MEMORANDUM TO THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
8 APRIL 2015

AGENDA ITEM 4

MINUTES COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETINGS

Attached are the following minutes from the Community & Public Health Advisory Committee meetings:-

- Waikato DHB, Community & Public Health Advisory Committee; 11 February 2015
- Lakes DHB, Community & Public Health Advisory Committee; 16 February 2015
- Bay of Plenty combined Community & Public Health Advisory & Disability Support Advisory Committee; 4 March 2015.

Recommendation
THAT
The minutes be noted.

SHARON MARIU
CHAIR, COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE FOR RECOMMENDATION TO THE BOARD

ITEM 1: APOLOGIES

Resolved
THAT
Apologies were received from Mr E Wilson.

ITEM 2: LATE ITEMS

There were no late items raised at the meeting.
ITEM 3: INTERESTS

3.1 Register of Interests
An updated table of interests was noted.

3.2 Conflicts Relating to Items on the Agenda
Mr M Gallagher advised a conflict of interest in regards to Public Excluded Item 14 Annual Contract Renewals paper in relation to Selwyn Waikato Limited.

ITEM 4: MINUTES OF PREVIOUS MEETING/MATTERS ARISING

Resolved
THAT
1. The minutes of a meeting of the Waikato DHB Community & Public Health Advisory Committee held on 8 October 2014 be confirmed as a true and correct record.
2. The minutes of a meeting of the Lakes DHB Community & Public Health Advisory Committee held on 10 November 2014 be noted.
3. The minutes of a meeting of the Bay of Plenty DHB Community & Public Health Advisory Committee held on 3 December be noted.

ITEM 5: AGENDA STRUCTURE

A proposed agenda structure for the Community & Public Health Advisory Committee meetings was put forward for comment from members.

Suggestions for inclusion/amendments highlighted by the committee were:

Inclusion of:
- Items relevant to Public Health;
- Strategic thinking time;
- More in-depth analysis of key areas including potential outcome measures.

Family/Child Health (vulnerable children), a focus on Diabetes Service, Rheumatic Fever and Palliative Care were raised for consideration within the workplan.

Amendment:
- The retrospective reports be put forward as papers for information only at the back of the agenda with discussion by exception only.

Resolved
THAT
1. The approach to the proposed agenda structure be adopted with the above additions.
2. The Chair to email Committee members with a proposed agenda structure.
ITEM 6: ACTING GENERAL MANAGER, PLANNING & FUNDING REPORT

The Acting General Manager, Planning & Funding report was tabled for information.

Of note:

- Annual planning process is underway and on track. The annual plan will be presented to the March Board meeting.
- Health Targets section – the full Health Targets report goes to Board but primary care targets will come to the Community & Public Health Advisory Committee meeting.
- Smoking Target – concern was raised by committee member Mr J Macaskill-Smith in relation to the (national) measurement of this target and that some DHBs were reported as achieving in excess of 100% in some areas. A paper will be included in the agenda to the April Board meeting detailing how this target is measured.
- Dashboard, Ambulatory Sensitive Admissions - 0-4 age group performance has deteriorated with an expectation that the next quarter results will deteriorate further due to a high number of elective dental admissions. A paper on this target will be put forward to a future Community & Public Health Advisory Committee meeting.
- Primary maternity – the new service at Te Awamutu is going well
  - 2 births and 5 post-natal stays in the first week;
  - Question was raised around what we are doing to ensure the quality of the service in all primary facilities is maintained. It was noted that certification is required and three yearly audits are undertaken. The clinical governance at these facilities is important and the DHB needs to look at who is responsible for quality assurance within the independent facilities.
- Rheumatic Fever – the DHB is currently in the process of working with PHO’s/School Based Services and Pharmacies.
  - Any eligible child (Maori, Pacific or Quintile 5) would receive access on a See, Swab and Treat basis. Concerns were raised in relation to difficulties for providers where access was not universal.
  - Question was raised as to how parents find out about this service. The hospital communications team are working on developing a plan for advertising around social media sites.

Resolved
THAT
The report be received

ITEM 7: PLANNING & FUNDING FINANCE REPORT

The Planning & Funding Finance Report was tabled for information.

