

DISTRIBUTION:

Committee Members

- Mr C Wade (Chair)
- Ms T Hodges (Deputy Chair)
- Mr B Simcock
- Ms S Webb
- Ms S Mariu
- Mrs P Mahood
- Ms C Beavis
- Mr F Mhlanga (Consumer Council to confirm)
- Mr J McIntosh (Consumer Council to confirm)
- Mr D Slone (Consumer Council to confirm)
- Ms J Eketone (IMC to confirm)
- Ms A Gathergood (Lakes DHB) (Consumer Council to confirm)
- Mr R Scott (Bay Of Plenty DHB) (Consumer Council to confirm)

Management

- Dr N Murray, Chief Executive
- Mr B Paradine, Executive Director, Waikato Hospital Services
- Ms M Chrystall, Executive Director, Corporate Services
- Ms L Aydon, Executive Director, Public and Organisational Affairs
- Mr D Hackett, Executive Director, Virtual Care and Innovation
- Mr N Hablous, Chief of Staff
- Mrs S Hayward, Director of Nursing & Midwifery
- Ms M Berryman, Acting Executive Director, Māori Health
- Dr T Watson, Chief Medical Advisor
- Mr I Wolstencroft, Executive Director, Strategic Projects
- Dr D Tomic, Clinical Director Primary and Integrated Care
- Dr D Wright, Executive Director, Mental Health & Addictions Service
- Mr M Spittal, Executive Director, Community & Clinical Support
- Ms M Neville, Director, Quality & Patient Safety
- Mrs B Garbutt, Rehabilitation and Allied Health
- Ms J Wilson, Executive Director, Strategy & Funding
- Prof R Lawrenson, Clinical Director, Strategy & Funding
- Ms T Maloney, Commissioner of the taskforce for the Women's Health transformation project
- Mr M ter Beek, Executive Director, Operations and Performance
- Mr C Cardwell, Executive Director, Facilities and Business
- Mr P Mayes, Ministry Of Health
- Minute taker
- Board Records

Contact Details:

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www.waikatodhb.health.nz

Next Meeting Date: 12 April 2017



WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Health Strategy Committee

Date: 8 March 2017

Time: 12:30pm

Place: Board Room
Level 1
Hockin Building
Waikato Hospital
Pembroke Street
HAMILTON



***Meeting of the Health Strategy Committee
to be held on Wednesday 8 March 2017, at 12:30pm
Board Room, First Floor, Hockin Building***

AGENDA

- 1 APOLOGIES**
- 2 LATE ITEMS**
- 3 INTERESTS**
 - 3.1 Schedule of interests
 - 3.2 Conflicts related to items on the agenda
- 4 MINUTES AND MATTERS ARISING**
 - 4.1 Waikato DHB Community & Public Health Advisory Committee and Disability Support Advisory Committee; 10 August 2016
 - 4.2 Lakes DHB Community & Public Health Advisory Committee and Disability Support Advisory Committee; 17 October 2016
 - 4.3 Bay of Plenty DHB combined Community & Public Health Advisory Committee and Disability Support Advisory Committee; 5 October 2016
- 5 COMMITTEE STRUCTURE AT WAIKATO DHB**
- 6 STRATEGY AND FUNDING OVERVIEW REPORT**
- 7 PAPERS FOR ACTION**
- 8 PAPERS FOR INFORMATION**
- 9 STRATEGIC PROGRAMMES UPDATE**
 - I. eSPACE (March)
 - II. Mental Health and Addictions Model of Care (March, April)
 - III. SmartHealth (April)
 - IV. Rural Project (April)
 - V. Women's Health Transformation (April)
 - VI. Elective Services Improvement (April)
 - VII. Patient Flow (June)
 - VIII. Quality Account (June)
 - IX. Medical School (June)
 - X. CBD Accommodation Projects (June)
 - XI. Primary Care Integration (June)
- 10 PRIORITY PROGRAMME PLANS**

11 GENERAL BUSINESS

12 DATE OF NEXT MEETING
12 April 2017

RESOLUTION TO EXCLUDE THE PUBLIC
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:

- (1) The public be excluded from the following part of the proceedings of this meeting, namely:

Item 13: Minutes of the Community & Public Health Advisory Committee: 10 August 2016

Item 14: Cross Sector Initiative

- (2) The general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER
Item 13: Minutes	Items to be adopted / confirmed / received were taken with the public excluded.
Item 14: Cross Sector Initiative	Contract negotiations will be required.

- (3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

Item 13 As shown on resolution to exclude the public in minutes.

Item 14 Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage

Item

13 MINUTES PUBLIC EXCLUDED

13.1 Community & Public Health Advisory Committee held 10 August
2016

14 CROSS SECTOR INITIATIVE – PUBLIC EXCLUDED

RE-ADMITTANCE OF THE PUBLIC

THAT:

- (1) The Public Be Re-Admitted.**
- (2) The Executive be delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.**

Apologies

Late Items

Interests

SCHEDULE OF INTERESTS AS UPDATED BY COMMITTEE MEMBERS TO MARCH 2017

HEALTH STRATEGY COMMITTEE MEMBERS

Clyde Wade (Chair)

Board member, Waikato DHB
Shareholder, Midland Cardiovascular Services
Trustee, Waikato Health Memorabilia Trust
Trustee, Waikato Heart Trust
Trustee, Waikato Cardiology Charitable Trust
Patron, Zipper Club of New Zealand
Emeritus Consultant Cardiologist, Waikato DHB
Cardiology Advisor, Health & Disability Commission
Fellow Royal Australasian College of Physicians

Tania Hodges (Deputy Chair)

Board member, Waikato DHB
Iwi: Ngati Pahauwera, Ngati Ranginui, Ngati Haua, Tuwharetoa, Maniapoto
Director/Shareholder, Digital Indigenous.com Ltd (contracts with Ministry of Health and other Government entities)
Trustee/Shareholder, Whanau.com Trust
Director, Ngati Pahauwera Commercial Development Ltd
Director, Ngati Pahauwera Development Custodian Ltd
Director, Ngati Pahauwera Tiaki Custodian Limited
Trustee, Ngati Pahauwera Development and Tiaki Trusts (Deputy Chair)
Justice of the Peace

Bob Simcock

Chairman, Waikato DHB
Chairman, Orchestras
Member, Waikato Regional Council
Director, Rotoroa LLC
Director, Simcock Industries Ltd
Trustee, RM & AI Simcock Family Trust
Wife is the CEO of Child Matters, Trustee of Life Unlimited which holds contracts with the DHB, Member of Governance Group for the National Child Health Information Programme and Member of the Waikato Child and Youth Mortality Review Group

Sally Webb

Deputy Chair, Waikato DHB
Chair, Bay of Plenty DHB
Member, Health Workforce NZ
Member, Capital Investment Committee
Director, SallyW Ltd

