the committee members that some of the indicators are mainly operational and would not need to be reported to CPHAC. The General Manager Planning & Funding mentioned to keep in mind what sort of reporting CPHAC want from the PHO once reporting starts. A committee member noted that there is a national working stream looking at PHO reporting to DHBs and requirements can be specific. The Chair added that some of these things would be easy to look at month to month and maybe the DAP can be used as a basis and implementation of activities in key areas monitored..

There was more discussion by committee members on the Key Performance Indicators. The Chair suggested that committee members take the paper away to look at and send comments back to her before the end of May so she can collate these for the next meeting.

Action: Chair / Committee members

The General Manager Planning & Funding advised that it will take awhile for the PHO reporting to come on line. Also there won't be reports on indicators straight away but CPHAC can refine the list as necessary.

4 initial key areas of interest identified were:

- Smoking
- Diabetes
- Immunisation
- Maori Health Plan

***The General Manager Primary Services/Director of Nursing
left the meeting at 1.35 pm***

Discussion occurred on the need to promote and provide greater access to various trainings / seminars provided on the West Coast. Gregor Coster suggested an email database could be organised that could be used to circulate relevant information to a wide distribution of health professionals. The General Manager Planning & Funding will work on what fits into the principle in general and speak to management and colleagues about a distribution list. Gregor Coster suggested that any upcoming education events could be posted on the WCDHB website with one contact person and easy access menus. The need for someone to coordinate this was also discussed. Gregor then suggested that the PHO be approached regarding this issue .

Action: General Manager Planning & Funding / Chair

Committee members discussed Green Prescriptions and its inclusion in the DAP. The Chair advised that Kerri Miedema was working on possible utilization of Green Prescriptions within pharmacies. The Research & Planning Analyst informed committee members that Suzanne Le Hurray, Green Prescriptions Area Manager Canterbury/West Coast will be visiting the West Coast to meet with the General Manager Planning & Funding. There may be an opportunity for Suzanne Le Hurray to attend a CPHAC meeting to discuss Green Prescriptions.

Gerri Vanderzanden informed committee members that at a CME meeting last evening the Community & Public Health community nutrition programme was discussed. The group is looking at various ways of implementing this programme throughout the West Coast.

The Kaiarahi advised that he is in the process of getting community groups to participate in Treaty of Waitangi training. He added that he will be training teachers at Cobden school. He went on to say that as a Board member on the Tai Poutini Polytechnic there have been discussions around starting short course training for primary health, mental health and also a Maori training programme, to give people a better understanding of the various sectors in health.

6.2 Rural GP Training Scheme Update

Greville Wood updated members on the Rural GP Training Scheme. He advised that there needs to be 22 new GPs trained each year to replace those leaving. He added that if GPs are trained in rural areas, they are more likely to return and rural exposure is important. He advised that the Ministry are developing a nationally consistent GP training programme which will be funded by the CTA based on these guidelines. Local applications will be submitted to the CTA for approval for funding. A lot of groundwork has already been done on the West Coast and we are in a strong position to submit an early application.

Greville Wood advised the committee members that all indications are promising at this point and he will advise of any updates. The worst case scenario would be if the CTA declined funding for a West Coast programme.

The Chair will suggest to the Board that there is a contingency plan in place so that if funding is not granted from the CTA, other possible funding streams for Rural GP Training be considered.

6.3 WCDHB Primary Health Care Plan

The General Manager Planning & Funding tabled the 'Development of the West Coast District Health Board Care Plan: Draft scoping document for consultation January 2004', at the Board DAP Workshop. This has been circulated widely for comment.

The General Manager Planning & Funding advised that this will be a standing item on the Agenda to update on the planning and the implementation of the plan.

6.4 Youth Health Strategy

The General Manager Planning & Funding tabled 'Child & Youth Health Strategy - Building a Healthy West Coast Future'. He added that a 'Child' was classified up to 14 years old and 'Youth' 15-24 years. He went through the background information that in 1998 the MoH released its Child Health Strategy setting priority population groups, key principles and objectives around Child Health. There are 3 key population groups, relating specifically to the West Coast population, Tamariki Maori, Children with high health and disability support needs, and Children from families experiencing multiple social and economic disadvantage (47% of West Coast children live in a decile 8-10 area).

He added that in addition to the Child Health Strategy, there are several other strategies relating specifically to the development of child health services, such as the Child Health Information Strategy and the Well Child Framework. Additionally the New Zealand Health Strategy and the national Mental Health Strategy also cover child health.

