

**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, 3rd Floor Princess Margaret Hospital
on Thursday, 15 October 2009, commencing at 2.00pm

AGENDA ITEMS

- Interest Register
- Previous Minutes
- Action Points/Carried Forward Items
- Presentations
 - Community and Public Health – Update Programme Area One – Information Capacity
- Maori and Pacific Health Update
- Results of Diabetes Annual Check Survey
- Mental Health Progress Report
- Alcohol and Other Drugs Service Redesign
- Submission on Reform NZ Liquor Laws
- Information Items
 - Report “Warm Homes and Clean Air”
- B4 Schools Check – Monthly Update
- Canterbury Initiative Update
- Exception Reports
*Planning and Funding
Community and Public Health*
- Community and Public Health and Disability Support Advisory Committee Meeting Update – 17 September 2009
- Canterbury DHB Board Agenda – 9 October 2009
- Canterbury DHB Confirmed Minutes – 11 September 2009

PRESENT

Olive Webb (Chairperson); Eleanor Carter; Anna Crighton; Richard Davison; Alister James; Jo Kane; Wendy Dallas-Katoa; Andrew Dickerson; Matea Gillies; Stephen Lowndes and Chris Ryan.

APOLOGIES

An apology for absence was received and accepted from Margaret Schwass. Apologies for lateness were received from Alister James (arrived at 3.15pm) and Jo Kane (arrived at 3.16pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive), Evon Currie (General Manager, Population and Public Health), Greg Hamilton (Team Leader, Planning and Funding), Murray Dickson (General Manager Corporate Services), Kay Jenkins (Executive Assistant Governance Support) and Kevin Roche (Assistant Board Secretary).

IN ATTENDANCE**Item 4**

Dr Anne Richardson (*Community and Public Health*)
Sue Turner (*Community and Public Health*)

Item 5

Hector Matthews (*Executive Director Maori and Pacific Health*)

Items 6 & 7

Greg Hamilton (*Team Leader Service Transition – Planning & Funding*)

Item 8

Dr David Stoner, (*Clinical Leader, AOD*)

David Watson, (*Familial Trust*),
Sandy McLean, (*Service Development Manager, Planning & Funding*)
Toni Gutschlag, (*Team Leader, Planning & Funding*)

1. INTEREST REGISTER

Richard Davison advised that he was now a Board member of the Rural Canterbury PHO.

Olive Webb declared a conflict of interest in respect to item 9 on the agenda "Submission on the Reform of the NZ Liquor Laws" prior to the consideration of this item and retired from the meeting during consideration of this item.

There were no other declarations of conflicts of interest in respect to the agenda for the meeting or amendments to the interest register.

2. MINUTES OF THE PREVIOUS MEETING

Resolved (25/09)

(Moved: Olive Webb; Seconded: Chris Ryan; - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 17 September 2009 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The Committee noted the advice from Stephen Lowndes that he had discussed with local media the issues previously raised with the Committee regarding the Little River PHO geographic boundaries. It was agreed that this issue should be placed on the Committees carry forward list.

Other items on the carry forward list were discussed by the Committee as follows:

United Nations Convention on The Rights of Person's with Disabilities

It was agreed that an approach be made to the Human Rights Commission to seek guidance on the responsibilities of DHBs in respect to this convention.

The Placement of Younger People in Rest Homes

The Committee discussed this issue and it was noted that younger people were often placed in rest homes as there was no other funded alternative and that there was probably about 580 younger people, not suffering from dementia, in this situation nationwide.

The Committee resolved to recommend in its meeting report to the Board:

"That a request be made to the Minister of Health that funding for disability services be devolved to DHBs as a matter of urgency and that the Canterbury DHB also write to all other DHB DSAC Committees seeking their support to this".

The Committee noted the carried forward items

4. PRESENTATION – COMMUNITY & PUBLIC HEALTH – UPDATE PROGRAMME AREA ONE – INFORMATION CAPACITY

(CPH&DSAC)

Sue Turner, Manager and Anne Davie, Team Leader, Community & Public Health, provided a PowerPoint presentation on Community & Public Health, Programme Area One, relating to Public Health Information and Capacity.

The presentation provided information in respect to:

- The Public Health Intelligence and Analysis (PHIA) team, what it does and examples and outcomes of its work.
- Examples of the multidisciplinary support it provides
- Collaborative projects within the Canterbury DHB and with external organisations.
- Other projects and outcomes from PHIA work.

As an example of the work carried out by the team Anne drew attention to the review on food security as detailed in the Community & Public Health Exception report. It was also noted that Community & Public Health shared one fulltime position with the Christchurch City Council, which provided valuable links and liaison with that organisation.

