



Wes-Kaapse Provinsiale Parlement  
Western Cape Provincial Parliament  
IPalamente yePhondo IeNtshona Koloni

11/4/1/1/2

**MINUTES OF PROCEEDINGS**

**STANDING COMMITTEE ON HEALTH**

Wednesday, 12 August 2022, (at 09:00) Chamber

**PRESENT**

**Members:**

**Democratic Alliance**

Philander, WF (Chairperson)  
Fry, C

**African National Congress**

Windvogel, R

**Economic Freedom Fighters (EFF)**

Xego, M

**Additional Members**

Bans, AP (ANC)  
Bakubaku-Vos NG (ANC)

**Absent**

Plato, D (DA)

**Departmental officials in attendance**

1. Minister, Mbombo, Health and Wellness
2. Dr Kariem, Chief Operating Officer: Department of Health
3. Ms Champion, Director, Communication
4. Ms. Stemele, Community Outreach Office of the Ministry

**1. Opening and welcome**

The Chairperson opened the meeting and allowed for brief introductions.

## **2. Briefing by the Department of Health on the name of the Department of Health to Department of Health and wellness**

Minister Mbombo gave an introductory remark on the name change of the Department from Health to Health and Wellness. She indicated that the process for the name change did not happen overnight, it was a journey that was long coming. The name change was reflective of where the Department was at and what it does. The Department was trying to emphasise the aspect of well-being that include psycho-social, emotional, and physical wellness. Through this, a large part of it is upstream factors that the Department has little control over, but have a direct impact on people's health, mental health, psycho-social, emotional and physical wellbeing. The Department was also trying to emphasise the aspect of preventative well-being, avoiding people coming to seek health care. The name change signifies the mind shift that is required for treatment, preventative, and wellness aspects of health and there would be no added powers and functions to the Department because of the name change.

Ms. Champion proceeded to brief the Committee on the name change of the Department of Health to the Department of Health and Wellness. She indicated that the journey for the name change has been a collective journey and the Department has captured it in key stages in waves of health reforms from 1994 to 2020, that include wave 1, the Provincial Health Plan, where the focus was on the Primary Health Care capacity and institutionalisation of nurse-driven service; wave 2, was Healthcare 2010 and comprehensive service Plan 1, National Health Act 2003 and basic access to essential health. These were the foundations of the health system that were laid since 1994. In wave 3, there was a move towards the road to wellness and Healthcare 2030, the Road to Wellness, where there was an increasing recognition of the upstream recognition of health and the Whole of Society Approach (WoSA). The Committee was further informed that the Department was taking heed of lessons from the last 2 years. In 2020, the COVID-19 pandemic put a pose on many things that the health system was busy with at the time and there were plans for the name change before COVID-19.

The Committee was informed that the Western Cape on Wellness (Wow) programme was the first programme towards wellness. It was about addressing the upstream determinants, namely, exercise, nutrition, and healthy habits towards better health outcomes. The Department started to use community networks and acknowledge the essential role of community networks and partnerships in people's health. The second programme towards wellness was the First Thousand Days, a provincial inter-sectoral project using a life-course approach to support the first 1000 days (conception to 2 years), supporting the mother and the broader psycho-social environment. This was a Provincial Intersectoral Project where the Department worked with partners, other governmental departments, and NGOs, and the third project was about Community Orientated Primary Healthcare (COPC), where a range of Primary Health Care services are rendered in communities, building community capacity to take better ownership of their health, a key component of wellness and the last project was the WOSA Learning sites using multiple intersectoral and multi-level networks, partnerships to improve health outcomes in a geographic area by tackling social ills and issues.

The Department mentioned that health was everybody's business and it was using the lessons learned from the COVID-19 pandemic. It emphasised that there was a clear need to continue to build a health system that was agile in its response to emergent needs by being able to innovate and learn, mobilise a broad range of stakeholders to act in the best interest of the health and wellbeing of the people, make the right choices about what to do, and then doing it well. The Department aspires to become a health system that was people-centric trusted and equitable. Provides the right care, at the right time in the right place at the right price.