Sharon Mariu

Board member, Waikato DHB
Director/Shareholder, Register Specialists Ltd
Director/Shareholder, Asher Group Ltd
Director, Hautu-Rangipo Whenua Ltd
Owner, Chartered Accountant in Public Practice
Daughter is an employee of Puna Chambers Law Firm, Hamilton
Daughters are employees of Deloitte, Hamilton

Pippa Mahood

Board member, Waikato DHB
Life Member, Hospice Waikato
Member, Institute of Healthy Aging Governance Group
Board member, WaiBOP Football Association
Husband retired respiratory consultant at Waikato Hospital

Crystal Beavis

Board member, Waikato DHB
Director, Bridger Beavis & Associates Ltd, management consultancy
Director, Strategic Lighting Partnership Ltd, management consultancy
Life member, Diabetes Youth NZ Inc
Trustee, several Family Trusts
Employee, Waikato District Council

John McIntosh

Disability Information Advisor, LIFE Unlimited Charitable Trust. A national Health & Disability Service Provider, contracts to Ministry of Health. (Currently no Waikato DHB contracts)
Coordinator, SPAN Trust. A mechanism for distribution of specialised funding from Ministry of Health in Waikato
Trustee, Waikato Health and Disability Expo Trust.

David Slone

Employee CSC Buying Group
Director and Shareholder Weasel Words Ltd
Trustee NZ Williams Syndrome Association
Member of Executive, Cambridge Chamber of Commerce
Committee Member, Waikato Special Olympics
Wife employed by CCS Disability Action and Salvation Army Home Care, both of which receive health funding
Disability issues blogger (opticynic.wordpress.com).

Fungai Mhlanga

Employee, Hamilton City Council
Member, Public Health Association.

Lakes DHB representative**Ailsa Gathergood**

Board Member, Lakes District Health Board
Deputy Chair, Lakes DHB Community and Public Health Advisory Committee
Chair, Taupo Community Health Forum
Justice of the Peace
President, Taupo Embroiderer's Guild
Trustee, Waiora House in Taupo
Past Taupo District Councillor.

Ron Scott

Board Member, Bay of Plenty District Health Board
Trustee, Tauranga Energy Consumers Trust and Director of associated entities
Director, Stellaris Ltd and Stellaris PTE Ltd
Chair, SILC Charitable Trust
Treasurer, Age Concern Tauranga
Member, Psychoactive Substances Appeals Committee.

Janise Eketone

TBA



Minutes and Matter Arising

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 4

**MINUTES COMMUNITY & PUBLIC HEALTH ADVISORY
COMMITTEE MEETINGS**

Attached are the following minutes from the Community & Public Health Advisory Committee and Disability Support Advisory Committee meetings:-

1. Waikato DHB, Community & Public Health Advisory Committee; 10 August 2016
Waikato DHB, Disability Support Advisory Committee; 10 August 2016
2. Lakes DHB, Community & Public Health Advisory Committee; 17 October 2016
Lakes DHB, Disability Support Advisory Committee; 17 October 2016
3. Bay of Plenty combined Community & Public Health Advisory & Disability Support Advisory Committee; 5 October 2016.

Recommendation

THAT

The minutes be noted.

**CLYDE WADE
CHAIR, HEALTH STRATEGY COMMITTEE**

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Community & Public Health Advisory Committee
held on Wednesday 10 August 2016 commencing at 12.05pm

Present: Ms S Mairu (Chair)
Mr M Gallagher (Deputy Chair)
Mr A Buckley
Ms S Christie
Mr B Simcock
Mr F Mhlanga
Ms J Eketone
Mr J McIntosh
Mr E Wilson
Ms P Mahood
Mr R Scott (Bay of Plenty DHB)
Ms A Gathergood (Lakes DHB)

In Attendance: Ms J Wilson, Executive Director, Strategy & Funding
Mr R Lawrenson, Clinical Director, Strategy & Funding
Ms N Middleton (Minutes)
Ms L Aydon, Executive Director, Public and Organisational Affairs
Mr C Wade, Waikato DHB Board member
Ms M Berryman, Acting Executive Director, Te Puna Oranga
Mr P Keesing, Senior Planning Manager
Ms K Fromont, WCTO Project Manager
Ms R Poaneki, Portfolio Manager
Ms B Garbutt, Director OPR and Allied Health

**IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE
FOR RECOMMENDATION TO THE BOARD**

ITEM 1: APOLOGIES

Apologies from Mr D Slone and Ms T Hodges were received.

Resolved
THAT
The apologies were received.

ITEM 2: LATE ITEMS

There were no late items raised at the meeting.

ITEM 3: INTERESTS

3.1 Register of Interests

The removal of Ms A Gathergood from President, Taupo Embroiderer's Guild to be formally notified in writing to the CEO's office.

3.2 Conflicts Relating to Items on the Agenda

No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved THAT

1. The minutes of a meeting of the Waikato DHB Community & Public Health Advisory Committee held on 8 June 2016 be confirmed as a true and correct record.
2. The minutes of a meeting of the Lakes DHB Community & Public Health Advisory Committee held on 27 June 2016 be noted.
3. The minutes of a meeting of the Bay of Plenty DHB combined Community & Public Health Advisory Committee & Disability Advisory Committee held on 1 June 2016 be noted.

ITEM 5: ITEMS RELEVANT TO PUBLIC HEALTH/PRESENTATIONS

5.1 Healthy Homes Initiative

Ms M Berryman attended for this item. Waikato DHB has been advised of its allocation of funding for this initiative. Funding is not for equipment (i.e. heat pumps or curtains etc) A presentation for the Healthy Homes Initiative will be provided at a future CPHAC meeting. The initiative reaches the whole of the Waikato. Te Puna Oranga has experience at working in this space and has a number of established relationships with service providers and landlords. .

Point was raised that it would be helpful to get a picture of what activity had already occurred and that Population Health may know this already. Also a key point was raised about the need to look outside the usual structures the DHB looks at for solutions and enable communities to lead some activities.

Te Puna Oranga are leading this activity and are being supported by Strategy and Funding. Currently activity is focusing on developing an

implementation plan to roll out from 1 October 2016. The implementation approach will be tabled at Board for approval prior to rollout.

Resolved

THAT

The Committee received the report.

5.2 Trendly

Ms M Berryman and Mr R Webb attended for this item. Trendly a website featuring information about the performance of DHBs against indicators in their Māori Health Plans. Information is generally presented by Māori and non-Māori. A brief presentation showing what information is available was given to the committee. Data received is uploaded within 24 hours and is publicly available. In general the results show a significant equity gap between Māori and non-Māori.

People can register with the site which will enable them to view more information compared to looking at the site as a 'guest'. Dr G Gray is happy to take any feedback on the site. Further information can be accessed at www.trendly.co.nz.

5.3 System Level Measures Framework

Mr R Webb attended for this item and apologies from Dr D Tomic were noted. The System Level Measures Framework has evolved from the Integrated Performance and Incentives Framework which in turn evolved from the PHO Performance Programme in 2014/15. While the Integrated Performance and Incentives Framework focused mainly on primary care, the focus has now been broadened to include a more whole health system view.

