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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 21 JULY 2004 COMMENCING 10.00 AM**

1. Welcome / Apologies
2. Standing Orders / Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of the Last Meeting – 16 June 2004
5. Action / Responsibility List & Matters Arising
6. Correspondence
7. General Business
  - 7.1 West Coast PHO Update
  - 7.2 PHO Monitoring
  - 7.3 WCDHB Primary Health Care Plan
  - 7.4 Youth Health Strategy
  - 7.5 Oral Health
  - 7.6 Rural GP Training Scheme
8. Next Meeting – To be advised at 21 July meeting

## COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE DISCLOSURES OF INTERESTS

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

# DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

**HELD 16<sup>TH</sup> 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:** 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**

<b>Page of Minutes</b>	<b>Task</b>	<b>Who Involved/Responsible</b>
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

# ORANGA NIHO HUI

**20<sup>TH</sup> & 21<sup>ST</sup> MAY 2004**

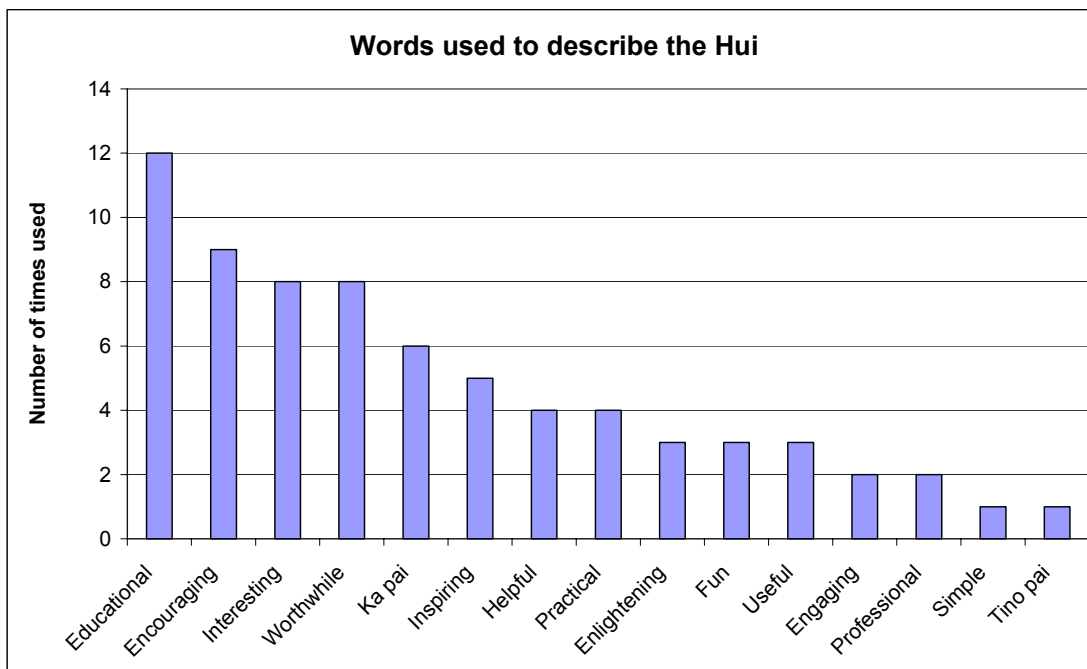
## Invitations and Attendance

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.

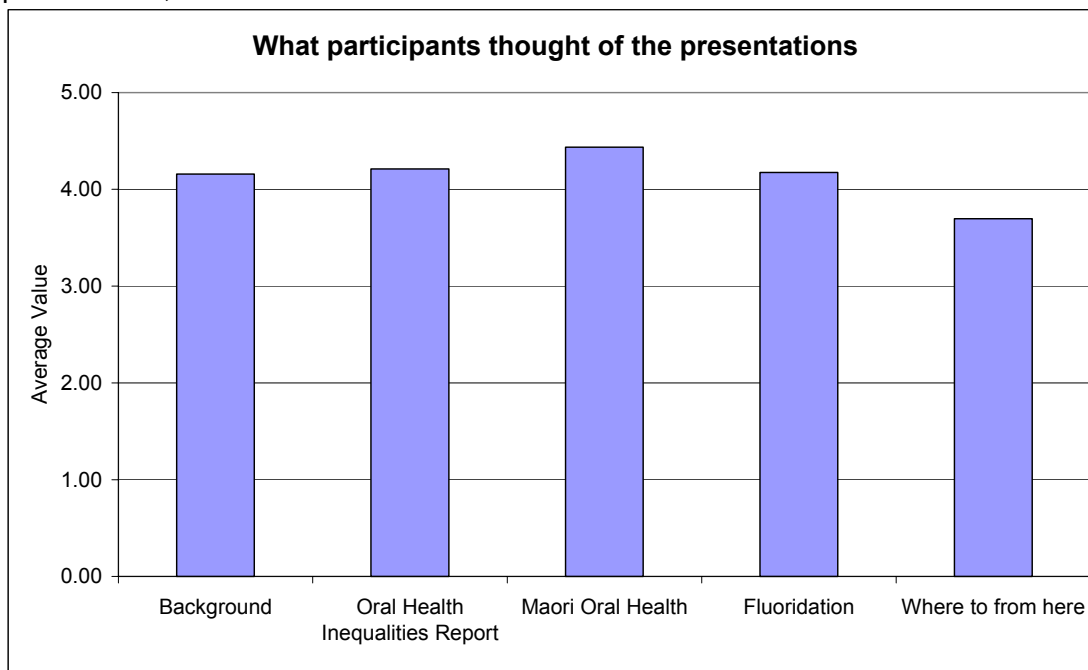
**Child Oral Health Inequalities Report:** Discussion about priorities of Ministry of Health’s Report.

**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.

