

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING (CPHAC)
Wednesday, 21 February 2018

Venue: Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland
Time: 9.00am

<p><u>Committee Members</u> Colleen Brown – Committee Chair Dr Ashraf Choudhary – CMDHB Board Member George Ngatai – CMDHB Board Member Dianne Glenn – CMDHB Board Member Katrina Bungard – CMDHB Board Member Rabin Rabindran – CMDHB Board Chair Apulu Reece Autagavaia – CMDHB Board Member John Wong – Community Representative</p>	<p><u>CMDHB Management</u> Dr Gloria Johnson – acting Chief Executive Benedict Hefford – Director Primary Community and Integrated Care Margie Apa – Director Population Health Strategy and Investments Jenny Parr – Director of Patient Care, Chief Nurse & Allied Health Professions Officer Dinah Nicholas - Secretariat</p>
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APOLOGIES

REGISTER OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

PART 1 – Items to be considered in public meeting

AGENDA

			Page No.
9.00am	1.	AGENDA ORDER AND TIMING	
	2.	CONFIRMATION OF MINUTES	
9.05am	2.1	Confirmation of Public Minutes of the Community and Public Health Advisory Committee Meeting – 29 November 2017	6-10
9.10am	2.2	Action Items Register	11-12
	3.	PRESENTATION	
9.15am	3.1	Green Prescriptions in Counties Manukau (Pippa van Paauwe)	-
<i>Morning Team (10.00– 10.10am)</i>			
	4.	BRIEFING PAPERS	
10.10am	4.1	New Government’s Health Policies & Priorities (Benedict Hefford)	13-18
10.45am	5.	RESOLUTION TO EXCLUDE THE PUBLIC	19



BOARD MEMBER ATTENDANCE SCHEDULE 2018 – CPHAC

Name	Jan	21 Feb	Mar	11 Apr	23 May	June	4 Jul	15 Aug	26 Set	Oct	7 Nov	5 Dec
Colleen Brown (Chair)	No Meeting		No Meeting			No Meeting				No Meeting		
Ashraf Choudhary (Deputy Chair)												
Dianne Glenn												
George Ngatai												
Katrina Bungard												
Rabin Rabindran (Board Chair)												
Reece Autagavaia												
John Wong - External Appointee (appointed 13/9/17)												

**CPHAC MEMBERS
DISCLOSURE OF INTERESTS
21 February 2018**

Member	Disclosure of Interest
Colleen Brown (CPHAC Chair)	<ul style="list-style-type: none"> • Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • Director, Charlie Starling Production Ltd • Member, Auckland Council Disability Advisory Panel • Member, NZ Disability Strategy Reference Group • District Representative, Neighbourhood Support NZ
Dr Ashraf Choudhary (CPHAC Deputy Chair)	<ul style="list-style-type: none"> • Board Member, Otara-Papatoetoe Local Board • Member, NZ Labour Party • Chairperson, Advisory Board Pearl of Island Foundation • Co-Patron, Bharatiya Samaj Charitable Trust
Dianne Glenn	<ul style="list-style-type: none"> • Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ) • Member, Auckland Disabled Women's Group
George Ngatai	<ul style="list-style-type: none"> • Director, Transitioning Out Aotearoa • Director, The Whanau Ora Community Clinic • Chair, Safer Aotearoa Family Violence Prevention Network • Huakina Development Trust (Partnership Clinic) • Community Organisation Grants Scheme (Auckland) • Lotteries Community (Auckland) • Board Member, Counties Manukau Rugby League Zone

Katrina Bungard	<ul style="list-style-type: none"> • Chairperson MECOSS – Manukau East Council of Social Services. • Deputy Chair Howick Local Board • Member of Amputee Society • Member of Parafed Disability Sports • Member of NZ National Party
Rabin Rabindran (Board Chair)	<ul style="list-style-type: none"> • Chairman, Bank of India (NZ) Ltd • Director, Solid Energy NZ Ltd • Director, Swift Energy NZ Ltd • Director, Swift Energy NZ Holdings Ltd • Director, Kowhai Operating Ltd • Director, NZ Liaoning International Investment & Development Co Ltd • Director, New Zealand Health Partnerships • Singapore Chapter Chairman – ASEAN New Zealand Business Council
Reece Autagavaia	<ul style="list-style-type: none"> • Member, Pacific Lawyers’ Association • Member, Labour Party • Member, Tangata o le Moana Steering Group • Trustee, Epiphany Pacific Trust • Trustee, The Good The Bad Trust • Member, Otara-Papatoetoe Local Board
John Wong	<ul style="list-style-type: none"> • Board member, Asian Family Services (a subsidiary of Problem Gambling Foundation of NZ). • Chair and Trustee, Chinese Positive Ageing Charitable Trust. • Founding member and council member, Asian Network Incorporation (TANI). • Board member, Auckland District Police Asian Advisory Board. • Board member, Older People Advisory Group of the Accident Compensation Corporation. • Board member, Chinese Mental Health Consultation Service Trust. • Member, AUT Centre for Active Ageing Advisory Group.