Waikato DHB and its primary care alliance partners will be working together in these developments. Final sign off of agreed milestones and Plan content will need to be completed by the end of September. Results will be locally driven.

5.4 Well Child/ Tamariki Ora

Ms K Fromont attended for this item. Well Child/ Tamariki Ora is a free service available for all New Zealand children from birth to 5 years. The aim for the Well Child/ Tamariki Ora national quality framework is the improved safety and quality of the Well Child/ Tamariki Ora experience for the child and their family. Improved collaboration between Lead Maternity Carers and Well Child/ Tamariki Ora is expected to help increase new born enrolment.

The point around the need to look outside the usual structures the DHB looks at for solutions and enable communities to lead some activities was raised.

5.5 Primary Care Patient Level Survey

The survey looks at a patient's experience of the whole health care system using primary care as a window. It focuses on the coordination and integration of care, rather than just the last visit to general practice centre.

There are no plans to publish practice level survey results and only PHOs will be able to see their practices results.

Hospital patient experience survey summaries (DHB level) are published nationally by the Health, Quality and Safety Commission. We envisage the primary care patient experience survey summary level information will also be made public in the future.

Resolved

THAT

The Committee received the presentation.

ITEM 6: WORKPLAN

The Community & Public Health Advisory Committee work plan approach for 2016 was presented.

Resolved

THAT

1. The work plan be received;
2. Palliative Care be added to the workplan for 2017.

ITEM 7: PAPERS FOR INFORMATION

The following items were tabled for information:

7.1 Executive Director, Planning & Funding Report

- The naming Advance Care Planning to be standardised at the National CEO forum.

7.2 Planning & Funding Finance Report

- No discussion occurred.

Resolved

THAT

The reports be received.

ITEM 8: GENERAL BUSINESS

Page numbers be included on all agendas.

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Disability Support Advisory Committee held on
Wednesday 10 August 2016 commencing at 3:00pm

Present: Ms C Beavis (Chair)
Ms P Mahood (Deputy Chair)
Mr A Buckley
Mr M Gallagher
Mr F Mhlanga
Ms G Shirley
Mr J McIntosh
Mr C Wade
Mr B Simcock
Mr R Vigor-Brown (Lakes DHB)
Ms Y Boyes (Bay of Plenty DHB).

In Attendance: Mr P Keesing, Senior Planning Manager
Ms J Wilson, Executive Director, Strategy and Funding
Prof R Lawrenson, Clinical Director, Strategy and Funding
Ms N Middleton, Minute Taker
Ms R Poaneki, Portfolio Manager
Mr S King, Public
Ms P Atatoa-Carr, Public Health Physician, Child Health
Ms F Dibley-Mason, Performance Analyst
Ms J Hudson, Project Manager

**IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE
FOR RECOMMENDATION TO THE BOARD**

ITEM 1: APOLOGIES

Apologies were received from Mr D Slone and Ms T Hodges.

**Resolved
THAT**

The apologies be received.

ITEM 2: LATE ITEMS

A late item was tabled around national activity to improve the health of people with intellectual and /or learning disabilities. Committee requested that John Macaskill-Smith be invited to the next committee meeting to present on this topic.

ITEM 3: INTERESTS

3.1 Register of Interests

It was noted this is a different style from the Board register of interests. Standardisation was requested.

3.2 Conflicts Related to Items on the Agenda

No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 4: MINUTES OF PREVIOUS MEETING/MATTERS ARISING

4.1 Waikato DHB Disability Support Advisory Committee Minutes

**Resolved
THAT**

The minutes of a meeting of the Waikato Disability Support Advisory Committee held on Wednesday, 8 June 2016 be confirmed as a true and correct record.

4.2 Lakes DHB Disability Support Advisory Committee Minutes

**Resolved
THAT**

The draft minutes of a meeting of the Lakes DHB Disability Support Advisory Committee held on Monday, 18 April 2016 be noted.

4.3 Bay of Plenty DHB Disability Support Advisory Committee Minutes

**Resolved
THAT**

The minutes of a meeting of the Bay of Plenty DHB Disability Support Advisory Committee held on Wednesday 1 June 2016 be noted.

ITEM 5: ITEMS RELEVANT TO DISABILITY/PRESENTATIONS

5.1 Mental Health and Addictions Needs Analysis

Prof R Lawrenson and Dr P Atatoa-Carr attended for this item.

Of note:

- The scope of this assessment includes adult mental health, child mental health, adolescent mental health, elderly, and adult addiction services;
- Trends in the population will be looked at. Aims will include improved health and equity. Assessing the needs of Waikato population by age, gender, ethnicity, locality and health condition;
- Data to be collected by October 2016 with the final report due in 2017;

- Primary care information will be included in the needs analysis, including the integration between primary and secondary care.

5.2 Health of Older People Strategy

The Ministry of Health is leading the development of a national Health of Older People strategy. Once developed, this strategy will sit under the New Zealand Health Strategy 2016. The activities identified will support the priorities and strategic imperatives outlined in the Waikato DHB Strategy.

Of note:

- Independent living has not increased with the population growth;
- The older people population group is diverse and shouldn't be looked at just as one whole group especially in terms of age groups;
- A lack of dementia cover was noted;
- An inability to access the care is a barrier.

Further thoughts and feedback is invited to be sent to Paul Keesing. The submission closing date is Wednesday 7 September 2016.

5.3 New Disability Strategy for New Zealand

Strategy and Funding are seeking input into the New Zealand Disability Strategy from the committee. A public workshop in Hamilton was held on 3 August 2016.

There will be a national workplan put in place to support the strategy, and a review of the workplan will occur every four years to ensure it is kept on track and is relevant.

The definition of disability will need to be very clear so it can make it easier to concentrate on those most in need. It was noted that this strategy is for disabled people developed by disabled people.

Resolved

THAT

The presentation and reports be received.

ITEM 6: WORKPLAN

The Disability Support Advisory Committee workplan for 2016 was noted. Discussion on a number of potential items to include on the workplan took place. It was suggested that all outstanding items are carried over post-election. How the Disability Support Advisory Committee will operate in the further and its relationship to the other committees should be an item on the workplan for the first meeting after elections. The focus on engaging with local government is around identifying the opportunities to collaborate and share expertise and experiences.

Resolved

THAT

1. The workplan be received;

2. The function of the Disability Support Advisory Committee be added.

ITEM 7: PAPERS FOR INFORMATION

The following items were tabled for information:

7.1 Executive Director, Strategy & Funding Report

- No discussion took place.

7.2 Senior Planning Manager Report

- Mr P Keesing highlighted a number of areas of this report for focus of the committee. In particular the YouthIntact project – implementation soon.

7.3 Planning & Funding Finance Report

- No discussion took place.