The Committee also discussed the impact of alcohol on emergency department attendances and the General Manager Population Health spoke about the work of the Tri Agency Group (comprising Community & Public Health staff, Christchurch City Council and NZ Police) and the Christchurch Central Business District (CBD) Alcohol Accord.

The Committee received the presentation.

5. MAORI AND PACIFIC HEALTH UPDATE

(CPH&DSAC)

Hector Matthews, Executive Director, Maori and Pacific Health spoke to this report which provides a quarterly update to the Committee on activities pertaining to Maori and Pacific Health. He drew attention to the following aspects of the report:

- Ethnicity data collection – as requested by the Committee at its previous meeting the report provided information on a national, Canterbury and PHO basis on ethnicity collection and PHO enrolments. It noted that there had been an improvement in Maori and Pacific PHO enrolments over the past 12 months with an additional 2000 Maori enrolments over that period. Mr Matthews advised that visits by the PHO enrolled population were tracking consistently over time with visits by enrolled Maori less and Pacific less again.
- Community Services Card Use – Maori presented at a lower rate than others.
- Community Action – the work of the Wai-Ora Trust and the development of Community garden plots.
- Manawhenua Ki Waitaha – a draft workplan had been sent to Manawhenua Ki Waitaha for feedback.

Specific matters discussed by the Community related to:

- The relationship between Maori Older Person's Inpatients and Older Person's Outpatients (9% and 5% of the total respectively). Mr Mathews cautioned that the data for inpatients was of a better quality than that for outpatients. The General Manager Planning & Funding also advised that work was being done looking at the relationship between deprivation, ethnicity and the use of DHB services.
- In response to a question if Maori children were over-represented in Women's and Children's Health statistics Mr Matthews confirmed that they were in some areas such as glue ear and oral health.

- The General Manager Planning & Funding advised that work was being done on access to urgent care and that a high proportion of people attending the Emergency Department were not enrolled. The Committee expressed its concern at the number of people not enrolled with a PHO and requested that this issue be placed on the Committee's carried forward list to be kept under review.

Resolved (26/09)

(Moved: Jo Kane; Seconded: Eleanor Carter; - carried)

That the Committee:

- i) Notes the update and progress to date.
- ii) Expresses its concern at the large number of people not enrolled with a PHO and requests further feedback as part of the project on access to urgent care.

(Alister James arrived at 3.15pm and Jo Kane at 3.16pm)

6. RESULTS OF DIABETES ANNUAL CHECK SURVEY

(CPH&DSAC)

Carolyn Gullery, General Manager Planning and Funding and Greg Hamilton, Team Leader Service Transition, Planning and Funding, spoke to this report which provided an update to the Committee on the results of the Diabetes Annual Check Survey.

The Committee considered this report which provided an update on the research undertaken to establish the consumer uptake, or lack of uptake, of the funded diabetes annual review amongst Canterbury residents with diabetes. Greg Hamilton, Team Leader, Planning and Funding spoke to the report, which had been prepared for the Canterbury DHB by Opinions Market Research. He explained that one of the main reasons for undertaking the review was to obtain a better understanding of the dynamics from a view of consumer resistance to the diabetes annual check. Dr Hamilton advised that at present only about 30% of expected diabetics receive their annual check.

The review made a number of conclusions and recommendations which are summarised below:

- Ensure diabetes annual reviews (DARs) include a self management plan.
- Improved promotion of DARs.
- Improve diabetes education and information.
- Engaging the unintentionally non-engaged.
- Setting minimum standards to address inequity.
- Regular contact.
- Engendering GP-patient collaboration by sharing health records.
- Peer support.
- Language barriers.
- Feedback to research participants.

The Committee noted the report and endorsed the conclusions and recommendations within it and also requested that regular quarterly update reports be provided to it.

7. MENTAL HEALTH PROGRESS REPORT

(CPH&DSAC)

Carolyn Gullery, General Manager Planning and Funding and Greg Hamilton, Team Leader Service Transition, Planning and Funding, spoke to this report which provided an update to the

Committee on the developments in the mental health sector, and forms part of the reporting back to the Committee against the Strategic Activity Report (SAR) targets.

This report provided a progress report on developments in the mental health sector and formed part of the agreed reporting back to the Committee against the Strategic Activity Report (SAR) targets. Toni Gutschlag, Team Leader Mental Health, spoke to the report and confirmed that this was a summary of new projects not a review of existing programmes.

