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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 18 AUGUST 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 – 21 July 2004
 5. Action / Responsibility List, Matters Arising & Updates
 - 5.1 Rural GP Training Programme
 - 5.2 Provider KPIs/Monitoring
 - 5.3 Primary Healthcare Plan
 - 5.4 CPHAC Vacancy
 6. Correspondence
 7. General Business
 - 7.1 Child & Youth Health Strategy
 - 7.2 Oral Health – Initiatives for Improving Promotion, Education & Funding
(Melanie Penny)
- Next Meeting – To be advised at 18 August meeting

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 • Chairman - 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 Maori Mental Health Worker • 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
<p>Greville Wood</p>	<ul style="list-style-type: none"> • General Practitioner – West Coat DHB • Fellow – Royal New Zealand College of General Practitioners
<p>Barbara Greer</p>	<ul style="list-style-type: none"> • Shareholder – Mawhera Corporation

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 16 JUNE 2004

IN THE RIMU ROOM, THE ASHLEY HOTEL AT 10.32 AM

PRESENT: Julie Kilkelly, Chair
Robyne Bryant, WCDHB member
Tamai Sinclair, WCDHB member
Cheryl Brunton
Barbara Greer

IN ATTENDANCE: Kevin Hague, General Manager Planning & Funding
Robin Williams, General Manager Primary Services / Director of
Nursing
Melanie Penny, Research and Planning Analyst
Vikki Carter, Community Liaison Officer
John Luhrs, Chief Executive
Gary Coghlan, General Manager Maori Health
Gerri Vanderzanden
Norma Devlin
June Robinson, WCDHB member
Marguerite Moore, WCDHB member

Alison McDougall, Minute Secretary

APOLOGIES: Gregor Coster, WCDHB Chairman
Lindy Mason
Greville Wood

1. **WELCOME, APOLOGIES**

The Chair welcomed all committee members, Board members and management. The Chair advised that a number of apologies were made yesterday and the Chair contacted the Chairman, WCDHB about the business to be discussed and it was agreed that the PHO presentation be postponed until all members are present. Apologies were received from Lindy Mason and Greville Wood.

2. **DISCLOSURES OF INTEREST**

There were no changes made to the Disclosures of Interests.

3. **AGENDA CHECK**

No further items were added to the Agenda.

4. MINUTES OF THE LAST MEETING HELD 19 MAY 2004

- Page 2, Item 4, replace “Barbra” with “Barbara”
- Page 4, second paragraph, second sentence should now read, “Cheryl Brunton replied that it may not be possible to capture data from all the sector but there are ways ...”

Tamai Sinclair joined the meeting at 10:38am

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 19 May 2004 were a true and correct record following the amendments listed as above.

4.1 Action & Responsibility List

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

The Chair advised that the PHO were to present today however the presentation has been postponed until there is a meeting with a bigger group in attendance. The PHO is happy to present at the next meeting.

Update on PHO Smokefree West Coast Health Promotion Plan

The Chair advised that subsequent to the last meeting she met with Quit Group representatives' following their request for a meeting. They endorsed the draft WCPHO Plan and are very supportive. The West Coast PHO Smokefree Plan was discussed and this was endorsed by the Quit Group representative. The DHB awaiting signoff and hopefully the PHO will pass on details to the CPHAC once the plan is signed off. The Research and Planning Analyst advised she attended the afternoon presentation by the Quit Group Representative which was originally intended to be an RMO presentation. There were no RMOs in attendance however there were four GPs who were very interested and various other staff from around the hospital. The Research and Planning Analyst had a discussion with some of the GPs after the presentation who expressed concern they are not always given the opportunity to attend some of these presentations and were not aware of some of the services available for smoking cessation. The Quit representatives who presented intend to come back to the Coast and run training sessions for GPs, nurses, pharmacists, etc. The Research and Planning Analyst suggested that when they return Steve Cook could present to CPHAC. The Chair advised she is very supportive of this and is keen for the Quit Group to return and assist with training.

A Committee member queried what CPHAC could do in terms of a Board recommendation to assist smoking cessation initiatives. The Committee discussed various approaches for education and the promotion of smoking cessation including the involvement of GPs, the PHO, Community and Public Health and other community organisations. The Chair advised that the PHO proposal is very broad and it has a health promotion aspect as well as service provision and it is hoped that the project will also involve the wider community. A Committee member advised that the PHO will look at training all members of the PHO to give them the opportunity to have their skills increased in the area of smoking cessation as well as others. CPH has begun involvement in submissions on Council Smokefree Plans and one part of the proposal is encouraging them to develop Smokefree policies for events under their control. The WCDHB has endorsed a Smokefree policy and this helps create a climate where people

may want to change particularly considering pubs will be Smokefree by the end of this year. The Chair advised that at this stage it would be best for CPHAC to wait for the evaluation of the PHO Plan from the DHB and see if there are other issues CPHAC can pick up on. CPHAC discussed funding for smoking cessation services and how resources could possibly be pooled with other groups funds.