Ms. Champion said that the informal recognition of the historic Wellness journey, the announcement by MEC of Health, Minister Mbombo of her intent to change the name of her provincial ministry to “Department of Health and Wellness. This intent was welcomed by the Department as was aligned with the Department's strategic objectives. To effect an official name change involves a legislative request to the Presidency to publish an amendment to Schedule 2 of the Public Service Act. This will be undertaken by the Department of the Premier on behalf of the Department and once the approval was granted, the Department will implement it fully.

## **2.1 Input from the Community Health Forums**

Ms. Kiewiets from Tygerberg Health Forum gave input during the meeting, she asked about the communication strategy that was used by the Department to engage relevant stakeholders in its decision for the name change. She asked how the Department was planning to focus on wellness, and how it would deliver the services if there were no staff. She indicated that in some of the health facilities there was hardly any staff to deliver services.

Minister Mbombo responded and said that the Department aimed to focus not only on the curative aspects of health but to look on the promotive and preventative factors. All aspects and levels of peoples’ lifestyles need to be considered when approaching healthcare and wellness.

Dr. Kariem acknowledged that the Department was experiencing a lot of staff pressure. However, they had been able to retain staff and fill the vacancies. The paradigm shift towards a stronger preventive focus would hopefully aid in reducing some of the pressures in the clinics and hospitals and they were looking into expanding their services and introducing additional services. It was reported that the Department was busy expanding its services within the budget allocated.

Ms. Isaac from the Manenberg-Heideveld Cluster mentioned that her community had a challenge in accessing venues to host the wellness hubs. According to Ms. Isaacs, they had approached the City of Cape Town for possible venues, but these attempts had been unsuccessful and the available city centres already had programmes running. She further advised the Department to look into the health and wellness of the caregivers of the youth with mental health issues.

## **3. Briefing by the Department of Health on the integration of the City of Cape Town Clinics to the Department of Health.**

Dr. Kareem proceeded to brief the Committee on the integration of the City Clinics to the provincial Department of Health. He reported that the City Clinic provided Personal Primary Health Care services (PPHC) in 105 Clinics in the Cape metropole, of which shared services were offered in nine clinics. According to Dr. Kariem, the Cabinet resolved that the PPHC should be rendered by a single authority and that the provincial Department of Health was the only authority that could constitutionally assume that responsibility in line with the Cabinet decision taken in September 2012 and the IGC Resolution taken on the 23 June 2014.

Dr. Kareem mentioned that the joint service delivery model was not ideal, since duplicate services were under the same roof. The City staff rendered the same service as their provincial colleagues in the same building, and in the current financial climate, the Department sought to find opportunities to streamline the services that would enable them to respond to population health needs more efficiently and comprehensively. According to Dr. Kareem, the City’s decision to hand over the services to the provincial Department of Health was part of the bigger picture to improve service efficiency. They were moving towards a single accountable health authority in the Metro, which was only one milestone in the future takeover by the provincial Department of Health. The Committee was

informed that clients could access provincial health facilities that offered a large and comprehensive PHC service and would receive integrated health services at a single service point by staff managed by a single management team.

The Committee was informed that funding for running the PPHC services in the metro would be split between the provincial Department of Health and the City Clinics and the detailed funding would be determined jointly. Dr. Kareem mentioned that Fisantekraal Clinic was the tenth facility that would be taken over by the provincial government, along with the other nine facilities in Durbanville, Scottsdale, Parow, Dirkie Uys, Heideveld, Bellville, Ravensmead, Nyanga and Nolugile. All the joint facilities were city-owned, except for Heideveld Clinic, which belonged to the Department. The Committee was informed that the integration of the City Clinics into the Department of Health had gone smoothly. The Department's property management teams were resolving the ownership issues. The equipment had been procured, although some of it had not yet arrived. The City had agreed to leave equipment in place until the new equipment arrived. The clinical staff had all been appointed and had commenced work, while the non-clinical staff was in the process of being appointed, and interim arrangements had been made.

The Department reported that some challenges had been experienced at Nolungile Clinic in changing service providers for security and cleaning. The Department has met with community structures to resolve the issue. The other challenge was the transfer payment reduction by the provincial Department of Health to the City, this was not agreed upon, and no decision was taken on the remaining City facilities. It was reported that some of the smaller facilities had been closed down, however, other small facilities near larger facilities such as the Elsies River, Maitland, Northpine, Rocklands, Eastridge, Alphen, and Lavender Hill facilities, would remain open. The Committee was informed that the Department and the City had signed a one-year Service Level Agreement (SLA) to address any shortcomings in the integration process and reach an agreement on the nine joint facilities and the other nine remaining facilities that are nearby. The nine smaller facilities closer to bigger facilities would later become part of the bigger integration as a part of the 105 facilities.