Resolved
THAT
The report be received
ITEM 8: ALLIANCE REPORT

The Alliance Report was tabled for Information.

Of note:
- Childhood Immunisations - question was raised in regards to the Newborn Enrolment Champion and it was clarified that this position relates only to the Hauraki Haoura Alliance and was not a district wide role.
- Midlands Health Network report advised that NIR had moved into the community and is now co-located with NCHiP.
- Early enrolment - the new PHO performance Programme which starts on 1st July 2015 wants to introduce system wide indicators including newborn enrolment within 4 weeks. NCHiP which has been rolled out across all Waikato PHO’s should assist with this. A presentation from NCHiP will be given at the next Community & Public Health Advisory Committee meeting in April.
- Questions were raised in relation to After Hours Services from GPs, the extent to which this was required under the national agreement and the extent to which this was consistently provided.
  - It was noted that the number of GPs registered with Anglesea and supporting the after-hours roster is higher than it used to be. GPs are contracted to do after-hours within the National contract and this issue is more with after hours in rural areas.

Resolved
THAT
The report be received.

ITEM 9: QUALITY NARRATIVE REPORT

For the Quality Narrative report, indicators are still to be developed so at this time there was no information for this meeting.

A template will be developed for discussion at the Community & Public Health Advisory Committee meeting in April. This is expected to include items from the current Planning & Funding dashboard but with some additional information and performance reporting at a higher level of detail.

Resolved
THAT
The report be received.
ITEM 10: WORKPLAN

The proposed Community & Public Health Advisory Committee workplan for 2015 was discussed.

The structure of the agenda going forward will determine what will be on the workplan.

Resolved
THAT
The workplan be received.

ITEM 11: GENERAL BUSINESS

There were no General Business items discussed at the meeting.

ITEM 12: DATE OF NEXT MEETING

8 April 2015
RESOLUTION TO EXCLUDE THE PUBLIC
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:

(1) The public be excluded from the following part of the proceedings of this meeting, namely:

Item 13: Minutes of the Community & Public Health Advisory Committee dated 8 October 2014

Item 14: Annual Contract Renewals

(2) The general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

<table>
<thead>
<tr>
<th>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</th>
<th>REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 13: Minutes</td>
<td>Items were taken with the public excluded</td>
</tr>
<tr>
<td>Item 14: Annual Contract Renewals</td>
<td>Contract negotiations will be required.</td>
</tr>
</tbody>
</table>

(3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

Item 13: As shown on resolution to exclude the public from the minutes.

Item 14: Contract negotiations will be required.
1.0 MEETING CONDUCT
The Chair welcomed everyone to the first meeting for the year and asked P Marks to open with the karakia. He advised that the committee would be receiving an additional presentation today from John Macaskill-Smith on the Midlands Health Network (MHN) three year operational plan.

1.1 Disclosure of Interest
The Chair called for any disclosures of interest relating to this meeting’s agenda items. Tania Hodges registered her conflict with item 4.1 “The performance of NZ Schools of Nursing 2nd Edition 2014” in that as a consultant, she has an association with the Nga Manukura Programme i.e. Provides a clinical leadership programme but is not involved in this particular initiative. The interest register was circulated during the meeting with no amendments added.

1.2 Apologies: M Bentley, R Scott and D Epp
Resolution: THAT the apologies be received.
C Sturt : M Burdon
CARRIED

1.3 Items for General Business : Nil

Presentation
by Leeanne Te Karu on Pharmaceuticals and Long Term Conditions

The presentation given by Leeanne Te Karu highlighted the following areas:-
- Background on presenter.
- State of Maori health.
- Gaps in Maori use of medicines, after adjusting for age, burden of disease (need) & relevance to the Pharmaceutical Schedule.
- Association between medication non-adherence and outcomes.
- Translation.
- Allopurinol.
- Lifestyle factors.
The Chair thanked L Te Karu for her excellent report and wished her well in the many roles she held within the various communities.