7.4 Lead Toolkit for Employing Disabled People in the State Sector

- Document has been shared and Mr G Peplow is prepared to come back to the committee to discuss this further.

7.5 Support for Refugees with a Disability

- The Waikato Migrant Resource Centre will be a useful source for information
- The Committee discussed suggested inclusions for the paper:
 - Whether the current budget for translation services reflects need;
 - What specific refugee and new migrants services are available;
 - The Committee agreed that new migrants need to be included in the paper.

Resolved

THAT

The reports be received.

ITEM 8: GENERAL BUSINESS

There was no general business discussed.

**MINUTES OF A MEETING OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
HELD MONDAY 17th OCTOBER 2016 AT 1.00 P.M.
CLINICAL SERVICES BUILDING CONFERENCE ROOM, LEVEL 3, ROTORUA HOSPITAL**

Meeting: [138]

Present: L Thurston (Chair), D Shaw, A Gathergood, M Burdon, T Hodges, R Scott, C Watson, K Gosman, A Pedersen, and A Morgan (in lieu of P Marks)

In Attendance: Dr J Miller, J Hanvey, B Bayne, M Davies, M Smith, P Tangitu, Dr S Kletchko, E George, K Rex and B E Harris (Board Secretariat)

1.0 MEETING CONDUCT

The Chair welcomed everyone to the final CPHAC meeting for the year with special acknowledgement to Dr Des Epp, who previously held the position of Chair of this committee. T Hodges led the opening karakia.

- 1.1 Disclosure of Interest
The Chair called for any disclosures of interest relating to agenda items. There were none taken. The interest register was circulated during the meeting with no alterations entered.
- 1.2 Apologies: M Bentley, M Robbie and P Marks
Resolution:
THAT the apologies be received.
L Thurston : A Gathergood
CARRIED
- 1.3 Items for General Business - Nil
The Chair paid tribute to Dr Mason Durie and his very informative presentation on Pae Ora held prior to this meeting. L Thurston requested that the two presentations given during the day be emailed to Board, DSAC and CPHAC members for their information.

2.0 SIGNIFICANT ISSUES

2.1. Public Health

2.1.1 Toi Te Ora Public Health Service

2.1.1.1 Toi Te Ora Public Health Service report : September 2016

Areas highlighted were:-

- Health in All Policies – good work and impact is improvement of peoples’ health. Lot of interest in housing.
- Increasing interest from schools in the BoP and Lakes region to reduce sugary drinks consumption among students. A lot of media coverage as a result of sugary drinks and B4 School checks.
- August Breastfeeding Week received good coverage.
- Building Blocks programme – owner of 32 childhood centres wishes to sign up for the programme.
- WorkWell programme – Toi Te Ora has national contract in collaboration with Healthy Families NZ, the Health Promotion Agency and Auckland Regional Public Health

Service to roll out the programme on behalf of the MoH.

- Drinking water in Hawke's Bay – Each of the council's CE's have been written to by TTO Medical Officers of Health to confirm their Council's responsibilities under the Health Act and, where relevant, highlight any specific actions that need to be taken to give public confidence that their own water supplies are safe.

2.1.1.2 Establishment of BoP Regional Healthy Housing Sector Forum

It was noted that:-

- At the Healthy Housing Seminar on 30 June 2016, it was mooted that a group be established to have oversight over all funding and strategic matters related to the improvement in quality in the existing housing stock in the BoP and Lakes DHB districts. The broader Healthy Housing sector has indicated support for the establishment of such a group with the health sector leading.
- Healthy housing is a Toi Te Ora shared goal to reduce inadequate and unhealthy housing difficulties.
- This paper is a combination of problems and links between housing and health and interventions to have a definite effect.
- Work towards a plan next year on terms of reference for health and housing in the Lakes area.
- In 2010 130k houses were insulated with 20% of that number in poor condition – detailed report on TTO website.
- K Gosman stated that Taupo District Council does not provide housing to Turangi as reported but does provide housing to Taumarunui.
- Housing assessments are being carried out.

The meeting believed the recommendations on page 25 of the agenda as below is an issue for the new Board to sign off:-

1. That the Bay of Plenty and Lakes DHBs agree to jointly take the lead in establishing a sector forum for health and housing in the BoP region
2. That the BoP and Lakes DHBs mandate Toi Te Ora – Public Health Service to work towards establishing the sector forum

Resolution:

THAT the above recommendations be presented to the new Board at its 9th December Board meeting for consideration and sign off.

D Shaw : T Hodges

CARRIED

2.1.1.3 Toi Te Ora Medical Officer of Health report : September 2016

Dr J Miller highlighted the following from his report:-

- HPV vaccine is the world's first vaccine specifically designed to prevent cancer, in particular cervical cancer
- Each Population Vaccination is unique and almost 100% effective. Seeing predictions of reductions in pre-cancerous screening programme
- Current HPV uptake about 50-60% which is roughly 50-60 cervical cancers which will potentially not be prevented in 10-20 years' time – an opportunity being missed in the past few years.
- The addition of males to the programme early next year, along with the extension of free and enhanced vaccine to slightly older (up to 26yrs) people gives the chance to put this right.
 1. The uptake at school age has to be increased where the vaccine is at its most effective
 2. The widened access gives the chance to offer protection to young women (and now men) who have missed out at school

Priorities are now to ensure that young people who missed out on the opportunity to be protected through the school programme will be aware that HPV vaccine is now free for them and that they will have easy access to the vaccine.

M Smith stated that vaccinations were declined by parents and not the child now grown up. Lakes DHB had to maintain the spotlight on this. It was agreed that Lakes actively promotes the HPV vaccine as does the MHN.

Resolution:

THAT the Toi Te Ora Public Health Service and Medical Officer of Health reports September 2016 be received.

Dr Miller : K Gosman

CARRIED

2.2 Primary Health

2.2.1 B4 SC Quality letter July 2016

It was reported that Lakes is doing well in the B4 SC delivery for tamariki Maori and Pacific children exceeding the 100% performance against targets in all checks and high deprivation checks.

Resolution:

THAT the report be received and noted.

L Thurston : A Gathergood

CARRIED

2.3 Maori Health

2.3.1 Maori Health report

P Tangitu reported that 150 people representing the health and social service sectors attended the seminar by Dr Mason Durie earlier in the morning. Of note were:-

- The scenarios presented.
- Not much awareness of inter-sectoral work across the agencies.
- Need collective and collaborative work and thinking on keeping informed of work to support health development and the Maori Health Plan.
- E Tu Whanau – notorious Mongrel Mob hui wananga in Taupo 30-31 July 2016. An MSD/TPK Whanau Ora initiative.
- Hauora Tautoko – Tokoroa 24-25 September 2016.
- National GMs Maori hui 6-7 July 2016.
- Cutting Edge national conference held in Rotorua 6-10 September 2016. Te Utuhina Manaakitanga Trust was highly commended and awarded the People's Choice Award for the Waka Ora poster and Lifewise Trust, Rotorua, were runners up for the Supreme Award.
- A Gathergood attended Dr Belinda Coulter's presentation at the Taupo District Council.