Tamai Sinclair raised the success of smoking cessation programmes for Maori and suggested that CPHAC investigate plans put in place for Maori. The Chair agreed and requested Tamai contact providers and gather information and query what sort of programmes had been put in place and then feedback this to the committee.

Action: Tamai Sinclair

Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available

Carried over – Information should be available from July 2004.

Advertise CPHAC vacancy

The Chair advised the vacancy has been advertised with no interest to date. A Committee member suggested the ad was not clear on the role of the Committee and what is required of Committee members and that it should be revised. The Community Liaison Officer suggested a press release could be prepared on Advisory Committees and current vacancies. The release could also be send to community groups who may be interested. The Chair agreed and requested the Community Liaison Officer contact her for details of the vacancy.

Completed.

Action: Community Liaison Officer

Investigate the use of an email distribution list to advise health professionals of upcoming education sessions

The Chair advised that the PHO are liaising with their management services organisation on ways that training opportunities could be opened up to a wider audience.

Investigate a co-ordinator to distribute training events etc on the WCDHB website

The Research and Planning Analyst informed CPHAC that the use of the WCDHB website has a calendar which can be used to mark training events. She suggested that if anyone is aware of upcoming training they should advise her so this can be included in the calendar. She advised that there is currently a database of health professionals who need or want to undertake training. The General Manager Planning & Funding advised that he needed to further discuss this with the Library Supervisor about how this could be achieved.

Action: General Manager Planning & Funding

Provide committee members with Ministry of Social Development reports for comment

The Chair advised that there was not a great deal of feedback from members and thanked those who did provide comment. The General Manager Planning and Funding advised that the Ministry of Social Development seems to be wanting to take a broader definition and approach to wellbeing. The report breaks down wellbeing into a wide range of areas such as health, knowledge and skills, economics, etc and monitors positions against a number of indicators in each of these sectors. Some of the information in the report could be used by CPHAC in monitoring determinates of health in the community along with other nominated areas such as diabetes checks and immunisation. A Committee member raised that many organisations have had to specify indicators and most take the basic approach of looking at social, cultural and environmental factors. The Grey District Council is currently involved in community consultation and when this is completed various areas will fall out which, in terms of monitoring either the DHB or the Council could do. The General Manager Planning and Funding advised that the DHB has already started a consultation process with the Councils.

The Chair advised that information could be obtained from Council to assist CPHAC in monitoring environmental issues such as air quality and drinking water.
Completed.

Provide feedback to Chair by end of May on PHO monitoring based on highlighted draft PHO Performance Indicators as distributed 19 May 2004

The Chair read comments made by Committee members and discussion followed on how to progress the issues raised. The General Manager Planning and Funding suggested that it would be useful to identify indicators that are common to both providers to get consistent data useful to CPHAC. The Chair stated that to signal out the PHO other primary service providers could also be monitored e.g. such as Rata Te Awhina. The Chair advised that in order to move forward it would be helpful for the General Manager Planning and Funding and Chair to meet to pick out some issues that are easy to measure now.
Completed.

Action: Chair / General Manager Planning and Funding

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

The General Manager Planning and Funding advised a number of groups have been identified as service development groups. One in particular is the Child and Youth Reference Group that Shona McLeod is developing specifically around the Youth Health Strategy. There is a need for a steering group around the National Immunisation Register and the group she is putting together will have the basic structure of community representatives, consumers and health providers for a range of services. The General Manager Planning and Funding has asked Shona to develop Terms of Reference to make this an ongoing group that has functions beyond immunisations specific tasks and has responsibility for reporting on service development in the Child & Youth area.

The Planning Advisory Group for the WISE Program is a classic example of a group that is a little larger than a service development group but has the right balance of providers and community representatives.

The Neighbourhood Nursing Initiative and Health Reefton project are working on similar structures in Reefton with their core task being to identify service needs.

In Buller (including Reefton and wider districts), the process being undertaken by the Grafton Group on behalf of Buller District Council should have the basic structure CPHAC is looking for in terms of the right mix of stakeholders interested in service configuration and is in good alignment to progress service development in this area.

The area of Diabetes is one which has been identified as having a need for service development. There is a local Diabetes team which has community, consumer and service provider involvement. That team has some specific contractual requirements from the Ministry of Health around reporting and is the right group of people to report on what the service gaps are and how to fill them. The Chair, General Manager Primary Services/Director of Nursing and General Manager Planning and Funding attended a meeting of the local team last week and discussed this subject. In general terms, the group enthusiastically embraced the approach and thought the team could take a lead on this process and identify areas for improvement. The General Manager Planning and Funding suggested that the team develops a reporting and ongoing monitoring process to CPHAC. CPHAC has previously expressed a desire to progress Diabetes related issues and a structure such as this is well aligned to help this.