**COMMUNITY and PUBLIC HEALTH ADVISORY COMMITTEE MEMBERS'
REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS**

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 21 February 2018

Director having interest	Interest in	Particulars of interest	Disclosure date	Board Action
Ms Dianne Glenn	Item 5 on the CPHAC agenda - hazardous alcohol use.	Ms Glenn is a member of the District Licensing Committee of Auckland Council	22 March 2017 14 June 2017	That Ms Glenn's specific interest is <u>noted</u> and the Committee <u>agreed</u> that she may remain in the room and participate in any deliberations of the Committee but <u>is not</u> permitted to participate in any decision making, if applicable.
Ms Margie Apa	Item 3.1 on the CPHAC agenda – Aged Related Residential Care Overview	Ms Apa is Chair of Presbyterian North who provide older people services.	3 May 2017	That Ms Apa's specific interest is <u>noted</u> and the Committee <u>agreed</u> that she may remain in the room and participate in any deliberations of the Committee but <u>is not</u> permitted to participate in any decision making, if applicable.

Minutes of Counties Manukau District Health Board Community and Public Health Advisory Committee

Held on Wednesday, 29 November 2017 at 10.15am – 12.00pm
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART II – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Dianne Glenn
Katrina Bungard
Rabin Rabindran
Ashraf Choudhary
John Wong

ALSO PRESENT

Dr Gloria Johnson (acting Chief Executive)
Margie Apa (Director, Population Health & Strategy, Acting GM Maaori Health)
Benedict Hefford (Director Primary, Community and Integrated Care)
Jenny Parr (Director of Patient Care, Chief Nurse & Allied Health Professions Officer)
Campbell Brebner (Chief Medical Advisor, Primary Care)
Vicky Tafau (acting Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media present at this meeting.

APOLOGIES

Apologies were received and accepted from George Ngatai and Apulu Reece Autagavaia and from Katrina Bungard for leaving early (10.30am).

DISCLOSURE OF INTERESTS/SPECIFIC INTERESTS

Mr Rabindran is no longer a member of the Auckland Transport Board.

There were no Specific Interests to note with regard to any items on today's agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 18 October 2017.

Resolution (Moved: Dianne Glenn/Seconded: Rabin Rabindran)

That the minutes of the Community and Public Health Advisory Committee meeting held on 18 October 2017 be approved.

Carried

2.2 Action Item Register

Noted.

It was suggested that Dr Peter Gow could be contacted in relation to the suggested link between Gout and Family Violence. The CPHAC Secretary is to contact Dr Gow.

3. PRESENTATION

3.1 Every \$ Counts (Sarah Sharp)

Applying a health equity lens to procurement in Planning & Funding.

This project aims to examine the CM Health Planning & Funding procurement system and processes with an equity lens in order to:

- a) Determine the current status of the system from an equity perspective; and
- b) Improve the system and processes so that we are transparently and systematically applying an equity approach

Learning's to date:

- We have demonstrated that Planning & Funding teams are not transparently and systematically applying an equity approach to community health service procurement processes.
- There are opportunities for improving procurement processes and systems and ensuring that every contracted dollar counts towards achieving equity.
- The first priority for action is improving the quality of Service Specifications as there are flow-on effects further on in the procurement process.

Stages 2 and 3 of this work continue. Subsequently this work could be scaled up to other parts of organisation if appropriate.

The Chair requested that the project team return to present an update in the latter part of 2018.