2.3.2 Letter 12th September 2016 re MoH Approval of Maori Health Plan

The meeting wished to extend its compliments to the Maori Health and Planning and Funding teams for their excellent input into the Maori Health Plan. P Tangitu was commended on the Maori Health report.

2.3.3 Lifewise Trust poster : Noted

Resolution:

THAT the Maori Health report and information above be received and noted.

3.0 SECRETARIAL

3.1 Minutes of Community and Public Health Advisory Committee meeting : 29th August 2016

Resolution:

THAT the minutes of the Community and Public Health Advisory Committee meeting of 29th August 2016 be confirmed as a true and accurate record.

R Scott : K Gosman

CARRIED

3.1.1 The presentation slides on Lakes LDT and Systems Level Measures were noted.

3.2 Matters arising

3.3 Schedule of Tasks : all previous tasks now completed.

New tasks are:-

- HPV vaccine – part of Purchasing Intentions 2017 feasibility undertaking mock-up programme. Look at HPV vaccine and gage how many people will respond to recalls. Before the end of this year, will have an idea of whether this is worth pursuing. Working with PHOs
- Home insulation and healthier housing – formation of healthy housing sector forum. This is an issue for the new Board to give the steer. Take matter to the 9 December Board meeting for sign-off.

4.0 REPORTS

4.1 Community representative reports

K Gosman

- Issue raised by Maggie Stuart following the last Board meeting held in Taupo flagging consideration for two community representatives, one each from Taupo and Turangi.

B Bayne

- Issue raised recently – pressure in the community regarding the reduction in primary mental health adults waiting list. Working closely with Planning and Funding team.

C Watson

- Endorse community input into health sector international students living in healthier accommodation.

M Davies

- Breast and cervical screening contract and how patients access services. Looking forward as to how it pans out with hopefully the same access as usual. Persevering for answer from MoH and unsure whether issues have been resolved.

A Morgan

- Spoke about a panui received three weeks ago regarding eye checks. 1100 people from Te Arawa including school children were checked and a number received free glasses.

5.0 INFORMATION AND CORRESPONDENCE

5.1 2017 Board and Advisory Committee meetings schedule

The meeting noted a greater embracing of the Taupo community in the Lakes DHB holding meetings in the Taupo Hospital.

5.2 BoP Combined CPHAC/DSAC minutes 3rd August 2016

5.3 Waikato DHB CPHAC Minutes 10th August 2016

T Hodges stated that this was possibly her last meeting as the Waikato DHB representative on CPHAC and wished to acknowledge Lakes DHB allowing a Waikato presence at these meetings. She also acknowledged the strong public health focus into the committee's deliberations.

Resolution:

THAT the BoP DHB combined CPHAC/DSAC minutes 3rd August 2016 and Waikato DHB minutes 10th

August 2016 be received.
A Gathergood : T Hodges
CARRIED

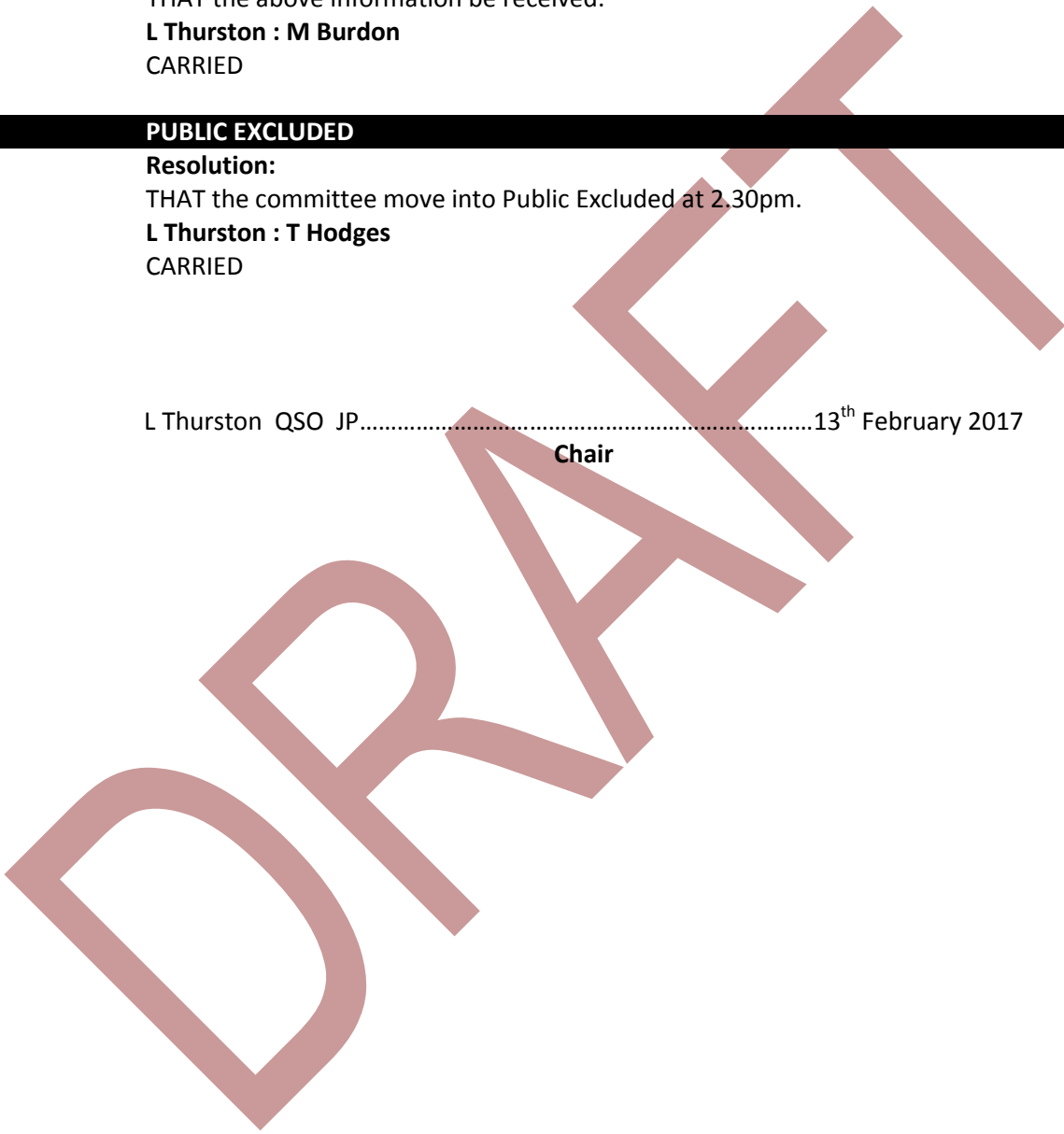
- 5.4 Letter of appreciation 22nd September 2016 to Planning and Funding
- 5.5 Letter of congratulations 22nd September 2016 to RAPHs
- 5.6 Midland Regional Plan Summary 2015-2018 (late item)