There may be opportunities for other groups to report to other Advisory Committees based on their work programmes.

The Chair suggested that the local Diabetes team be invited to attend a meeting within the next six months to present their plan and then meet on a more regular basis for progress

reports. The General Manager Planning and Funding advised that the steering group being established by Shona McLeod for Immunisation could also report on a regular basis to CPHAC and report on development of the Youth Health Strategy.

The General Manager Planning and Funding also advised that progress is being made on the Maori Health Plan which is already in existence. The General Manager Planning and Funding has been talking with the General Manager Maori Health about developing an implementation plan similar to the "traffic light" report which is presented to the Board. The traffic light report identifies issues as being green for those in progress or completed, orange for those started and red for those still to be commenced. The General Manager Maori Health advised that it is a very practical idea and it has the support of the Chief Executive and Executive Management Team.

The Chair advised that the areas CPHAC will be taking close interest in at first with the PHO, the Maori Health Plan, Diabetes, Immunisation and the Child and Youth Health Strategy. Completed.

Provide comment on Child & Youth Health Strategy to the General Manager Planning & Funding

Carried over.

5. CORRESPONDENCE

Moved: Barbara Greer, Seconded: Robyne Bryant

The CPHAC correspondence inwards was accepted and outwards correspondence endorsed.

6. RURAL GP TRAINING PROGRAM

The Chair provided an update on the current status of Greville Wood's proposal and the idea of possible alternative means of funding. The Chair advised that following the last CPHAC meeting she had a further discussion with Greville where he advised he would like to see the West Coast develop as a centre for excellence for Rural GP training. Greville believes that without CTA funding the Rural GP Training Programme could still be advanced with other means of DHB funding. The Chair informed CPHAC of the recommendation she made to the Board and the following motion was passed by the WWCDHB following her conversation with Greville.

THAT the West Coast District Health Board commit to the vision of the West Coast Rural GP Training Scheme and it's possible implementation and request Management and Dr Greville Wood supply costings and details of how the WCDHB could make this happen independent/contingent of CTA funding.

The Chair informed CPHAC that Greville has already done preliminary costings and Management has agreed to work with Greville to progress the matter further. CPHAC's role is to report back to the Board. A committee member raised this possibility that the proposal may be weakened by the perceived low number of Maori on the West Coast. The General Manager Planning and Funding agreed it may well be perceived to be a weakness in the proposal and suggested a solution may be an augmentation of the proposal to focus on the Buller GP practices playing a particular role as Buller will qualify for access funding. The Chair advised that Management will progress this further with Greville.

The Chair advised that the Chair, WCDHB has agreed to lend academic support to progression of Greville's plan. CPHAC's role has been to move forward to the WCDHB and start the process and then monitor progress.

7. **PRIMARY HEALTHCARE PLAN**

The General Manager Planning and Funding advised that he is meeting with Philip Pigou from the South Island Shared Service Agency to look at how to accelerate progress on the Plan and it is important to keep the item on the Agenda for further updates.

8. **ORAL HEALTH HUI**

The Chair asked the Research and Planning Analyst to provide a report on the Hui. The Research and Planning Analyst advised there were a few recommendations that came out of the Hui. Some are a continuation of existing plans but one of the major issues that came through was the provision of oral health information. In other areas there are dedicated oral health educators/promoters and the West Coast is not big enough to support this but options need to be explored. In the past Dental Therapists have provided education in schools but now this doesn't happen. A Committee member suggested that CPH may have the option to deliver this as part of their service. Gerri Vanderzanden advised that CPH does not currently have a program but it ties closely to nutrition and is part of their role. The best way to look at this may be to work with Public Health Nurses and provide them with information and training which could be passed on. The Research and Planning Analyst advised that there were quite a lot of people who attended the Hui with contacts who could be used to deliver information.

The Chair queried if there were any major issues CPHAC could assist in moving forward. The Research and Planning Analyst advised that one of the big messages, particularly from Professor Broughton, is the establishment of community dental centres with Dental Therapists and Dentists working together. There are options available as there is a dental clinic about to be on the market in Hokitika and the Runanga and DHB may be interested in progressing the matter.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board supports the exploration of a community dental centre on the West Coast, in conjunction with other work that may be happening in the oral health area.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board encourages the Ministry of Health to provide extra funding for low income adults to receive dental care and oral health promotion.

Moved: Cheryl Brunton, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board explores options for enhancing the provision of oral health education and promotion, including encouraging the Ministry of Health to provide additional funding for this.

9. GENERAL BUSINESS

9.1 Interim Meeting

The Chair suggested that an interim meeting be held in July in order to allow the PHO to present and various issues to be progressed prior to the August meeting. The Chair has discussed this with the Chair, WCDHB and a recommendation needs to be made to the Board.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board agree to an additional meeting on 21 July 2004 in order to facilitate timely resolution of CPHAC business.