3.2 Eastern Locality Update (Penny Magud)

Penny Magud took the Committee through her updated presentation on developments to date in the Eastern Locality highlighting the following:

4. BRIEFING PAPERS

4.1 System Level Measure Quarterly Report (Benedict Hefford)

Overarching activities for Q1:

- Final submission and approval of the 2017/18 Improvement Plan to the Ministry.
- Q4 reporting for 2016/17 approved with payment processed on 15 September to all Primary Health Organisations without impediment.
- Stocktake of existing, new, planned and boosted activity under SLMs, which has been developed into a Regional Action Plan (Implementation Plan), with a plan to present to the Alliance Leadership Teams after Q2.
- Consideration of the business-as-usual stage for SLMs, with a plan for operation agreed and preparation in progress.
- First steps to business-as-usual, development of a consolidated governance structure: data panel, Primary Health Organisation implementation group and acute hospital bed days working group reporting to steering group, with a view to the permanent home of the other SLM working groups in negotiation.
- Formation of quarterly static and on-going dynamic reporting and a formal workshop to launch these reports, explain the process for data requests and discuss the attributes and limitations of SLM related data.
- SLMs have become core business for the metro-Auckland Data Sharing Data Stewards during embedding of the data release and governance processes, also presented at Regional Privacy Advisory Group (RPAG).
- Some data has been delivered for almost all milestone and contributory measure data sets. Those that have not been received have been formally requested. There is some lag from Ministry data sets and where there is lag, wait times range from 3 to 6 months.
- Several improvement activities requiring data have also had the Metro-Auckland Data Sharing Framework (MADSF) user request completed and have either received data or is in the approval process. Some further improvement activity-related data sets are currently being defined with a view to analysis shortly.

Oral Health - CM Health has the lowest rate of enrolment for preschool children, 1st quarterly report was released yesterday. The knowledge from CM Health could be used to assist the Oral Health Service to increase the uptake of their services.

Household Smoking Cessation - collection of data is poor and quite a few of these measures have begun with a low baseline. This is hoped to improve as we move forward.

Resolution (Moved: Colleen Brown/Seconded: Dianne Glenn)

The Community & Public Health Advisory Committee received the System Level Measures Quarterly Update Report.

Carried

4.2 Q1 2017/18 Population Health Plans (Margie Apa/Filipo Katavake-McGrath)

Activities in Q1 have included defining data and sourcing and stocktaking activities in DHBs to identify gaps and engagement with key stakeholders. This work will contribute to a PHO implementation meeting in early Q2 which will promote development of primary care and hospital-discharge related activities.

Population enrolled in a PHO - for Pacific this shows as 116% which means, potentially, that ineligible patients are enrolled or, people are enrolling from outside our domicile.

99.3% of Pacific Children Identified as Obese in their B4School Check have been Referred for Assessment/Support Services - the Committee is interested to determine if these referrals are, in fact, being acted upon and requested an update be provided at the next meeting (21 February) on follow through and information on the child obesity pathway that gives guidance to the practitioners.

Resolution (Moved: Dianne Glenn/Seconded: Ashraf Choudhary)

The Community & Public Health Advisory Committee received the 2017/18 Q1 Performance and Outcomes Report for Population Health Plans.

Carried

4.3 Community Nurse Prescribing Update (Karyn Sangster)

Thirty three nurses have just completed the first Registered Nurse prescribing in Community Health: Trial and Evaluation. CM Health and Family Planning New Zealand are the only sites for the trial and evaluation for this new scope of prescribing. The initial group includes nurses working in the following clinical areas: Secondary schools, Primary Care, Mana Kidz and Public Health Nursing.

The nurses are now able to prescribe from a limited list of medicines using Auckland Regional Health Pathways for clinical decision support for common skin, ear, and sore throat conditions as well as over the counter medicines. Nurses who have completed the Family Planning Certificate as well in Sexual Health and Contraception are also able to prescribe a limited range of medicines in this area as well. The education programme has a significant focus on pharmacology, health literacy and antimicrobial stewardship.

The benefits of nurse prescribing in community nursing allow greater access to medicines at the point of care. The nurses have stated they have greater assessment skills and critical thinking, and improved team relationships with their prescribing mentors. This will provide a more comprehensive approach to health service delivery from nurses working in the community.

This trial and evaluation was run with a 'no frills' approach. GPs provided their time free of charge and participants had access to Ko Awatea.

Rigour within the assessment and the training has been demonstrated. Registered nurses who undertake this course have the support of their employer/umbrella organisation with access to a Supervisor within the workplace. A learning contract was completed and signed by both the registered nurse and Supervisor. The Supervisor met fortnightly with the RN to discuss progress and identify any learning needs. The registered nurse maintained a logbook that was taken to each meeting with their Supervisor. These were viewed as part of the assessment process.

