

**Public Health Advisory Committee**  
**Te Rōpū Tohutohu i te Hauora Tūmatanui**

(Sub-Committee of the National Advisory Committee on Health and Disability)

**Minutes of the meeting held on Monday 17 October, 2005**

**Present:** Geoff Fougere (Chair)  
Robert Logan  
Andrew Moore  
Lynette Stewart  
Neil Pearce  
Riripeti Haretuku

**In attendance:** Margaret Earle, Manager  
Barbara Langford, Senior Advisor, Public Health  
Charmaine Ross, Senior Analyst, Māori Health  
Diana Cookson, Analyst  
Sara Georgeson, Analyst  
Victoria Jackson, Analyst

**Apologies** Phil Shoemack

**Tabled Papers**

Public Health Practice in Australia today – National Public Health Partnership  
Comments on the ten action points of the workforce development plan  
Report of project to strengthen public health function in England 1998

**Minutes of previous meeting**

Minutes – confirmed as read, with the revision of the Children and Youth project name to Child and Youth Health.

**Matters arising**

The committee's congratulations were formally given to Neil for his appointment as President-elect of the International Epidemiology Association.

**Correspondence**

Ministry of Health – advising of the allocation of \$75,000 to the HIA project for the current financial year.

Response to the Ministry of Health acknowledging HIA funding.

NOHSAC Annual Report.

**Agenda Item 6.1: Public Health Overview**

The project sponsor updated the meeting on the recent stakeholder meetings.

Key discussions points included the following:

- As meetings were held in the main centres, it was agreed to hold some conversations with key people in provincial centres

- Funding silos that are organisational legacies from the 1990s are still a barrier to intersectoral work
- Lack of a shared vision across sectors and within the sector
- The relationship between DHBs and PHUs is a key to effective public health at local level
- National fragmentation of core public health functions has resulted in lack of infrastructure for public health action or capacity.
- The national public health leadership roles need to be emphasised in the final report
- Preamble of report should include what public health is, what should be considered nationally, locally etc
- Use of pandemic planning as an intersectoral model that could be used for other pandemics such as control of chronic diseases.

#### **Action points**

- The writing group will meet before Christmas to design the way forward for the report to the Minister.
- PHAC members will send comments on the ten action points for the Ministry's workforce development plan to the project manager in the next 2 weeks, which will be sent on to the workforce development team.

#### **Agenda item 6.2 Child and Youth Health**

The project team presented options for the reporting framework based on outcomes domains (Social Report 2005 and UNCROC monitoring framework, both from MSD). Domains would reflect "what is needed to grow well, healthy children and create an environment where they can meet their full potential."

Discussion points included:

- Social Report provides an appropriate framework with some 'tweaking' to make the domains relevant to children and youth.
- Inequalities will need more focus in the final project and therefore may need to be reflected in the domains – examples of interventions would include Health Action Zones in UK in low decile areas.
- The "health" domain would cover data on physical and mental health status, the other domains are the determinants of health. A third section might be based on the macro and micro influences.
- Participation of children in the PHAC project. **Agreed** to explore material already collected from child and youth focus groups etc (eg, Agenda for Children) and where children's participation might add value. Although anecdotes from children would strengthen the impact of any report, the risk was that the big picture may be lost in talking with individuals about their own experience.

#### **Action points:**

- Contact Liz Craig for datasets on outcomes for children that show inequalities, on which suggested solutions can be based.

**Agenda item 6.3 Health Impact Assessment**

The project manager updated the committee including the following points:

- Avondale HIA recommendations have been accepted by the Auckland City Council (33 out of 35 recommendations)
- Christchurch Urban Development Strategy (UDS) HIA has had positive spin-off effects – a new joint position has been established, Ngai Tahu is now participating in the UDS, and the relationship between the Council and Community and the public health service has been strengthened
- Two more local authority HIAs are being planned on the options for the Greater Wellington Regional Land Transport Strategy, and on the effect on obesity of the Counties Manukau urban design strategy
- HIA training workshops to take place in Christchurch and Wellington
- An HIA interest group is being set up in the Ministry of Health.

Discussion centred around the need for a communications strategy that would include a regular newsletter to promote the success stories, and explore the possibility of having an HIA award in the Innovation Award ceremony. Members agreed that a “stocktake” conference would be a good way to finish PHAC’s work. Partners suggested included a university, SSC and LGNZ.

**Action points:**

- Secretariat to develop a communications plan.

**Agenda item 7 Other Matters**

- 7.1 Research proposal from Wellington School of Medicine. This discussion was deferred to the NHC meeting.
- 7.2 Health Promotion Forum symposium on Human Rights. Riripeti and Margaret attended this with Riripeti presenting on how the Treaty intersects with human rights.

Meeting closed at 5.53pm

**Next meeting: Monday 20 February 2006, 2-6pm in Wellington**

Confirmed as a true and correct record.

..... (Chair)      Date.....