9.2 GP Coverage in South Westland

The General Manager Primary Services/Director of Nursing provided an update on the GP situation in South Westland for CPHAC's information. The current GP has resigned after five years of service with the DHB and as yet there is no replacement. Some applications have been received however they are not appropriate for a solo placement. In the interim the number of rural nurses will be increased and the DHB is working with adjoining GP practices, Grey Hospital staff and Pharmacists in Hokitika to support the nurses. A notice will be placed in the community paper (Contact) to provide information for South Westland residents. A locum GP has verbally agreed to provide cover one week per month and will be available for consultation with nurses by phone.

10. NEXT MEETING

The next meeting will be held on Wednesday 21 July 2004 at 10:00am in the Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 12:15 pm

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 16 June 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
Meeting held on 03/12/03	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
Meeting held on 19/05/04	Investigate the use of an email distribution list to advise health professionals of up-coming education sessions.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate a co-ordinator to distribute training events etc on the WCDHB website.	General Manager Planning & Funding
Meeting held on 19/05/04	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members
3	Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives.	Tamai Sinclair
3	Liaise with the Chair to prepare a press release on the role of CPHAC and it's current vacancy.	Community Liaison Officer
4	Identify PHO Performance Indicators for CPHAC to monitor.	Chair / General Manager Planning & Funding

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 21 JULY 2004

IN THE BOARDROOM, CORPORATE OFFICE, GREYMOOUTH AT 10:10 AM

PRESENT: Julie Kilkelly, Chair
Robyne Bryant, WCDHB member
Barbara Greer
Greville Wood

IN ATTENDANCE: Christine Robertson, WCDHB Deputy Chair
Kevin Hague, General Manager Planning & Funding
Gary Coghlan, General Manager Maori Health
Malcolm Stuart, WCDHB member
Nicky McCarthy, Community and Public Health
Maureen Pugh, Chair, WCPHO
Phillip Pigou, SISSAL

Alison McDougall, Minute Secretary

APOLOGIES: Gregor Coster
Tamai Sinclair
Lindy Mason
Cheryl Brunton
Gerri Vanderzanden
Greville Wood (lateness)

1. WELCOME, APOLOGIES

The Chair welcomed all committee members, Board members and management. Apologies were received from Gregor Coster, Tamai Sinclair, Lindy Mason, Cheryl Brunton and Greville Wood for lateness. The Chair also welcomed and introduced Maureen Pugh, Chair of the WCPHO and Phillip Pigou, General Manager of the South Island Shared Service Agency Ltd (SISSAL). The Chair advised that at this stage the meeting is without a quorum so resolutions will need to be endorsed at the next meeting.

The Chair provided a brief update to the Committee on presentations from herself, the PHO and other providers made to the National Health Committee during its visit to the West Coast this week. The NHC were updated on various projects underway on the West Coast, some of which CPHAC is involved including the Rural GP Training Program, Smokefree and the Neighbourhood Nursing and Healthy Reefton projects.

2. **DISCLOSURES OF INTEREST**

There following amendments were made to the Disclosures of Interest.

Barbara Greer

- Add "Shareholder – Mawhera Corporation"

Robyne Bryant

- Amend "Employed by Coast Health Care as a midwife" to read "Employed by Coast Health Care as a Maori Mental Health Worker". This will take effect from 6 September 2004.

3. **AGENDA CHECK**

- Over 65s funding and special areas
- Meningitis vaccine roll out.

4. **MINUTES OF THE LAST MEETING HELD 19 MAY 2004**

- Page 5, Item 4.1, fourth sentence should now read "The Plan is currently with the DHB awaiting signoff and hopefully the PHO...".
- Page 7, second paragraph, third sentence should now read, "The Chair stated that the intent was not to signal out the PHO and other primary service providers...".
- Page 7, sixth paragraph should now read "...should have the basic structure required and will be in a position to progress service development in this area."
- Page 9, first paragraph, last sentence should now read "CPHAC's role has been to move the proposal forward to the WCDHB and start the process..."
- Page 9, Item 8, third sentence, add "lack of" before "provision".
- Page 9, Item 8, seventh sentence, add "specific oral health" before "program".

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 14 June 2004 were a true and correct record following the amendments listed as above.

4.1 **Action & Responsibility List**

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

Maureen Pugh will provide an update at today's meeting. Completed.

Update on PHO Smokefree West Coast Health Promotion Plan

This will be included in Maureen's update. Completed.

Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available

The General Manager Planning and Funding advised that there is no new information available as yet. Information will be reported to CPHAC as soon as it is available and can be incorporated into regular reports. Carried over.

Investigate the use of an email distribution list to advise health professionals of upcoming education sessions

General Manager Planning and Funding advised the Community Liaison Officer is working on this.

