Community and Public Health Advisory Committee
Minutes

MEETING DETAILS		
Time and Date		2:00pm, Wednesday, 17 November 2010
Venue		Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom
2	**ATTENDANCE AND APOLOGIES**	

The Chair declared the meeting open at 2.02 pm.

Committee Members

Dr Brian Fergus (Chair)
Dr Chris Chambers
Dr Ian Scott
Ian Ward
Lynda Williams
Susan Buckland
Rob Cooper
Pat Snedden
Rev Alfred Ngaro

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning & Funding Officer
Hilda Fa'asalele – General Manager Pacific Health
Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health
Janice Mueller – Director Allied Health
Lorraine Hetaraka-Stevens – Associate Director Nursing Maori
Andrew Coe – Manager PHOs and Primary Care'
Ian Bell – Board Administrator

In Attendance

Judith Bassett
Robyn Northey

Apologies

Apologies had been received from Jo Agnew, Harry Burkhardt, Bob Tizard, Seiuli Juliet Walker, Lee Mathias,and Taima Campbell. An apology for lateness was recorded for Ian Ward.

9.2 Evidence for the Impact of Nutrition & Activity on Obesity

Andrew Jull, Nurse Advisor Quality was in attendance and presented on Guidelines for Weight Management explaining that the project for guidelines reflected the change from the late 80s in energy density of food and availability of alcohol increasing the percentage of the population that were obese. There were disparities in adults with BMI > 30 being 43% Maori, 65% Pacific and 23% NZEO with similar disparities in children. Disease risk increases with BMI from 21 - 23 and the WHO defines BMI > 25 overweight and BMI > 30 obese. The guidelines were developed to address weight management not prevention, be evidenced based and as a starting point UK and Canadian guidelines were reviewed with the UK NICE guidelines used. Looking at the affects of exercise on weight loss, exercise alone is not statistically significant. Looking at diets, no single diet is more effective than others.

The guideline recommendations were to take a comprehensive lifestyle approach that incorporated diet, physical activity and behavioural strategies and that the type of diet should be tailored to the individual and family preferences and increased exercise should be incorporated into weight loss regimes only in combination with other strategies. Bariatric surgery should be considered for people grossly obese.

	Different BMIs should not be used for different ethnicities and for children the US-CDC BMI for age and sex percentile. For children comprehensive lifestyle approaches needed to be taken including the family. Naida Glavish and Lorraine Hetaraka-Stevens left the meeting at 2:33pm. In conclusion he believed that prevention was effective, there was a need to change the upstream environment and work with strategies positively rather than negatively. Counties Manukau had arranged for sugar to be reduced in McDonalds products and worked on alternatives. The combination of salt/sugar/fat is highly addictive and the political environment is important. The Committee asked for a public health discussion paper on choice, political, regulation with three or four options. Ian Ward joined the meeting at 2:56pm. Any change working with the food industry needed to be at a national level and smoking was still the biggest risk.
3	**CONFLICTS OF INTEREST**
	There were no declarations of conflicts of interest with any item on the agenda.
4	**CONFIRMATION OF MINUTES 20 OCTOBER 2010**
	Moved Chris Chambers, seconded Pat Snedden *That the minutes of the Community and Public Health Advisory Committee meeting held on 20 October 2010 be confirmed as a true and correct record.* Carried Health Workforce New Zealand had declined to fund the pathways to health careers which would need to be addressed by the Board. The GAIHN implementation plan was still awaiting approval by the MoH.
5	**ACTION POINTS 20 SEPTEMBER 2010**
	The strategies for children would be provided in 2011.
6.1	**Planning and Funding Summary Report**
	There were changed requirements for the District Plan with the combined DAP and SOI and the District Strategic Plan dispensed with being covered by a Regional Plan. The DAP was now very prescriptive and there will be a need in addition to develop an Organisational Operational Plan. With Eating Disorder Services the regional mental health managers had become involved to interact with clinical staff led by Clive Bensemann who would monitor the service and referrals to the service required his signoff. The report contained more details on the primary care projects however in addition to GAIHN the MoH were looking for consortia for Integrated Family Health Clinics (IFHC) and ADHB was staying in contact with possible consortia. For services to be devolved there needed to be a range of skills and the final model from NHB, PHOs, DHBs, national regional was evolving.
6.2	**Planning and Funding Indicators List and Exception Report**
	The transition of B4 School Checks to primary care was progressing. While the immunisation rates overall were slightly over 85% it had not reached the target of 91% and had plateaued. Maori rates were trending up but there needed to be further increase so work was being done on the data at practice level. Pacific had a different way in the community and HVAZ and through the family based on faith was achieving high immunisation rates. While it was suggested that Asian should be a descriptive for a group it was noted that more groups created more data problems and data issues.