The Nursing Council has contracted Ko Awatea to undertake the evaluation. This is to be completed by March 2018. The evaluation of the programme will determine the quality, safety and cost benefits to the health system and consumers. It will also determine the training and support needed by the RN to prescribe medicines safely and appropriately. The findings of the evaluation will inform the national roll out of the course.

The Chair asked Ms Sangster to pass on the Committee's congratulations to the participants.

Resolution (Moved: Dianne Glenn/Seconded: Ashraf Choudhary)

The Community & Public Health Advisory Committee received the Registered Nurse Community Prescribing Trial & Evaluation paper

Carried

The meeting concluded at 12.00pm.

SIGNED AS A CORRECT RECORD OF THE COUNTIES MANUKAU DISTRICT HEALTH BOARD
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF 29 NOVEMBER 2017.

Colleen Brown, Committee Chair

Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

Community & Public Health Advisory Committee Meeting – Action Items/Resolution Register – 21 February 2018

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
<i>Standing Items</i>						
19.8.15		<u>Locality Updates:</u> Manukau Otara/Mangere Franklin Eastern	11 April 23 May 4 July 15 August	Lynda Irvine Sarah Marshall Kathryn deLuc Penny Magud		
29.11.2017		<u>Population Health Plans (Asian, Pacific & Maaori) – quarterly update</u> including a local picture as well as national data on the Healthy Mums & Babies target.	11 April	Margie Apa		
14.6.17		<u>ARPHS</u> - six-monthly update.	11 April	Benedict Hefford		
29.11.2017		<u>17/18 Metro Auckland SLM Improvement Plan</u> – quarterly report.	11 April	Benedict Hefford		
29.11.2017	2.2	<u>Owning My Gout</u> – contact Dr Gow in relation to the suggested link between Gout and Family Violence.	21 February	CPHAC Secretary	<u>21.2.18</u> - Dr Gow was contacted and confirmed that he is unable to find any quantifiable data in relation to this and that the qualitative studies only talk in general terms about impacts on relationships.	✓
29.11.2017	4.2	<u>Q1 2017/18 Population Health Plans - 99.3% of Pacific Children Identified as Obese in their B4School Check have been referred for Assessment/Support Services.</u> The Committee is interested to determine if these referrals are being acted upon and requested an update be provided on follow through and information on the child obesity pathway that gives guidance to the practitioners.	11 April	Benedict Hefford		

Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
29.11.2017	3.1	<u>Every \$ Counts</u> – Project team to present an update on this project.	26 September	Sarah Sharpe		
29.11.2017	4.1	<u>School Based Health Services</u> Invite the Papakura Initiative to present on the Papakura Kooituitui Initiative Undertake an investigation into a model for a ‘one-stop’ shop in Mangere/Otara and report back.	11 April 11 April	Benedict Hefford/ Carmel Ellis Benedict Hefford		
18.10.2017	3.4	<u>Health Weight Action Plan for Children</u> Confirm: ○ Page 43 1 st bullet point – what does <i>the constitution</i> refer to. ○ Has there been any link with Counties Manukau Sport in relation to this work. ○ Page 59 – provide some further information in relation to the smartphone app and website. ○ Page 71 - what are the actions associated with the plan and how will they be driven in Counties Manukau, where is the money coming from. Arrange a presentation from Healthy Families NZ. Provide a six-monthly update on the Action Plan.	11 April Date TBC 11 April	Benedict Hefford Benedict Hefford Benedict Hefford		
6.9.2017	3.1	<u>Owning my Gout</u> – the project team were asked to return in 6 months’ time to update the Committee on their progress, particularly how they have got on working with A/WDHB as they have the balance of the 31,000 Gout sufferers. Nursing work plan including community input into this work.	11 April 11 April	Trevor Lloyd/ Benedict Hefford Karyn Sangster		

Counties Manukau District Health Board

Community & Public Health Advisory Committee

Government Health Policy Direction and Priorities - Overview

Recommendations

It is recommended that the Community & Public Health Advisory Committee:

Note that the new Coalition Government is in the relatively early stages of planning implementation of key health policies agreed by Cabinet, therefore operational details about how those policies will be funded and rolled out is still being determined.