Investigate a co-ordinator to distribute training events etc on the WCDHB website

The General Manager Planning and Funding advised the Community Liaison Officer and Bob Gilmore from the IT department are looking at this. The Chair suggested the PHO might like to be involved to promote the PHO through the WCDHB site. The General Manager Planning and Funding advised he is looking to establish a network of organisations to liaise Coast wide. This may also assist with recruitment and retention.

Nicky McCarthy and Gary Coghlan joined the meeting at 10:25am

Provide comment on Child & Youth Health Strategy to the General Manager Planning & Funding

Agenda item.

Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives

This had been an action point for Tamai Sinclair to follow up and due to his absence this would be carried over to the next meeting. The Chair requested Committee members advise her if they hear of any smoking cessation initiatives that may be of interest to CPHAC. Carried over.

Liaise with the Chair to prepare a press release on the role of CPHAC and it's current vacancy

The Chair advised she has liaised with the Community Liaison Officer who prepared a good press release which was picked up by the media. As a result there have been four applications for the CPHAC position. The General Manager Maori Health advised that he is aware of a candidate who wished to apply for the CPHAC position. The Minute Secretary will investigate this. The Chair advised that all applicants so far look very good and it is now a matter of conducting interviews. The Chair is liaising with the Chair, HAC for interview questions that were used for the appointment of HAC members to maintain consistency throughout the appointment process for Advisory Committee members. She will update members as progress is made.

Identify provider performance indicators and social determinants of health performance indicators for CPHAC

The Chair and the General Manager Planning and Funding have not made any more progress on this item. The Chair advised that part of the reason for this meeting is to include the PHO in this process. The General Manager Planning and Funding will work with KPIs already identified and will add social determinants and other issues as they come up.

Action: General Manager Planning and Funding

The Chair noted that one of the NHC members queried the role of CPHAC on the West Coast and was excited about the direction CPHAC is taking in terms of monitoring of community issues. Nationally, many CPHACs are struggling with their role and are getting caught up in issues which are not CPHAC issues such as waiting lists. The Chair suggested it may be helpful for the incoming Board and new CPHAC to provide an overview of issues currently being monitored by CPHAC and regular reporting mechanisms. This could give the new Committee a basis to work from. The Chair advised that matters of focus for CPHAC at the moment are immunisation, diabetes, community provider KPIs and social determinants of health indicators. There will be reports on these matters in CPHAC papers on regular basis. CPHAC will also have in due course presentations on the Child and Youth Health Strategy

progress from Shona McLeod, Planning and Funding Analyst and from the local diabetes team. Updates will be received at each meeting on progress of areas of previous CPHAC work such as the Rural GP Training Scheme, oral health, traffic light reporting of progress on implementation of both the Maori Health Plan and the Primary Healthcare Plan implementation. The Chair suggested that having a defined meeting structure may make reporting easier for the General Manager Planning and Funding.

5. CORRESPONDENCE

No correspondence was received or sent.

6. WEST COAST PHO UPDATE

Maureen Pugh provided background on the PHO. The Trust Deed was signed in September 2002 making WCPHO the oldest PHO in the South Island. The PHO is starting to feel more independent and is coming to terms with its role. There are eight primary practices under the PHO's umbrella. The PHO is supported in an administrative way through Southlink Health with Bill Eschenbach as the WCPHO Client Manager, who has been very supportive

To date the PHO Board has developed funding proposals for improved access for under 22s contraception, a voucher system for the Corrections Service, Smokefree Health Promotion, palliative care support training for practice nurses. Retinal screening is an issue the PHO has struggled with in terms of finding an operator for the retinal camera. The PHO has talked with Southlink Health about the possibility of training someone outside of ophthalmology however ophthalmologists do not seem to be happy with this idea.

The General Manager Maori Health queried if there have been any developments in improving Maori health. Maureen Pugh advised that Wayne Smith has found it difficult to get a launching pad for projects and Wayne, Tamai Sinclair and Richard Wallace have organised a hui for early August to assist with beginning the consultation process. Wayne has a skeleton plan and wants to tailor make it for the West Coast region but he is finding it difficult to begin the process of community consultation. Maureen noted she heard some good information presented to the NHC by Melanie Penny and Elinor Stratford around older persons and suggested Wayne liaise with them on this.

The General Manager Maori Health asked for more information about the Corrections Service programme. Maureen Pugh advised that the Corrections Service has identified that people who have recently been released from jail are often on low incomes and don't have transport to get to GPs. If they have community service work to do it can become a problem when they are sick and can't access GPs. The PHO is looking to bring in a voucher system to make free medical care available to eliminate illness as a reason for not completing community service. The Probation Officer identifies health needs for participants who have recently left prison. If these people are ill at home the whole family can become ill and this has flow on effects for the community. The vouchers would be submitted back to Southlink for reimbursement. A Committee member queried how this proposal would be sold to the public. From a small community perspective it will be very quickly identified that free health care is available through Corrections and this will not be looked upon favourably. The General Manager Planning and Funding advised he decided to fund this proposal as it involves a tightly defined group of people so it is possible to easily measure the effects. It is an innovative proposal and provides service to a group that is typically underserved and will have a benefit to whanau/family. The General Manager Planning and Funding accepts there may be an issue with communications and perception within the community. The Committee Member raised there are a number of vulnerable groups that this type of proposal could benefit more than those involved with Corrections such as single mothers under 17 or the elderly who live alone.