7.1	**DAP Projects Report**
	Ray Naden was Chair of GAIHN and Planning and Funding had appointed David Tucker as liaison with GAIHN.
8	**FEEDBACK**
	Maori Health Advisory Committee The Committee had received a presentation on cardiac services which was work in progress from which it is hoped equity would evolve. There had been discussions on mental health proposal seeking a direction to involve Ngati Whatua to develop a mental health service that is robust and of high quality. The CEO had undertaken to have a review of HR policies to align HR policies with the Board adopted policy to reflect the workforce to the population of Auckland. The cardiac research needed to be updated to a current model but reflected national data and a Healthcare Excellence process would be used with this methodology having application in other areas. **Pacific health Advisory Committee** The Committee had had an update on HVAZ from the evaluation project by the School of Population Health which was seeing excellent progress in relationships between churches and PHOs and from Procare on what work they were doing with HVAZ with 14 of the 42 churches who noted that this had been a turning point in their relationship with Pacific. There was a question of sustainability with HEHA funding ceasing in 2012 and a need to integrate HVAZ into business as usual. There had been discussion around the MOU framework and relationship management which was of particular importance for HVAZ.
9.1	**MoU Host and Partner DHBs**
	The MoU had a host and partner DHBs but for the partner DHBs there will still be relationships with providers with the host focused on transactional. Strategic and operational were separate. ADHB will be the host for Procare. Judith Basset and Lorraine Hetaraka-Stevens left the meeting at 3:52pm. There would be a monitoring report every 3 or 6 months on MoU activities. Waitemata had not chosen to be a host DHB and they were going through a PHO realignment at present although the MoU was going to their Board meeting. Moved Ian Scott; seconded Susan Buckland *That the CPHAC recommends to the Board that:* *(1) the Board note that approval by the Ministry of Health is required under the Operating Policy Framework;* *(2) The Board note that although the Host DHB will be the primary contact for the PHO partner the DHB will still retain direct relationships for key contracts if required;* *(3) The Board note that Ministry of Health has approved the Memorandum of Understanding;* *(4) The Board approve the Memorandum of Understanding; and* *(5) The Board approve that the Chief Executive sign the Memorandum of Understanding.* Carried

<table>
<tr><td>11</td><td>GENERAL BUSINESS</td></tr>
<tr><td></td><td>Magazine Article

The Chief Executive noted that when things go wrong there was a need to listen and investigate and the processes of Serious and Sentinel Events and Health Excellence were aimed at eliminating harm. Always families are included. It was critical for ADHB to hold to its values and open disclosure is very important.

Brian Fergus was thanked for his Chairing of the Committee.</td></tr>
<tr><td></td><td>NEXT MEETING</td></tr>
<tr><td></td><td>The meeting closed at 4:07 pm

The next scheduled meeting is for
2:00pm, Wednesday, 26 January 2011
Marie Hosking Room
Level 7, Building 14
Greenlane Clinical Centre
Epsom</td></tr>
<tr><td colspan="2">CONFIRMED

CHAIR: DATE:</td></tr>
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