Note that the Minister of Health has confirmed the Government's commitment to key coalition policy initiatives, including lowering the cost of GP visits; re-establishing the Mental Health Commission; annual free health checks for seniors; free doctors' visits for all under 14s; increasing the age for free breast screening to 74; free counselling for under 25s, and ensuring everyone has timely access to quality mental health and alcohol and drug addiction services.

Note that key clinical and managerial leaders from Counties Manukau Health are engaging with the Ministry and national groups and programmes to lend expertise and influence to the operationalisation of these policies over the next three years.

Purpose

This report gives CPHAC summarised information on the new government's priorities for healthcare. These initiatives will require local implementation once the policy details and funding have been determined nationally. This summary report is therefore for committee member's reference and information.

Manifesto and Coalition Commitments

The Minister has stated that the government intends to implement Labour's health policy and coalition agreements in full. Key commitments include:

- Primary Care: From 1 July 2018, lowering the cost of GP visits by \$10 through:
 - lowering the VLCA fee cap by \$10 to \$8 for adults and \$2 for teens (under 13s are already free), with a funding increase to VLCA practices to cover this
 - increasing government funding for all practices that lower their fees by \$10, lowering the average non-VLCA fee from \$42 to \$32 and the maximum fee from \$69 to \$59
 - annual free health checks for seniors with the SuperGold card
 - free doctors' visits for all under 14s
 - increasing funding for GP training places, taking the intake to 300 per year
 - carrying out a review of primary care funding to further reduce barriers to primary care and ensure the financial sustainability of practices
 - increasing the age for free breast screening to 74.

- Mental Health:
 - increasing resources for frontline health workers and co-locating mental health and primary care teams
 - re-establish the Mental Health Commission
 - extend School Based Health Services to all public secondary schools so all schools have a comprehensive youth (mental) health service.
 - Free counselling for under 25s, and ensure everyone has timely access to quality mental health services
 - boost funding for alcohol and drug addiction services
 - initiating a review of mental health and addiction services to identify gaps in services (the Terms of Reference for this review are attached).

Implications for Counties Manukau Health

In many of these areas, such as integrated mental health services, CM Health is already at the forefront of implementing new locality based models of care and the learning from our experience can potentially feed into national policy developments and pilots. In other areas, such as lower primary care part charges for low income earners, the additional funding could have a disproportionately positive impact for our high needs population in South Auckland. Although it is still early days, various CM Health clinicians and managers are engaged with national policy activity to ensure we lend influence and expertise where appropriate. We will update the Committee as the policy details emerge.

Appendix

1. Inquiry into Mental Health and Addiction - Draft Terms of Reference

Appendix A

23 January 2018

Inquiry into Mental Health and Addiction – Draft Terms of Reference

Background

The Government has committed to setting up an inquiry into mental health as part of its first 100 days' work programme. The catalyst for the inquiry has been widespread concern about mental health services, within the mental health sector and the broader community. Service users, their families and whānau, people affected by suicide, people working in health, media, iwi and advocacy groups have called for a wide-ranging inquiry.

The *People's Mental Health Report* (2017) highlighted a range of problems, including: access to services and wait times, limited treatment options in primary and community care, compulsory treatment and seclusion practices, ineffective responses to crisis situations and underfunding of mental health and addiction services in the face of rising demand. There have been calls for a transformation in New Zealand's response to mental health and addiction problems. Major concerns are stubbornly high suicide rates, growing substance abuse and poorer mental health outcomes for Māori.

People can experience a broad range of mental health problems on a spectrum from mental distress to enduring psychiatric illness requiring ongoing interventions. Substance abuse often occurs together with mental health problems. Poor mental health increases the likelihood of suicidal behaviour. However, not everyone who plans, thinks about, attempts or dies by suicide has a diagnosable mental disorder, and factors that contribute to suicide differ markedly across age groups.

Mental health and addiction problems are relatively common (approximately 20 percent of New Zealanders are predicted to meet the criteria for a diagnosable mental disorder each year) and prevalence is increasing. Unmet need is substantial, with at least 50 percent of people with a mental health problem receiving no treatment. This situation reflects both people not recognising their own needs for mental health support and a lack of capacity to meet those needs. Families and whānau of service users, and of New Zealanders lost to suicide, report little or no support or treatment.