Dr. Kariem said that the total transfer that the Department would be making to the City was R680 million for PHC services, HIV, and some medication. The total exposure on the equipment for the ten facilities was R64.5million, of which around R10 million was for goods and services, including equipment. The City had retained its staff members and had already deployed them where needed. The Department had advertised the vacancies for the clinical and non-clinical staff and had already appointed the necessary staff.

### **3.2 Input from the Health Forums**

Ms. Kiewiets from Tygerberg Health Forum raised concerns about the integration of the City Clinics into the provincial Department of Health. She indicated that the list of the Clinics for amalgamation that had been presented to them was not the same as the one presented to the Standing Committee on Health. She advised that the Department should go back in their recommendation to the initial discussion about the amalgamation. She indicated that if the nine health facilities were amalgamated, the health forums were still concerned for the communities that were not taken over by the province Department of Health. She reported that when the province took over facilities in 2014, they had taken over all the facilities in the rural areas, and the health forums thought that would be the case in the Metros. She highlighted that some of the Clinic Committees had been left out of the discussions, and most of the nominated Health Committees in most of the facilities did not understand their role.

She said that people and communities mattered, and suggested that they needed to adopt a collaborative service around amalgamation. She highlighted that child health was still a serious issue that needed urgent attention.

Mr. Tyatyam, Chairperson of the Nyanga Health Forum mentioned that in Nyanga Health facility they had a facility manager, and after some time, he was replaced by an acting facility manager. He asked whether the Department had plans to employ a permanent facility manager. He suggested that the Department should check up on the nine facilities to give the Committee and the public a proper report on them.

### **3.3 Committee resolutions**

The Committee resolved to invite the City of Cape Town to attend and brief the Committee on the way forward on the other nine remaining City Clinics that are in close proximity to large health facilities, and to account for the funding transferred from the provincial Department of Health to the City. In addition, the Committee resolved that the City brief the Committee on staff compliments and vacancy rate at the nine remaining Clinics.

### **3.4 Request for information**

The Committee requested that the Department should submit to the Committee on or before Friday, 16 September 2022,

3.4.1 A list of the clinics servicing the Philippi area.

3.4.2 Detailed information and stats on the number of staff participating and received the wellness, especially nurses in 2019 to 2022.

## **4. Establishment of a Tuberculosis (TB) Caucus in the Western Cape Provincial Parliament**

Ms. Delcarme, a Researcher at the Western Cape Provincial Parliament (WCPP), proceeded to give clarity on the Research that she submitted to the Committee on the establishment of the TB Caucus within the Western Cape Provincial Parliament.

She gave a brief overview of the Global TB Caucus that was established in October 2014 to accelerate progress toward combating the spread of the TB pandemic. She reported that the Global TB Caucus consisted of 57 national TB caucuses worldwide, with over 2 500 parliamentarians from more than 150 countries. She said that the national and provincial caucuses performed a critical role in the fight against combating TB by leading programmes and interventions in each domestic context, holding governments accountable, and ensuring that commitments related to TB were delivered.

Member Philander, Chairperson of the Standing Committee on Health said that there was a need in the Western Cape Provincial Parliament for such a body. However, the Committee could not establish a Caucus, but an Ad Hoc Committee. Mr. Daza, Senior Procedural Officer advised the Committee to submit a request to the Speaker's Office for the establishment of the Ad Hoc Committee in terms of Rule 119 of the rules of the Western Cape Provincial Parliament.

### **4.1 Resolution**

The Committee resolved to write to the Speaker again and request him to establish a TB Ad Hoc Committee within the Western Cape Provincial Parliament before the end of August 2022. The resolved that the Committee will consist of the Members of the Standing Committee on Health and any other Member of Parliament that wish to serve on it. All political parties within the WCPP should be represented in the TB Ad Hoc Committee.

The meeting adjourned at 12:00.

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**MS WF KAIZER- PHILANDER, MPP**  
**CHAIRPERSON: STANDING COMMITTEE ON HEALTH**  
**WESTERN CAPE PROVINCIAL PARLIAMENT**