The Committee discussed the report and in particular the following issues:

- Rural Canterbury PHO mental health counselling programme and grief intervention counselling.
- The Cross Sector Leadership Group - membership of the group. It was advised that this reflected both the Hospital Service and Community providers.
- Representation from rural areas on the group and access to services from rural areas.
- Crisis respite services and the development of a single access pathway.
- The suggestion that a comprehensive presentation on Mental Health be made to the Board at some stage in the future.

The Committee noted the report

8. ALCOHOL AND OTHER DRUGS SERVICE REDESIGN *(CPH & DSAC)*

The General Manager Planning and Funding spoke to this report which described a revised Alcohol and Other Drug (AOD) System for Canterbury. This report sought the Committee's recommendation to the Board of the adoption of a reconfigured AOD service. It was noted that the report was also to be provided to the Hospital Advisory Committee for its recommendation to the Board.

Dr David Stoner, Clinical Leader, David Watson, Familial Trust, Sandy McLean, Service Development Manager and Toni Gutschlag, Team Leader attended and spoke to the report and outlined the process by which it had been developed. Specific aspects of the report and revised AOD system discussed by the Committee were as follows:

- It was expected there would be a broader range of organisations undertaking screening with specialist services providing more support to community organisations. It was expected that early intervention would prevent more serious problems. The NGO sector would care for the less complex patients.
- The proposed new AOD pathway – and the waiting time for first assessment.
- It was hoped that mobile teams would be able to do some of the assessment functions.
- The role of GPs in providing support and motivation and the need for GPs to know what services are available and the inter relationship between the Canterbury DHB and the NGO sector.
- Provision of services for youth – it was noted that the proposed model provided for an increased focus.
- How the changes were to be evaluated and the need for appropriate statistical information.
- The timeline for development of the Implementation Plan – it was advised that a two year timespan over the 2010/11 and 2011/12 years was considered appropriate for implementation and would allow for a measured approach to this. The actual plan was expected to be drafted about two months after approval from the Board.
- The provision of AOD assessment for youth in prison – it was noted that this was not done when court processes were pending, but that there was a need for a separate forensic service.

Resolved (27/09)

(Moved: Jo Kane; Seconded: Eleanor Carter; - carried)

The Committee resolved:

- i. To recommend to the Board that the direction of the report be endorsed and an implementation plan be developed.

9. SUBMISSION ON REFORM NZ LIQUOR LAWS

(CPH)

The Committee considered this report which sought its endorsement to a draft submission to the NZ Law Commission on the issues paper “Alcohol in Our Lives” in accordance with the delegation given to the Committee at the Board meeting on 9 October 2009. The General Manager Population and Public Health, Evon Currie, spoke to the report.

Issues discussed by the Committee related to:

- The provision of specific data relating to Canterbury and in particular the Christchurch Hospital Emergency Department, rather than the data which was shown for the Auckland Emergency Department. The General Manager Population and Public Health advised that the reason for using data from Auckland was that it was more robust.
- The Committee also discussed if it would be possible to recommend that restrictions be placed on the number of off-licences in a particular area similar to the restriction on the number of gambling machines imposed by some local authorities. The General Manager Population and Public Health confirmed that this idea would be considered and it was noted that areas such as Community Board wards could be used. It was noted a change to the legislation would be needed but that this was one of the reasons for the review of liquor law in NZ.

Following a canvassing of individual member’s views by the Chair the recommendation in the report was then put to the meeting, noting the assurance by the General Manager Population and Public Health regarding exploring the possibility for restrictions on the total number of outlets in specific geographical areas.

Resolved (28/09)

(Moved: Andrew Dickerson; Seconded: Eleanor Carter; - carried)

That the Committee:

- i. endorses the draft submission to the NZ Law Commission as attached to the report.

(Note: the Chair, Olive Webb declared a conflict of interest in respect to this report and retired from voting and discussion thereon. The Chair was assumed by Jo Kane for the duration of the discussion on this item)

(Dr Chris Ryan retired at 5.15pm)

INFORMATION ITEMS

The Committee received information reports in respect to:

- Warm Homes & Clean Air *(CPH)*
- B4 Schools Checks – Monthly Update *(CPH)*
- Canterbury Initiative Update *(CPH&DSAC)*

- Exception Reports
Planning and Funding
Community & Public Health
- Community and Public Health and Disability Support Advisory Committee Meeting Update – 17 September 2009 (*Report to October 2009 Board meeting*)
- Canterbury DHB Board Agenda – 9 October 2009
- Canterbury DHB Board Confirmed Minutes – 11 September 2009

There being no further business the meeting concluded at 5.21pm

The next meeting will be held on Thursday, 3 December 2009, at 2pm in the Board Room, 3rd Floor, Princess Margaret Hospital

Confirmed as a true and correct record

Olive Webb
Chair

Date