Presentation
by Anah Pedersen on Lifestyle Programme : Mangakino Central Charitable Trust

A Pedersen spoke on:-

- Hauora Kokiri Fit Gym.
- HEHA Community Actions Project – 2008-12 (improve health outcomes for Maori thereby reducing disparities in health between Maori and non-Maori).
- Te Whare Tapa Wha – HEHA programme development (four dimensions of Maori health and wellbeing)
- 4 Dimensions (the four dimensions resemble the strong foundations and the four equal sides of the wharenui).
- Programme development.
- Taha Tinana – the physical.
- Nutrition.
- Mind – Hinengaro.
- Wairua – Spirituality.
- Referral Mechanism.
- Educational Component.
- Resources.
- Holistic Health Centres.
- Support Services.
- Mangakino Fit Gym attendance.
- Pouakani Marae – development of a community hub.
- Way forward.
- Mangakino Central Charitable Trust structure 2015.

Acknowledgements

L Thurston thanked A Pedersen for providing an insight into the Mangakino Central Charitable Trust endeavours.

Presentation
by John Macaskill-Smith on Midlands Health Network three year operational plan

J Macaskill-Smith tabled the Network’s Plan 2014-2017. His presentation covered the following points:-

- The network.
- Changing eco system.
- 2011-2014 BSMC.
- Rebuilding the plane while flying it.
- The health care home (HCH) and its aims.
- Model benefits.
- Core elements of the HCH.
- HCH technology enablers.
- Single point of access.
- SPoA short term plan : integrate 3 key elements.
- Standard data.
- Locality views.
- Group Health’s experience.
The Chair thanked J Macaskill-Smith for the informative update provided to the Committee.

2.0 SIGNIFICANT ISSUES
2.1 Public Health
   2.1.1 Toi Te Ora Public Health Service & Medical Officer of Health Reports
   Resolution:
   THAT the Toi Te Ora Public Health Service and Medical Officer of Health Reports be received.
   L Thurston : A Gathergood
   CARRIED

2.1.2 NZ Diabetes & Obesity Research Review
   This review was provided for the information of the committee.

2.2 Maori Health
   2.2.1 Whanau Ora updates
   2.2.2 Maori Health Review
   Members were referred to page 43 the Maori Health Review - item relating to “working with racism: a qualitative study of the perspectives of Maori (indigenous peoples of Aotearoa NZ) registered nurses on a global phenomenon”. M Burdon believed this issue is relevant to our hospital and its systems and asked what updated local information was available, including percentage of enrolment of Maori nurses. She stated it was critical to increase the number of Maori nurses and would like to be assured that racism is not happening in Lakes. Lakes DHB is open to receive research information and reports however would be unable to deliver similar projects and reports due to internal resource issues.

2.2.3 Update on Lakes DHB Region re Secondary School Maori Students
   The above item was received.

2.3 Update on the Midland Regional Services Plan
   Resolution:
   THAT the Lakes DHB CPHAC receives this update on the 2014/15 Midland Regional Services Plan (RSP).
   L Thurston : D Shaw
   CARRIED

3.0 SECRETARIAL
3.1 Minutes of previous meeting : 10th November 2014
   Resolution:
   THAT the minutes of the meeting of 10th November 2014 be confirmed as a true and accurate record.
   L Thurston : M Robbie
   CARRIED

3.1.1 Copy of presentation slides on CVD Risk Assessment & Lakes DHB Mental health and Addiction Services: Noted

3.2 Matters Arising: Nil

3.3 Confirmed BoP CPHAC-DSAC minutes 06.08.14 and Draft BoP CPHAC-DSAC minutes 01.10.14
   Members received the above minutes for their information.

4.0 REPORTS
4.1 The performance of NZ Schools of Nursing 2\textsuperscript{nd} Edition 2014
The meeting was advised that a lot of good work had been carried out by G Lees with 37\% of the new nursing intake being of Maori descent. M Burdon was disappointed that the 2\textsuperscript{nd} Edition in 2014 contained 2011 figures which she believed was old information. E Berryman-Kamp offered to follow up on M Burdon’s concern and report back.

4.2 Map of Medicine
4.3 Quarter 2 Alliance Leadership Team (ALT) report
The above were provided for the information of members.