Resolution:
THAT the above information be received.
L Thurston : M Burdon
CARRIED

6.0 PUBLIC EXCLUDED

Resolution:
THAT the committee move into Public Excluded at 2.30pm.
L Thurston : T Hodges
CARRIED

L Thurston QSO JP.....13th February 2017
Chair





**SCHEDULE OF TASKS FROM THE
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
17th OCTOBER 2016**

Agenda Item	Action	Responsibility of	Timeframe
PRESENTATIONS			
ITEMS			
Establishment of BoP Regional Healthy Housing Sector Forum	1. That the Bay of Plenty and Lakes DHBs agree to jointly take the lead in establishing a sector forum for health and housing in the BoP region.	New Board	9 th December 2016
	2. That the BoP and Lakes DHBs mandate Toi Te Ora – Public Health Service to work towards establishing the sector forum.	New Board	9 th December 2016
Home insulation and healthier housing	Formation of healthy housing sector forum for consideration and sign-off.	New Board	9 th December 2016
HPV vaccine	HPV vaccine – part of Purchasing Intentions 2017 feasibility undertaking mock-up programme. Look at HPV vaccine and gauge how many people will respond to recalls. Before the end of this year, will have an idea of whether this is worth pursuing. Working with PHOs.	Planning & Funding	End of 2016 year

CONFIDENTIAL



**MINUTES OF A MEETING OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
HELD MONDAY 17th OCTOBER 2016 AT 1.00 P.M.
CLINICAL SERVICES BUILDING CONFERENCE ROOM, LEVEL 3, ROTORUA HOSPITAL**

6.0	PUBLIC EXCLUDED
6.1	<p>Confidential minutes of Community and Public Health Advisory Committee 27th June 2016 The confidential section of the above minutes related to MHN Peer Review Feedback Report, RAPHs Peer Review Feedback Report, PHO Performance 2015/16 Quarter 3 Results, Lakes DHB Obesity Workshop Minutes and Emergency Department Triage System.</p> <p>Resolution: THAT the Confidential Minutes of the Community and Public Health Advisory Committee meeting of 27th June 2016 be confirmed as a true and accurate record. M Bentley : K Gosman CARRIED</p> <p>Resolution: THAT the committee move out of Public Excluded at 2.32pm L Thurston : A Pedersen CARRIED</p>

Before closing with a karakia, Board Chair, Deryck Shaw expressed appreciation on behalf of Lakes DHB for the members' active contribution over the past three years. It was good to finish this triennium on a positive note in moving forward with Dr Mason Durie's excellent presentation. Other points highlighted were:-

- The new Board will be looking at the level of engagement of communities.
- A Gathergood's contribution over the last three years chairing the Taupo Community Health Forum is something for the Board to look at further.
- Appreciation to the community representatives for their contribution towards a busy work programme.
- Important Lakes has PHO actively involved and visible at a committee level.
- Fellow Board members, M Burdon and A Gathergood were acknowledged for their contribution and depth of experience and commitment to health.
- Appreciation to the management team for their good advice and guidance.
- Acknowledgement to L Thurston for his good chairmanship and exemplary assistance over the years.
- Thanks and appreciation to B Harris for her timely organisation and support of the work of the Board and committees and the efforts undertaken behind the scenes.
- The Midland DHB Board members sitting on the advisory committees – R Scott and T Hodges – appreciation for the contributions given to the respective committees which resulted in a wider connectivity as the Midland region.
- The new Board will be reviewing the structure of all advisory committees with greater insights into community health issues.

L Thurston QSO JP.....13th February 2017

Chair



**MINUTES OF THE DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
HELD IN THE CLINICAL SERVICES BUILDING CONFERENCE ROOM, LEVEL 3, ROTORUA HOSPITAL
MONDAY 17th OCTOBER 2016 AT 10.00AM**

MEETING: [No. 137]

PRESENT: L Thurston (Chair), R Vigor-Brown, D Shaw, A Gathergood, M Raukawa-Tait, P Mahood, R Scott, C Cockburn, C Reinders and S Westbrook

IN ATTENDANCE: Kimi Kaukau (TNKOT representative for the next triennium), V Russell, M Ranclaud and B E Harris (Board Secretariat)

ABSENT: L Loughlin

1.0 MEETING CONDUCT (Agenda Item 1.0)

The Chair welcomed everyone to the final meeting for the year which followed with a karakia. He welcomed Kimi Kaukau from Te Nohanga Kotahitanga o Tuwharetoa.

1.1 **Apologies (Agenda Item 1.1)** :D Sorenson, M Watson and R Dunham

Resolution:

THAT the apologies be received.

A gathergood : C Cockburn

CARRIED

1.2 **Schedule of Interests Register** – This was circulated during the meeting with no additions or deletions entered.

1.3 **Conflict of Interest related to items on the agenda** - The Chair called for any disclosures from committee members. None were submitted.

1.4 **General Business** – Audit report and late items in correspondence. Invitation extended to remain for the presentation by Dr Mason Durie at 12.15pm.

1.5 **The NZ Disability Strategy : 15 Objectives** – Members noted the objectives

2.0 WORKPLAN : DISABILITY SUPPORT ADVISORY COMMITTEE

2.1 ~ Disability Support Services

2.2 ~ Health of Older People

2.2.1 Health of Older People and Disabilities update 17th October 2016

The update provided by V Russell included an explanation in detail of the work that had been carried out since the last meeting in August. Highlights brought to the committee's attention included:-

- Dementia with a focus to diagnose early in order to improve support available for the person, their carer and families.
- Last two years Dementia Clinical Co-ordinator has promoted dementia Map of Medicine Clinical Pathway with GPs and this resource will now focus on training practice staff to assess for dementia.

- Rotorua Lakes Council is promoting community dementia-friendly community initiative in conjunction with BUPA, Alzheimers NZ and Westpac
- InterRAI Comprehensive Clinical Assessment in residential care and home settings – Q1 results not available at time of writing report. Regional breakdown of report covers five DHBs with comparison of InterRAI results. Lakes DHB has 2.8k people at any time receiving services and support. National InterRAI data base covers 35k to 40k people.
- Falls and fracture prevention - ACC considering DHB draft proposal to access ACC funding to look at range of approaches to reduce risk of falls and fractures.
- Stroke Services - Requirement is for 6% of potential eligible stroke patients to be thrombolysed and 80% of stroke patients admitted with acute stroke transfer to rehabilitation service within seven days of acute admission. Lakes DHB is now achieving this target. Thrombolysis service is extending its hours, with the aim to be available 24 / 7. National Stroke team closely monitors our progress.
- Telemedicine with Waikato is still in the development stage. Update will be sent to the CE.
- Age-related Residential Care – HDC report confirms number of HDC complaints about residential care providers is lower than expected.
- Bowel screening roll out – MoH has had initial meetings with Midland region DHB staff. Of the five DHBs, two are likely to start in 2018 (Waikato & Taranaki), Lakes DHB will be 2019.