Greville Wood joined the meeting at 10:58am

The Chair suggested there are positives and negatives to the proposal but this particular group has been identified and the proposal will be piloted with the hope that new initiatives are identified for future funding.

Robyne Bryant left the meeting at 11:05am

Maureen Pugh advised that there are a number of proposals being developed and this is a starting point to have needs identified. The Corrections and under 22's contraception proposals are the first that the PHO Board has prepared and the Board needed to start with smaller projects. The Chair suggested that the Committee member's idea about under 17 mothers is a fantastic idea and input from the community and providers would be of benefit to explore it further.

Maureen Pugh provided background on the proposal relating to free access to contraception for under 22s. The intention is to use as many referral agencies as possible and broaden the scope of people who can refer. The PHO is looking at using practice nurses as well as GPs for the contraceptive service and pharmacists to provide emergency contraception services. The PHO is looking at providing training for these people. The Chair advised the DHB has indicated it would like the proposal to include more aspects of sexual health and the program will be run for 6 months and then reviewed. A Committee member suggested that GPs try and cover all bases during a consultation and providing free consultations would give an opportunity to discuss other sexual health issues as well as contraception. Maureen Pugh advised that the funding allows for two free consultations a year with the option of the GP providing a third funded consultation. The Committee member suggested that the two consultations could be for scripts and the third a good opportunity to provide other advice. This should be highlighted in advertising as the opportunity for a third consultation is particularly useful.

Robyne Bryant rejoined the meeting at 11.13am

Malcolm Stuart queried how people can contact the PHO. The Chair advised that the PHO Board has talked about raising the identity of the PHO through the media and having a local spokesperson that people could access. A Committee member suggested a PHO website would be useful to assist in advertising after hours services. At the moment the only notice for weekend service is in the Friday Grey Star. The PHO could also link into Council and tourism websites and include profiles of each GP practice including contact information. There could also be a members log in section so the Secretariat can post information on the site and GPs can access it easily. Maureen Pugh advised that the PHO has looked at linking into the DHB website and Bill Eschenbach is working to establish a West Coast office with a full time 40 hr administrative position to support him.

The Chair noted that CPHAC was involved when the PHO was being set up and one of the Committee's concerns at the time was having a management services organisation outside the area which was on IPA. There was concern this would lead to a very doctor dominated environment and CPHAC's concern was how the operational aspects would come into play. There is no local office for people to access the PHO or Secretariat and the Chair queried where people should go with concerns. Maureen Pugh advised that the PHO inherited management services already in place and hasn't had a lot of flexibility for change. The PHO has spent time renegotiating the contract with Southlink Health and it has been

extremely frustrating dealing with an organisation based in Dunedin. There is a perception that Southlink Health is the PHO and that is not the case, they are employed by the PHO.

The PHO Board is working towards getting Southlink's reporting organised as it is overdue and the DHB has been very patient with this. Southlink's reporting has been lacklustre and due to this the PHO Board has been unaware of some budget lines which are underspent. The Chair, CPHAC noted in her role on the PHO Board, that the management services organisation knows health and doctors and has experience in responding to funding requests. When the PHO was first developed there were many people without health experience and it has been interesting to see people grow to understand the system. In her opinion, the PHO is starting to find its feet and in the renegotiation of the management services contract outstanding issues will be addressed. The Chair queried Maureen Pugh if CPHAC should feel comforted that the PHO is moving on the right track. Maureen Pugh advised that the contract is being renegotiated and there is 6 months left on the current contract with Southlink. If the situation does not improve in that time the PHO may consider looking for another provider.

A Committee member raised that there were a large number of community meetings held on the West Coast when the PHO was being developed and the PHO does not seem to have capitalised on that support. Many people feel the PHO has had a negative impact with GP prices going up and some of the promises made at the beginning have been lost and issues not progressed. The Committee member would like to see more local community involvement with more community meetings. This would be a positive step for the PHO in having the ability to talk about service delivery with the practice population outside of consultation time. At the moment there is no vehicle for that expression in the community. This would also be an area where a website would be of benefit as there could be an email contact and other providers such as Plunket and Rata Te Awhina Trust could also promote themselves on the site. There are now few people on the PHO Board who were involved in the beginning and they may be surprised at how well prepared the community is. The Chair advised in her role on the PHO Board that a lot of work done in early discussions is not lost. The DHB passed on much of this work when Southlink took over and the PHO is trying to regain this now. The General Manager Planning and Funding suggested another round of community meetings may be required as to what future plans are and what the PHO is doing. The community could then be surveyed with another round of meetings to follow. Maureen Pugh advised that Bill Eschenbach has scheduled community meetings for September or October this year. A Committee member advised that the PHO asks for community involvement which is a shift for GPs as they are independent business and it is important to link these two issues together.