4.4 Community representatives reports: Nil

5.0 INFORMATION AND CORRESPONDENCE
5.1 Pharmacy update
5.2 Lakes DHB MHN ex-officio representative on CPHAC
The above information was noted by the Committee.

6.0 PUBLIC EXCLUDED
6.1 Public Excluded section of the minutes of meeting held 10\textsuperscript{th} November 2014
Resolution:
THAT the meeting move into Public Excluded at 3.10pm
L Thurston : R Scott
CARRIED

L Thurston QSO JP................................. 13\textsuperscript{th} April 2015
Chair
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Action</th>
<th>Responsibility of</th>
<th>Timeframe</th>
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<tr>
<td><strong>PRESENTATIONS</strong></td>
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<td>Te Arawa Whanau Ora Collective Engagement</td>
<td>That a presentation be given to CPHAC in 2014.</td>
<td>E Berryman-Kamp/M Grant</td>
<td>2015</td>
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<td>Healthy Families NZ – Rotorua Group</td>
<td>That a presentation on this topic be given next year to CPHAC.</td>
<td>B Harris</td>
<td>2015</td>
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<td><strong>ITEMS</strong></td>
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| Healthy Homes | ➢ That the options of holding a symposium be explored.  
 ➢ That an up-to-the-minute report (from 2011) be provided as to what is currently happening and where Lakes can influence and work together.  
 ➢ Than an update be provided in the New Year. | E Berryman-Kamp | ASAP (verbal update if available) |
| The performance of NZ Schools of Nursing 2nd Edition 2014 | M Burdon was disappointed that the 2nd Edition in 2014 contained 2011 figures which she believed was old information. E Berryman-Kamp offered to follow up on M Burdon’s concern and report back. | E Berryman-Kamp | 23rd March 2015 |
| Maori Health Review – Working with racism | ➢ That a report on the percentage of enrolment of Maori nurses and uptake be provided.  
 ➢ That the possibility of racism existing in Lakes be checked out and that the report be qualitative.  
 ➢ Is Lakes conducting projects to address possible racism by providing educational programmes for clinical staff?  
 ➢ What can be done to | G Lees | |
| guard against institutionalised racism? |  |
The Chair thanked everyone for attending the meeting and asked P Marks to lead the closing karakia at 3.30pm.

L Thurston  QSO  JP........................................................................................................................................... 13th April 2015
Chair
# Combined Community & Public Health Advisory Committee/Disability Advisory Services Committee Members

**Venue:** CEO Offices, Building 16  
**Date:** Wednesday 4 March 2015 at 10:30am

**Committee:** Ron Scott (Chair), Matua Parkinson, Judy Turner, Yvonne Boyes, Lyall Thurston, Pauline McQuoid, Margaret Williams, Punohu McCausland

**Attendees:** Phil Cammish (Chief Executive), Gail Bingham (GM Governance & Quality), Simon Everitt (GM Planning and Funding), Pete Chandler (COO), Geoff Esterman (Board Member)