Resolution:

THAT the Health of Older People & Disabilities update be received.

A Gathergood : M Raukawa-Tait

CARRIED

2.2.1.1 InterRAI Benchmarking

This data is to inform service planning and outcomes and provide baseline and trending data for benchmarking purposes. The information presented included clinical risks, level of need for support, high risk diseases and conditions, risk of institutionalisation and opportunities where interventions may reverse increasing loss of independence. From observation, D Shaw was surprised to see coronary heart disease was less than half for Lakes with Taranaki sitting at 62%. He thought it would be helpful to know how we change with the trends over time and look at NASC's consistency on the way things are captured.

Resolution:

THAT the InterRAI Benchmarking report be received.

L Thurston : P Mahood

CARRIED

2.2.1.2 ARC Occupancy Survey

V Russell highlighted:-

- Majority of people in residential care are aged 85 years and on. Still surprising how many are paying privately for their care. The November 2015 report had inconsistent data from providers, however, May 2016 report confirms there has been a significant increase in occupancy over 12 months from 584 to 618 residents requiring age-related long term residential care. MoH national data base has similar results. Under 65 years – DHB funded cases with long term condition are reviewed every year. Lakes has just introduced individualised funding for home support.
- Lakes NASC staffing levels are being reviewed against other DHBs.
- Comment noted that a lot of pressure can be put onto families in Turangi who are not receiving sufficient personal care services at home. Lakes NASC will

- reassess and review service packages if person's needs have changed.
- This will be followed up at a meeting planned with Tuwharetoa Health which is one of the Lakes home-based support providers in this area.

Resolution:

THAT the 12 month survey be formally received.

A Gathergood : M Raukawa-Tait

CARRIED

2.2.1.3 Midland Cancer Network : Nil

2.3 ~ Mental Health

2.3.1 Mental Health Awareness Week 10-16 October 2016

A vote of thanks was recorded to Liz Carrington for the outstanding part she played in Mental Health Awareness Week. M Ranclaud was delighted with the shift in focus in celebrating mental health wellbeing and the involvement of the community. R Vigor-Brown endorsed the accolades.

Resolution:

THAT a letter of acknowledgement and appreciation be written by the Chair to Liz Carrington.

L Thurston : R Vigor-Brown

CARRIED

2.4 ~ Cancer Services : Nil

3.0 SECRETARIAL

3.1 Minutes of previous meeting 29th August 2016

Resolution:

THAT the minutes of the previous DSAC meeting held 29th August 2016 be approved as an accurate and correct record.

A Gathergood : R Scott

CARRIED

3.1.1 Copy of presentation on Healthcare Home by Pinnacle Midlands Health Network :
Noted

3.2 Matters Arising :

Taupo Accessibility Audit : D Shaw also write a congratulatory letter to the Taupo District Council.

V Russell also advised that a copy of the report had been sent to Rosemary Viskovich, Lakes Rotorua Council. V Russell to provide a copy to Natasha Duplessis.

3.3 Schedule of Tasks

- Under 65 year old carer support – MoH is reviewing their respite contracts and carer support is a part of that.
- Work Plan be available for next incoming DSAC members.
- Taupo Accessibility Audit – Chair writes a congratulatory letter to Taupo District Council.
- Delete MoH DSS Carer Support.

4.0 REPORTS

4.1 Community Representative Reports

C Reinders

- Lakeland Disabilities Support Trust invited local health, disability organisations and Maori providers to a meet and greet hui at the Rotorua Community Health Hub regarding disability services available in Rotorua/Taupo and Turangi areas
- 26 October 2016 "Building community disability support in Turangi"
- Workshops pending on 31st October, 1 and 2 November – open to the public

K Kaukau

- Nathan Wallace – invited to present to Tuwharetoa

- MoH DSS NASC assessment forms – believe person should be reviewed every year and revised every three years.

C Cockburn

- Access Taupo latest minutes from 21 September 2016 meeting
- TDC Asset Manager – Transportation report.
- Reported to Access Taupo of Lakes DHB’s favourable receipt of audit report
- Lakes DHB Disability Advisory Group to the CEO meeting in August – concerns were raised that the lifts in the old library were too small for today’s large power chairs – Issue being looked into by new COO of Lakes DHB. Rotorua Access Group to keep a watching brief on development of project.
- Living Well Senior Expo 14 October 2016.
- Sharon’s Taupo Companion Driver Service for those who don’t qualify for national transport. The service charges travel and waiting time costing approx. \$170. Normally the charge is \$28 per hour less petrol and running costs if passenger’s own vehicle is used.
- Wellington City Mobility Scooter Scheme run by Wellington City Council in conjunction with Taranaki Savings Bank. Available to disabled people (residents and visitors).
- Cluster Funding – new funding scheme trialled in BoP. Funding goes directly to service providers to create a service plan with the client on services the client requires. V Russell to make enquiries with BoP DHB as to whether this was one of their contracts.
- Taupo District Council Strategic Partnership Advisor working on a Taupo version of the Rotorua HIP booklet.
- Daily Post news re QEH trying to locate name and whereabouts of boat built back in the period when the hospital was built – 75th anniversary next year. Found that the boat has resided in Taupo since 1947.
- John Funnell autobiography just published.

Resolution:

THAT the community representative reports be noted.

P Mahood : A Gathergood

CARRIED

5.0 INFORMATION AND CORRESPONDENCE

- 5.1 Bay of Plenty Combined CPHAC/DSAC Open Minutes 3rd August 2016
- 5.2 Waikato DHB DSAC Minutes 10th August 2016
- 5.3 2017 Board and Advisory Committee Meetings Schedule
- 5.4 Letter 12th September 2016 re TNKOT iwi representatives K Kaukau & H Rameka

Resolution:

THAT the information and correspondence above be received including the tabled items below:-

- Taupo Accessibility Audit Report congratulatory letters dated 10.10.16 to S Taylor, G Pomeroy & R Loveless.
- Positively Parkinson’s Well-being Seminar 31st October 2016.
- Disability Action media release re new manager for National Accessibility Social Enterprise .

A Gathergood : M Raukawa-Tait

CARRIED

The Board Chair, D Shaw acknowledged the work of the committee and congratulated the community representatives on their reports and insights. He especially made tribute to C Cockburn for his contributions to the wider community and the engagements he undertook. D Shaw stated that:-

- The new Board will be looking at the functions of the three advisory committees and reflect on the insight into the Lakes communities.
- The new Board members, in moving forward, will give their preference as to the committee they wish to serve on.
- At the same time Lakes had lost good Board members on the advisory committees which included the Midland DHB representatives.
- He appreciated Deputy Chair, Lyall Thurston's chairmanship and noted he was a great advocate for Lakes. He reminded members that L Thurston had received an award of a special taonga on the CCS 80th birthday celebration in acknowledgement of his significant contribution towards the development and delivery of services to Maori while he was actively involved as National President.
- V Russell's personal experience and connection to the wider community and the midland region is to be acknowledged with appreciation.
- Appreciation of Board Secretariat, B Harris for her service and contribution to the Board members and advisory committee members.
- Acknowledgement to Te Arawa and Tuwharetoa iwi representatives for their work over the last three years, community connections which he believed to be very important.