The Chair, CPHAC requested the General Manager Planning and Funding move forward with the idea of a website for the PHO. Nicky McCarthy suggested that there is an equity issue with many people not having access to the internet so other forms of communication will be required. The General Manager Planning and Funding advised there is now communications infrastructure that the DHB has with its website and contact with the news media which can be made available to the PHO. If there are messages the PHO wants to generate then it could use the WCDHB Community Liaison Officer. The General Manager Planning and Funding will approach the PHO on these matters.

Action: General Manager Planning and Funding

7. PHO MONITORING

The General Manager Planning and Funding advised he has not yet received the monitoring reports required from the PHO by 30 June. The first quarter has just passed and the regular PHO report was not received. Maureen Pugh advised she contacted Southlink Health on this before the meeting and was faxed a report which will have to go through the PHO Board.

The General Manager Planning and Funding stressed that the reports must be in on time. The Chair, CPHAC advised she expects to see the relevant parts of the quarterly PHO report in the next CPHAC papers.

8. PRIMARY HEALTHCARE PLAN

The General Manager Planning and Funding advised that elements of the Plan are in the writing phase and he will be working on this today with Phillip Pigou. The level of interest shown has been very low and it may be necessary to rethink the steering group. If there is a surplus of interested people for Board and Advisory Committee roles then they could possibly be directed to other areas such as this steering group. He will liaise with Committee Chairs about this.

9. YOUTH HEALTH STRATEGY

The General Manager Planning and Funding advised that the steering group will have its first meeting in the first week of August. The process is underway with nothing substantial to report at the moment. The General Manager Maori Health queried if there is Maori participation in the group. The General Manager Planning and Funding advised that there is and that the group is a reflective group as opposed to representative group.

10. ORAL HEALTH HUI

The Chair informed the Committee that all recommendations put to the Board from the last CPHAC meeting were resolved. The Board requested CPHAC move the resolutions forward to help foster ideas around how they could be actioned. The Chair suggested that the Research and Planning Analyst could provide an update at the next meeting as to how these matters can be progressed so they can be moved on to the Board.

Action: Research and Planning Analyst

11. RURAL GP TRAINING SCHEME

The Chair advised that Greville Wood gave an update to the NHC on the proposal and that the WCDHB had supported the recommendations made by CPHAC around contingency funding. The Chair, WCDHB also made an offer of academic support to progress the proposal.

Greville Wood asked for clarification on discussion at the 16 June CPHAC meeting around Maori and funding. The General Manager Planning and Funding advised that a Committee member put himself in the position of someone assessing the proposal and thought a weakness may be the small population of Maori on the West Coast. This could be perceived as being too low so would the proposal cover specific aspects of working with rural Maori which could be high on the assessors importance list. The Committee member queried if anything could be done to concentrate Maori enrolment in practices to make the proposal more attractive. The General Manager Planning and Funding advised he passed the comment that BMS already has a relatively high proportion of Maori and one of the most highly deprived populations in the country according to the deprivation index so what the Committee member was saying probably had validity and that the issue was probably already addressed by BMS. The General Manager Planning and Funding advised the discussion was not based on shuffling people around practices. Greville Wood suggested that modifications could be made to the proposal which establish relationships in the development of the curriculum training to ensure exposure and content of teaching.

Reciprocal arrangements could be made with other areas such as the Gisborne area which has high numbers of Maori enrollees. There would be accommodation and transport issues around this for trainees with families. Greville Wood queried the discussion at Board level and if support was in terms of general support or actual planning. The Chair advised that the Board was definitely interested in planning and moving forward. Greville Wood confirmed that the proposal can now move to more detailed planning. It is necessary to explore a number of scenarios as it is still unclear what the CTA wants. Some scenarios can be planned so that when the guidelines come out the proposal would already be on its way.

The Chair advised that the Board did buy in to the vision and offered management support. Perhaps a concern of the CTA is around academic and teaching support and the WCDHB discussed this. Greville Wood advised that there seems to be a perception in the Ministry that this is not available on the Coast. In the past a diabetes survey was proposed but was then scuttled because of a perceived lack of analysis capability. Academic support for this proposal would need to be funded and put into the budget. The next step is to put together a team of people to get into the more detailed planning and there are quite a few ideas around this. The Chair advised she would update the Board that the next step is to form a steering group to come up with various scenarios.