Suggested Strategic Direction - Development of Child and Youth Health Strategy

- Development of a Multidisciplinary Steering Group
- Development of Child and Youth Health Plan for consultation
- Overview of current child and youth health status, and current access to services
- Community consultation prioritisation of health gain areas
- Draft Plan Written
- Consultation with key stakeholders
- Inclusion of plan in 2005/2006 WCDHB District Annual Plan

This will be an Agenda item for the next meeting.

Barbara Greer advised that she was working on a similar project from Child, Youth & Families and suggested to liaise so not to double up on work.

REMINDER: The Chair advised for committee members to send comments on PHO Monitoring to the Chair before end of month. Also comments re: broader monitoring based on the Ministry of Social Development report plus and any feedback on the Child Youth Strategy to the General Manager Planning & Funding as soon as possible, so this can be actioned for next meeting.

6.5 Complaint

Barbara Greer informed committee members that she has been approached with a waiting list problem. A 6 week old baby with a hearing problem has waited to see a specialist for 3 ½ months.

The Chair suggested that this should go through the West Coast DHB complaints process as it must be formally reported. The Chief Executive and management will then work through the correct channels to determine the exact nature of the problem, likely cause and ways to prevent this happening again.

Also discussed was travel assistance for families needing treatment outside the West Coast area. This is available through the community services department, Grey Hospital.

The Chair supported Barbara's efforts to aid this family and suggested she may be able to help the parents to lodge a complaint and apply for travel assistance grant.

7. NEXT MEETING

The next meeting will be held on Wednesday 16 June 2004 at 10.30 am in the Board room, Corporate Office.

There being no further business the meeting concluded at 2:15 pm

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 19 May 2004**

Page of Minutes	Task	Who Involved/Responsible
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 2	Update on PHO Smokefree West Coast Health Promotion Plan.	Chair / PHO
Meeting held on 03/12/03	Obtain data from New Zealand Health and information Service on the number of people calling Quitline from the West Coast as available.	General Manager Planning & Funding
Page 3	Provide committee members with Ministry of Social Development reports for comment.	General Manager Planning & Funding
Page 3	Provide feedback to Chair by end May on PHO monitoring based on highlighted draft PHO Performance Indicators as distributed 19 May 2004.	Committee members
Page 3	Investigate community groups already started and provide comment on their suitability to join/become service development groups.	General Manager Planning & Funding
Page 4	Advertise CPHAC vacancy	PA to CEO
Page 5 No 6.1	Investigate the use of an email distribution list to advise health professionals of up and coming education sessions.	General Manager Planning & Funding
Page 6	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members

ORANGA NIHO HUI

20TH & 21ST MAY 2004

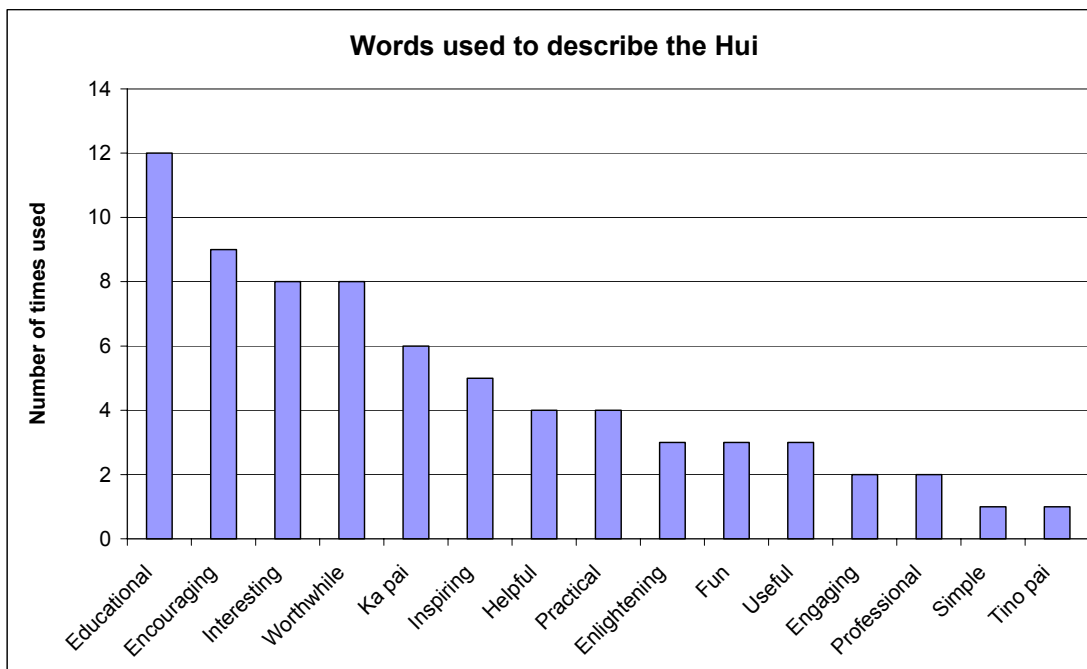
Invitations and Attendance

101 invitations were sent to schools, child health workers, Maori health workers, social services and the dental workforce.