Risk factors include ease of access and cultural attitudes to alcohol (which is implicated in over 50 percent of cases of youth suicide) and continued dislocation of Māori from their whānau, communities and iwi. There is also increasing dislocation within our ethnic migrant and refugee communities. Many other risk factors associated with poor mental health sit across a range of social determinants such as poverty, inequality, inadequate parenting, lack of affordable housing, low-paid work, exposure to abuse, neglect, family violence or other trauma, social isolation (particularly in the elderly and rural populations) and discrimination.

Risks are higher where deprivation persists across generations. These risk factors can contribute to a wide range of other poor life outcomes including low levels of educational achievement, poor employment outcomes, inadequate housing and criminal offending. On the positive side, many resilience and mental health-enhancing factors can be found even in difficult and deprived social settings.

There is strong evidence that prevention and early intervention is most beneficial and cost-effective. Often mental disorders are recognised only after they become severe and consequently harder to treat. Half of all

lifetime cases of mental disorder begin by age 14 and three-quarters by age 24. New Zealand's current approach to mental health is not geared towards prevention and early intervention.

Across the spectrum of poor mental health are inequalities in mental health and addiction outcomes. In addition to Māori, disproportionately poorer mental health is experienced by Pacific and youth, people with disabilities, the rainbow/LGBTIQ community, the prison population and refugees.

Many interventions, particularly in relation to preventing mental health and addiction problems and suicide, lie outside the health system. There needs to be better coordination and a more integrated approach to promoting mental well-being, preventing mental health and addiction problems, and identifying and responding to the needs of people experiencing mental health and addiction problems. Models of care such as Whānau ora and whānau focussed initiatives offer significant potential benefit. New approaches will have implications beyond the health system, for example, for education, welfare, housing, justice, disability support, accident compensation and emergency response systems.

Some actions cannot wait until the inquiry is completed. Alongside the inquiry, the Government is already taking steps to address some immediate service gaps and pressures, including increasing funding for alcohol and drug addiction services, increasing resources for frontline health workers, putting more nurses into schools, extending free doctors' visits for all under 14 year olds, providing teen health checks for all year 9 students and providing free counselling for those under 25 years of age.

Purpose and objectives

The purpose of this inquiry is to:

1. hear the voices of the community, people with lived experience of mental health and addiction problems, people affected by suicide, and people involved in preventing and responding to mental health and addiction problems, on New Zealand's current approach to mental health and addiction, and what needs to change
2. report on how New Zealand is preventing mental health and addiction problems and responding to the needs of people with those problems
3. recommend specific changes to improve New Zealand's approach to mental health, with a particular focus on equity of access, community confidence in the mental health system and better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes.

To do this the inquiry will:

1. identify unmet needs in mental health and addiction (encompassing the full spectrum of mental health problems from mental distress to enduring psychiatric illness)
2. identify those groups of people (including those not currently accessing services) for whom there is the greatest opportunity to prevent, or respond more effectively to, mental health and addiction problems
3. recommend specific changes to create an integrated approach to promoting mental well-being, preventing mental health and addiction problems, and identifying and responding to the needs of people experiencing mental health and addiction problems
4. specify which entities should progress the inquiry's recommendations, including relevant ministries and a re-established Mental Health Commission.

The recommendations of the inquiry will help inform the Government's decisions on future arrangements for the mental health and addiction system, including:

1. roles and responsibilities of agencies in the health sector, including a re-established Mental Health Commission
2. improved coordination between the health system and other systems such as education, welfare, housing, justice, disability support, accident compensation and emergency response

3. the design and delivery of services (eg, kaupapa Māori approaches to mental health) and effective engagement with all relevant stakeholders including mental health service providers, and consumers and their communities and whānau
4. governance, leadership and accountability levers to ensure access to an appropriate standard of mental health services across the country
5. fiscal approaches, models and funding arrangements
6. data collection, programme evaluation and information flows
7. the suite of relevant regulatory frameworks, including the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Substance Abuse (Compulsory Assessment and Treatment) Act 2017
8. workforce planning, training, support and management.

Scope

In identifying the issues, opportunities, and recommendations the inquiry will consider the following:

1. mental health problems across the full spectrum from mental distress to enduring psychiatric illness
2. mental health and addiction needs from the perspective of both:
 - a. identifying and responding to people with mental health and addiction problems
 - b. preventing mental health problems and promoting mental well-being
3. prevention of suicide
4. activities directly related to mental health and addiction undertaken within the broader health and disability sector (in community, primary and secondary care), as well as the education, justice and social sectors and through the accident compensation and wider workplace relations and safety systems
5. opportunities to build on the efforts of whānau, communities, employers, people working in mental health and others to promote mental health.