Action: Chair

Greville Wood advised that it is necessary to look at three phases, a hospital phase, Royal NZ Council of GPs phase (which is funded) and then a phase in practices. It is possible to bring in other specialties to fulfil academic requirements and assist hospital services as well. The General Manager Planning and Funding suggested the PHO should be involved as this is specifically about recruit. Malcolm Stuart suggested the proposal needs the support of hospital administration and that it needs to be given time and prioritised. Those people are going to provide service delivery in a different way to what they do now and it is in the interest of secondary services to progress this. It possibly needs direction to assist Greville in looking at rosters. The General Manager Planning and Funding suggested the item be placed on the EMT agenda for next week with a view to EMT establishing a working group to work with Greville representative of all levels.

Action: General Manager Planning and Funding

Greville Wood requested members think through their networks as to what areas of training would be of benefit.

12. GENERAL BUSINESS

12.1 Over 65s Special Area Incongruence

The Chair advised she was approached at work by a man with a letter from the Prime Minister saying he is entitled to subsidies for GP visits and pharmaceuticals as he is over 65. This person did not renew his Community Service Card as he didn't think he needed to because of the letter. He is not entitled to the subsidy as he is in a special area. The General Manager Planning and Funding suggested the provider arm needs to consider in the short term whether it needs to make an alteration to the charging policy. He will discuss this with the General Manager Primary Services/Director of Nursing. The Chair advised that it is only the people without Community Service Cards that are the immediate concern. The General Manager Planning and Funding advised that the DHB alerted the Ministry to this problem before 1 July with no affect. The DHB is currently developing a paper on special areas and their future. At the moment the rule is you cannot change the rules in special areas. It entrenches inequity in that the areas that form special areas are no longer the areas of greatest need on the Coast. Special areas originally arose out of the Social Security Act when it was recognised that particular areas of the country had higher needs so special arrangements were put in place to ensure needs were met. The areas were set for need and

political reasons. Four of the 15 special areas are on the West Coast and relate to accessing primary care. The Committee requested the General Manager Planning and Funding raise this issue with the Ministry and discuss the charging policy with the General Manager Primary Services/Director of Nursing.

Action: General Manager Planning and Funding

12.2 Meningitis Vaccine Rollout

The Chair advised that she has had three enquiries about the Meningitis Vaccine and why the West Coast is not considered a higher priority given the isolated area with no paediatrician. A Committee member suggested that it is because of the West Coast's isolation that it is protected in some ways. There is also a lower Pacific Island population, which is the most at risk group. The Chair noted a DHB media statement that said there have been no meningitis cases on the West Coast for 18 months. The General Manager Planning and Funding advised it would be good to have the vaccine now but the West Coast will not get the vaccine before it's time and the logic of prioritising areas with the highest incidence is quite right and the DHB would not dispute this.

Nicky McCarthy suggested a media awareness campaign and CPHAC discussed issues such as the strains covered by the vaccine, antibiotic treatment, public health nurses acting as vaccinators, Maori provider participation and the availability of meningitis awareness cards from Community and Public Health.

The Chair requested the General Manager Planning and Funding and Community and Public Health liaise with the Community Liaison Officer to explore a media campaign covering the issues discussed at this meeting. The Chair requested the General Manager Maori Health liaise with Rata Te Awhina Trust to ensure they are involved.

**Action: General Manager Planning and Funding,
General Manager Maori Health,
Community and Public Health**

13. NEXT MEETING

The next meeting will be held on Wednesday 18 August 2004 at 10:30am in the Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 12:24 pm

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 21 July 2004**

Page of Minutes	Task	Who Involved/Responsible
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
Meeting held on 19/05/04	Investigate the use of an email distribution list to advise health professionals of up-coming education sessions.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate a co-ordinator to distribute training events etc on the WCDHB website.	General Manager Planning & Funding
Meeting held on 19/05/04	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members
Meeting held on 16/06/04	Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives.	Tamai Sinclair
Meeting held on 16/06/04	Identify provider performance indicators and social determinants of health performance indicators for CPHAC.	Chair / General Manager Planning & Funding
3	Prepare reports on provider performance indicators and social determinants of health performance indicators for the next meeting.	General Manager Planning and Funding
6	PHO community awareness/consultation and media support.	General Manager Planning and Funding
7	Provide an update on oral health progress/ideas.	Research and Planning Analyst
8	Update WCDHB on Rural GP Training Scheme	Chair
8	Discuss the establishment of a working group to assist Greville Wood with the Rural GP Training Scheme with EMT.	General Manager Planning and Funding
8	Raise the issue of pharmacy subsidies and special areas with the Ministry and discuss an amendment to the charging policy (rather than pharmacy subsidies as it relates to GP's as well) with the General Manager Primary Services/Director of Nursing.	General Manager Planning and Funding
9	Liaise with the Community Liaison Officer to explore a media campaign on the meningitis vaccine rollout.	General Manager Planning and Funding / Community & Public Health

Page of Minutes	Task	Who Involved/Responsible
9	Liaise with Rata Te Awhina Trust to ensure they are involved in a media campaign on the meningitis vaccine rollout.	General Manager Maori Health