- 16 people attended the Hui in Westport.
- At least 30 people attended the Hui in Hokitika.

Only two education facilities were represented, but a variety of health workers and a large contingent from Rata Te Awhina Trust. All attendees indicated that they work with Maori.

Evaluation



Participants were asked to complete an evaluation form. 74% of participants rated the Hui overall as “Great” and the remaining 26% as satisfactory.

Individual presentations were as follows:

What we know: Background statistics to illustrate importance of Hui.

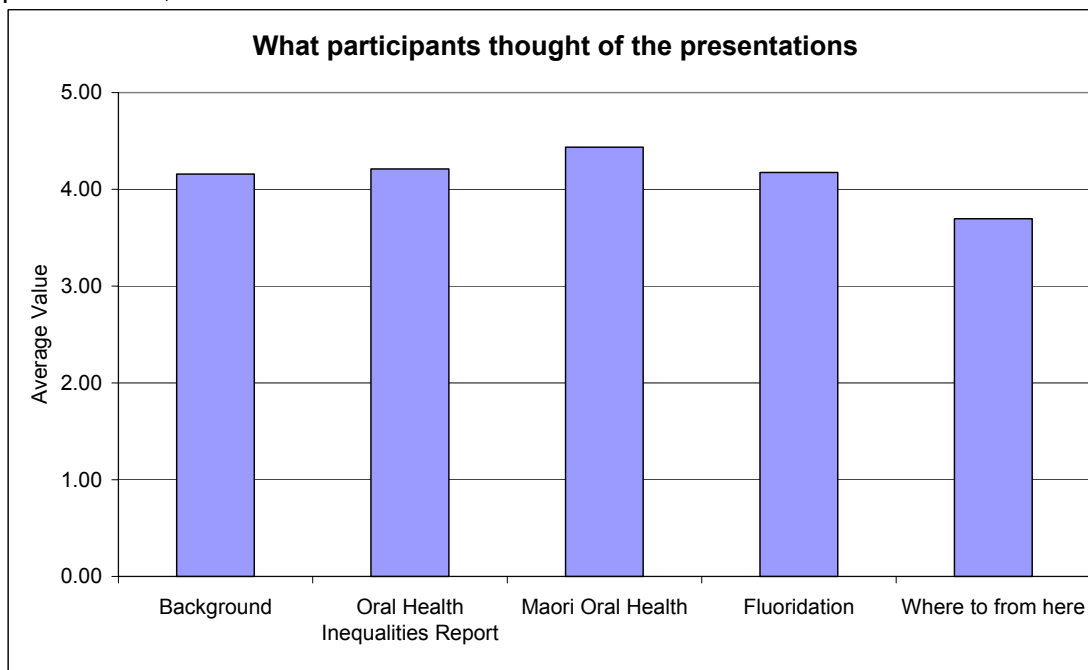
Child Oral Health Inequalities Report: Discussion about priorities of Ministry of Health’s Report.

Oranga Niho: Presentation by Professor John Broughton about other initiatives in Aotearoa/New Zealand, reasons for oral health status and history of Oranga Niho.

Fluoridation: Statistics about fluoridation and discussion regarding some strategies and obstacles.

Where to from here: Suggestions to improve Oranga Niho framed by the Ottawa Charter and presentation of some resources and advertisements to promote adolescent enrolment in oral health services.

The scores for the presentations are shown below. A score of 5 represented a “very useful” presentation, 3 was “somewhat useful” and 1 was “not useful”.



RECOMMENDATIONS

1. The West Coast DHB explores options for enhancing the provision of oral health education and promotion
2. The West Coast DHB continues with its strategy to promote the fluoridation of West Coast water supplies
3. The West Coast DHB supports the exploration of a community dental centre on the West Coast
4. The School Dental Service and Adolescent Oral Health Coordination Service seek to work closely with local health and social providers, especially Rata Te Awhina, to promote enrolment of tamariki and rangatahi
5. The West Coast DHB encourages the Ministry of Health to provide some public funding for low income adults to receive dental care
6. The West Coast DHB continues to support the Baby Friendly Hospital Initiative to encourage exclusive breast feeding to 6 months of age, and to encourage some education about oranga niho at antenatal classes
7. The West Coast DHB continues to support healthy schools programmes and initiatives that promote healthy eating for tamariki and rangatahi
8. Existing and new resources are made available for dental, health and social services that promote oranga niho.