

**CAPITAL AND COAST DISTRICT HEALTH BOARD
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
MEETING HELD IN THE BOARD ROOM, LEVEL 1, 54-56 CAMBRIDGE TCE,
WELLINGTON ON THURSDAY 13 SEPTEMBER 2007, AT 9.15AM**

PUBLIC SECTION

PRESENT:

Kiri Parata (Chair)
Fuimaono Karl Pulotu-Endemann
Governance)
Linda Hobman
Herani Demuth
Ida Faiumu-Isaako
Judith Aitken (*ex officio member*)

IN ATTENDANCE:

Sandra Williams (Manager, P&F Operations)
John Apanowicz (Senior Advisor,

APOLOGIES: Stephen Palmer, Pushpa Wood, Brendon Bowkett, Margot Mains (Chief Executive Officer)

NON MEMBER PRESENT: Margaret Faulkner

PUBLIC PARTICIPATION

The Chair acknowledged David Barnard, Chairperson, Kenepuru Hospital Advisory Group. David outlined the role of the Advisory Committee. He urged the committee to have a thought out solution to the Kenepuru Community Hospital A&M and asked them to read his letter dated 6th September 2007.

DECLARATION OF INTEREST

Committee members noted the register contents. No updates were advised.

CPHAC COMMITTEE RESOLUTIONS (PUBLIC SECTION)

The Chair acknowledged that the recommendations made were approved at the Board meeting 5th September 2007.

CONFIRMATION OF MINUTES

The minutes of the meeting of the CPHAC meeting held on 16 August 2007 were confirmed as a true and correct record of proceedings.

MATTERS ARISING:

Oral Health Service (*Board Item no. 7417*)

The Committee noted the consultation was now completed.. The business case will be discussed at the October Committee meeting for November Board recommendations.

Alcohol and other drugs

The Committee noted there was a question about which committee (DSAC or CPHAC) would take the lead on impacts of alcohol It was agreed to raise at the joint committee meeting in October.

Judith Aitken joined the meeting at 9.30am.

Minutes of the Board meeting held on 1 August 2007

The Committee noted the minutes of the Board meeting held on 1 August 2007.

CEO Report to September 2007 Board Meeting

The Committee Noted the CEO Report.

The Chair commented in future the whole of the CEO Report would be in the Information Only Papers.

The Committee noted the contents of the report. Specific comments focused on;

- The deficits and questioned accountabilities. Who takes responsibility for the deficit and the actions being taken to address the deficit. Any provider arm deficit will impact on the work of CPHAC, particularly CPHAC's responsibility for resource allocation.
- Noted that 07/08 initiatives had already been phased to allow phasing savings to be released to support the deficit.
- That the change in CEO reporting to the Board was to align with the DAP and to monitor progress against plan and to check that targets were being met.
- That the provider arm is only a another provider and that P&F has a duty to monitor and manages its non-performance in the same manner as it does any other provider
- The need to periodically have the COO attend CPHAC meetings to report to CPHAC on overall performance where it related to CPHAC activity.

The Committee resolved to recommend to the Board that it:

1. Note the concern of the Committee in relation to the rising deficit and the impact this has on the Primary Care, community and NGO sector.
2. Note the Committee requests to have quarterly updates from the COO, identifying steps to improve the deficit to the advantage of the primary sector.
3. Note the Committee request for a quarterly report on the impact of primary and community care initiatives as a result of the HHS deficit.

WORK PROGRAMME

The Committee noted the CPHAC work programme and made specific comment as follows:

- The next joint DSAC/CPHAC meeting is scheduled in October.
- The Pacific Action Plan II will be presented at the October meeting.
- HAC committee members should be invited to the workshop as impact of alcohol is on the agenda.

REGIONAL CLINICAL SERVICES PLAN

The Committee noted the Plan.

The Committee noted the principles, critical success factors and deliverables outlined in the Regional Clinical Services Plan.

The Committee resolved that it recommend to the Board that it:

1. Endorse the general direction of the Regional Clinical Services Plan.
2. Note the development of the plan has begun.
3. Note the report will be added to the CPHAC work program in March 2008.

SIX MONTH PROGRESS REPORT

Rebecca Rippon, Analyst, and Julia Carr, Senior Portfolio Mgr Primary &

Community Care joined the meeting. Rebecca provided a presentation on The Six Month Progress Report.

The Committee discussed the contents of the report. Specific comments focused on the need to be able to understand the contents of the report and how to improve Maori and Pacific health outcomes, and improve statistics to the level of other groups.

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The Chair thanked Rebecca and the team for the presentation and the work associated with preparing the report.

The Committee resolved to recommend to the Board that it:

1. Agree to increased and focused collaboration with other sectors such as housing to improve the health disparities of Maori, Pacific and low income households.
2. Agree to increased collaboration with the Wellington School of Medicine with a view to align with the Board's work on reducing disparities.
3. Use available data from Planning and Funding to identify specific interventions which will clearly improve the health status of Pacific peoples by reducing the inequalities in a number of dimensions.
4. Note with appreciation the huge amount of work done by staff to achieve The Six Month Report
5. Take all possible steps to get rid of soft drinks in the C&CDHB district.

PUBLIC PARTICIPATION

The Chair acknowledged Philip Segedin, Lyndy McIntyre and the We Care Group as members of the public and invited them to speak. She noted the agenda item they were responding to is in the Public Excluded part of the meeting.

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Philip Segedin provided comments on the Community Nursing & Allied Health Project.

He spoke of the benefits of the current system and the dedicated people who care for members of the public in his community. He voiced his concern that any change would reduce the level of service and dismantle the service. The nurses deserve more respect and are being treated with disregard.

Lyndy McIntyre of the We Care group voiced concern about the consultation process. She commented on the need for transparency and referred to the letter dated 11 September addressed to Judith Aitken, Chair C&C DHB.

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The Committee noted the concerns from the public and outlined the reasons for the Public Exclusion at this stage of the process.

INFORMATION ONLY PAPERS:

The Committee noted the following information only papers:

- Glossary of Terminology
- CPHAC Declaration of Conflicts of Interest register
- CEO Report Information Only July
- DHBNZ Health Workforce Information
- Media Release Under 6's
- Palliative Care Forum Newsletter
- COO's News
- Annual Check-Up

CHAIR