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<tr>
<th>Item No.</th>
<th>Item</th>
<th>Action</th>
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| 1        | **Apologies**         | **Resolved** that the apologies from P Curry and S Mariu be received  
Moved: S Webb  
Seconded: M Parkinson |
| 2        | **Interests Register**| The Committee were asked if there were any conflicts in relation to items on the agenda.  
No conflicts were identified. |
| 3        | **Minutes**           | **Resolved** that the minutes of the meeting held 3 December 2015 be confirmed as a true and correct record.  
Moved: S Webb  
Seconded: R Scott |
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<th>Item No.</th>
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<tr>
<td>4</td>
<td><strong>Matters Arising</strong></td>
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<td>4.1</td>
<td><strong>Matters Arising</strong></td>
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<td></td>
<td>As per report circulated with the agenda</td>
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<td>4.2</td>
<td><strong>Committee Matters Arising</strong></td>
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<td>There were no committee matters arising.</td>
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<td>4.3</td>
<td><strong>Regional Committees</strong></td>
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<td>Minutes of Waikato DSAC and CPHAC received.</td>
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<td>5</td>
<td><strong>Reports requiring decision</strong></td>
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<td>5.1</td>
<td><strong>Planning and Funding Monthly Report</strong></td>
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<td>The Committee noted the report.</td>
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<td>Community Pharmacy budget is over on drug costs but not dispensing fees. Working with Pharmac on this.</td>
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<td>5.2</td>
<td><strong>Overview Of Primary Care Services Within The Bay Of Plenty</strong></td>
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<td>The committee discussed the report as circulated with the agenda.</td>
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<td><strong>Resolved</strong> that the Committee receive the report</td>
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<td>Moved: R Scott</td>
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<td>Seconded: J Turner</td>
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<td>5.3</td>
<td><strong>Maternity Update Report</strong></td>
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<td>The committee discussed the report as circulated with the agenda.</td>
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<td><strong>Resolved</strong> that the Committee receive the report.</td>
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<td>Moved: J Turner</td>
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<td>Seconded: M Parkinson</td>
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<td>5.4</td>
<td><strong>Toi Te Ora (Coversheet &amp; Hand-out Sheet only)</strong></td>
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<td>The committee discussed the report / presentation as circulated with the agenda.</td>
<td><strong>Resolved</strong> that the Committee receive the report / presentation.</td>
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|         | Moved: S Webb  
Seconded: P McQuoid |
| 5.5     | Annual Plan | GMPF to look at forming an integrated group to look at drug usage and better utilisation of pharmacy resources |
|         | The committee discussed the report / presentation as circulated with the agenda. | **Resolved** that the Committee: |
|         | 1. **Note** this report outlining the approach taken to developing the draft Annual Plan (AP) 2015-16. | |
|         | 2. **Receive** the draft AP 2015/16 as circulated electronically | |
|         | 3. **Provide** feedback on the draft AP by Monday, 9 March 2015 to the General Manager, Planning and Funding. Notably Module One Strategic Intentions. | |
|         | 4. **Note** that the second iteration of the AP will be included on the Board agenda for March; the draft will be sent on behalf of the Board, to the National Health Board on 13 March 2015. | |
|         | Moved: M Parkinson  
Seconded: S Webb |
| 5.6     | First draft Midland Regional Services Plan 2015/18 | |
|         | The committee discussed the report as circulated with the agenda. | **Resolved** that the Committee receive the report. |
|         | Moved: S Webb  
Seconded: J Turner |
<p>| 5.7     | Midland Regional Services Plan 14/15 Progress Report – Quarter 2 | |
|         | The committee discussed the report as circulated with the agenda. |</p>
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<th>Item No.</th>
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<td></td>
<td><strong>Resolved</strong> that the Committee receive the report.</td>
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<td>Moved: P McQuoid</td>
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<td>Seconded: M Parkinson</td>
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<td>6</td>
<td><strong>Reports for Noting</strong></td>
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<tr>
<td>6.1</td>
<td><strong>Work Plan</strong></td>
<td>The Committee noted the information.</td>
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<td>6.2</td>
<td><strong>Correspondence</strong></td>
<td>The Committee noted the information.</td>
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<td>7</td>
<td><strong>Presentations</strong></td>
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<td>7.1</td>
<td><strong>P &amp; F Focus Primary Care combined presentation</strong> (Michelle Murray CEO EBPHA, Roger Taylor CEO WBOPPHO)</td>
<td>The Committee thanked M Murray and R Taylor for the informative presentation.</td>
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<td>7.2</td>
<td><strong>Disability Focus: Health Passport Implementation presentation</strong> (Gail Bingham)</td>
<td>The Committee thanked G Bingham for the informative presentation.</td>
</tr>
<tr>
<td>7.3</td>
<td><strong>Toi Te Ora Strategic Priorities presentation</strong> (Dr Phil Shoemack and Janet Hanvey – Toi Te Ora)</td>
<td>The Committee thanked P Shoemack and Janet Hanvey for the informative presentation.</td>
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<td>8</td>
<td><strong>General Business</strong></td>
<td>There was no general business</td>
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<td>9</td>
<td><strong>Next Meeting</strong> – Wednesday 6 May 2015.</td>
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The meeting closed at 12:45pm.

The minutes will be confirmed as a true and correct record at the next meeting.