The inquiry will need to understand and acknowledge the wider social and economic determinants of mental health and addiction (for example poverty, inadequate housing, family violence or other trauma) and cultural factors, in particular the historical and contemporary differences in outcomes for Māori, and consider the implications of these determinants and factors for the design and delivery of mental health and addiction services. Commentary on these matters is welcome to help inform the Government's work programmes in these areas.

The inquiry may signal changes to be considered in subsequent regulatory reviews. It will not undertake these reviews itself.

The following matter is outside the scope of the inquiry:

1. Individual incidents or cases within current services. The inquiry panel will refer these to the appropriate pathway, for example, the Health and Disability Commissioner or relevant authorities.

Principles

The inquiry will take an approach that:

1. enables consumers, carers, family and whānau to be included and heard, and ensures acknowledgement and consideration of input from previous consultations and specific consultation with Māori communities and whānau/hapū/iwi
2. attempts to build consensus between consumers, potential consumers, carers, family, whānau and providers about what government needs to do to transform the mental health and addiction system
3. recognises the particular mental health and addiction inequalities for Māori, reflects the special relationship between Māori and the Crown under the Treaty of Waitangi, and the value of the work

- done by Māori experts and practitioners to design and deliver services that are more relevant and effective for Māori
4. recognises and respect the needs of people with disabilities, and takes into account New Zealand's obligations under the UN Convention on the Rights of Persons with Disabilities
 5. recognises and respects the needs of different population groups, including Pacific people, refugees, migrants, LGBTIQ, prison inmates, youth, the elderly, and rural populations
 6. is person-centred, appreciating the impact of changes on individuals
 7. takes account of the whole system, including all relevant sectors and services and how they can work better together to improve mental health and addiction outcomes
 8. focuses on opportunities for early intervention
 9. is based on the best research, ongoing evaluation and available evidence, in New Zealand and overseas.

Report back

The inquiry is to report its findings and opinions, together with recommendations, to the Minister of Health in writing no later than 31 October 2018. In order to ensure the Minister is kept appropriately informed as to progress, the Chair will provide regular updates to the Minister on the inquiry's progress throughout the course of the inquiry.

Related work

The inquiry will consider previous investigations, reviews, reports and consultation processes relating to mental health and addiction, including:

1. the *Peoples' Mental Health Report*
2. *Blueprint II: Improving mental health and wellbeing for all New Zealanders*
3. reports from the Government's Chief Science Advisors into mental health and suicide
4. report of the Director of Mental Health on the consistency of New Zealand mental health laws with the UN Convention on the Rights of Persons with Disabilities
5. various workforce reviews including *Mental Health and Addictions Workforce Action Plan 2016-2020*
6. consultation on *A Strategy to Prevent Suicide in New Zealand: Draft for public consultation*
7. consultation on *Commissioning Framework for Mental Health and Addiction: A New Zealand guide*
8. *Mentally Healthy Rural Communities. RHANZ Framework to Improve Mental Health and Addiction Outcomes in Rural New Zealand (2016)*
9. *Puahau: Five Point Plan (1998)*
10. *Fit for the Future – Summary of Stakeholder Feedback (2017)*
11. *Understanding whānau-centred approaches: Analysis of Phase One Whānau Ora research and monitoring results (2015)*
12. relevant Waitangi Tribunal inquiry reports (including *Ko Aotearoa Tenei*).

The inquiry also consider and interface with other relevant inquiries and reviews currently underway, including:

1. the Wai 2575 Health Services and Outcomes Kaupapa Inquiry
2. the inquiry into the abuse of children in state care
3. Disability Support Transformation.

Authority

The inquiry is established as a government inquiry under the Inquiries Act 2013, with the Minister of Health as the appointing Minister.

Counties Manukau District Health Board

5.0 Resolution to Exclude the Public

Resolution:

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General Subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
2.1 Minutes of CPHAC Public Excluded meeting 29 November 2017	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Confirmation of Minutes For the reasons given in the previous meeting.
3.1 Social Investment Board Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S32(a)]	Communication with the Sovereign The disclosure of information would not be in the public interest because of the greater need to enable the Board to maintain the constitutional conventions for the time being which protect the confidentiality of communications by or with the Sovereign or her representative. [Official Information Act 1982 S9(2)(f)(i)]