In closing, the Board Chair commented that the new Board had to maintain the momentum and was thankful to have Ron as the CE who knew everything there was to know and would continue to accelerate the work of Lakes. Acknowledgement and appreciation was also extended to Dr Jim Miller and Janet Hanvey. D Shaw wished everyone the best for the future and hoped contacts would be maintained.

DRAFT



LAKES DHB SCHEDULE OF TASKS : DISABILITY SUPPORT ADVISORY GROUP
17th October 2016

Item	Action	Responsibility	Time Frame
PRESENTATIONS			
Community-based geriatric services	THAT a presentation be given to DSAC on community-based geriatric services and what they would mean for Lakes.	Michelle Bloor	2017
Under 65 year old carer support	THAT the MoH be invited to a DSAC meeting to present on under 65 year old carer support and hear the concerns of the committee.	V Russell	2017
TASKS			
DSAC Work Plan	THAT the next draft version of the plan be placed before the October DSAC meeting.	V Russell	17 th October 2016
Taupo Accessibility Audit Report	<ul style="list-style-type: none"> • THAT the Board Chair writes a congratulatory letter to the Taupo District Council • THAT a copy of the report be sent to Natasha Duplisses 	D Shaw V Russell	ASAP ASAP
MoH DSS Carer Support	Concern to be raised with MoH DSS and seek an update on any changes to ensure carers of DSS clients can get appropriate breaks.	V Russell	As convenient
Mental Health Awareness Week	THAT a letter of acknowledgement and appreciation be written by the Chair to Liz Carrington.	D Shaw	ASAP
Cluster Funding	Enquire of BoP DHB as to whether this is one of their contracts. Question from C Cockburn	V Russell	ASAP

The meeting adjourned for lunch at 11.45am and reconvened at 12.15pm for the presentation by Dr Mason Durie. Board and CPHAC members were invited to this showing.

PRESENTATION ON PAE ORA BY DR MASON DURIE

The presentation by Dr Mason Durie covered the following points:-

- Pae Ora Mauri Ora – Healthy Lives
- Mauri Ora Flourishing
- Mauri Noho Languishing
- The Task
- Pae ora Whanau Oras – Healthy Families
- Whanau Ora – the six key elements
- Pae Ora – Wai Ora Healthy Environments
- Health and the Environment
- Health and water, air, workplace, mall
- Health and the internet, the home, the bottle
- Health and housing, poverty and the roads
- Health and global climate change
- Towards a reduction in environmental risks to health
- A scenario to illustrate possibilities
- Another scenario
- The main points

Copies of the above presentation are attached to the minutes of this meeting.

Signed 13th February 2017

L Thurston QSO JP
Chair

Minutes

Combined Community & Public Health Advisory Committee/ Disability Advisory Services Committee Members

Venue: Tawa Room Education Centre

Date: Wednesday 5 October 2016 at 10:30am

Committee: Ron Scott (Chair), Matua Parkinson, Judy Turner, Yvonne Boyes, Pauline McQuoid, Margaret Williams, Lyall Thurston, Sharon Mariu, Punohu McCausland

Attendees: Helen Mason (Chief Executive), Simon Everitt (GM Planning and Funding), Gail Bingham (GM Governance & Quality), Janet Hanley (Business Leader Toi Te Ora)

Item No.	Item	Action
1	<p>Apologies</p> <p>An apology was received from Sally Webb and Paul Curry.</p> <p>Resolved that the apologies from S Webb and P Curry be received</p> <p>Moved: R Scott Seconded: L Thurston</p>	
2	<p>Interests Register</p> <p>The Committee were asked if there were any conflicts in relation to items on the agenda.</p>	
3	<p>Minutes</p> <p>Resolved that the minutes of the meeting held 3 August 2016 be confirmed as a true and correct record.</p> <p>Moved: M Williams Seconded: P McQuoid</p>	
4	<p>Matters Arising</p> <p>4.1 <u>Matters Arising</u></p>	

Item No.	Item	Action
	<p>As per report circulated with the agenda.</p> <p>4.2 <u>Regional HAC Committees</u></p> <p>Waikato is looking at establishing a Consumer Council and restructuring the Advisory Committees.</p>	
<p>5</p>	<p>Reports requiring Decision</p> <p>5.1 <u>Toi Te Ora Updates</u></p> <ul style="list-style-type: none"> - Establishment of a BOP Regional Healthy Housing Sector Forum: The Committee supported the approach set out in the paper. Toi Te Ora is going to make contact with Planning and Funding Healthy Houses project. - Submission to Ministry of Health on E-cigarettes (for noting) - Public Health Services Update (for noting) <p>The Committee received the information.</p> <p>5.2 <u>Health of Older People Strategy Update</u></p> <p>The Committee received the information.</p>	
<p>6</p>	<p>Reports for Noting</p> <p>6.1 <u>Work Plan</u></p> <p>The Committee noted the information.</p> <p>6.2 <u>Hearing the Voice of the Service User in Mental Health & Addiction Services</u></p> <p>The Committee noted the information.</p> <p>6.3 <u>Aging Well Research</u></p> <p>The Committee noted the information.</p> <p>6.4 <u>Residential Aged Care Quality Improvement Initiatives 2017-2018</u></p> <p>The Committee noted the information</p>	

Item No.	Item	Action
	<p>6.5 <u>COBOP Review</u> COBOP will continue as a leadership forum with focus groups on key themes; safety, housing.</p> <p>The Committee noted the information</p> <p>6.6 <u>Update on Midland Regional Services Plan Quarter 4 Progress</u></p> <p>The Committee noted the information.</p> <p>6.7 <u>Planning and Funding Report</u></p> <p>The Committee noted the information.</p>	
7	<p>Presentations – Hearing the Voice: Mental Health Consumer Engagement – Arana Pearson, Keepwell Ltd</p> <p>The Committee thanked Arana Pearson for an informative presentation.</p>	
8	<p>General Business</p> <p>As this is the last meeting of this Committee the Chair thanked all the members for their attendance and contribution and the staff for the hard work put into preparing the reports.</p>	
9	<p>Next Meeting – Wednesday 7 December 2016.</p>	

The open session of the meeting closed at 12:22 pm

These minutes will be confirmed as true and correct at the next meeting.



Committee Structure at Waikato DHB

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 5.0

COMMITTEE STRUCTURE AT WAIKATO DHB

Purpose	1) For information
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Introduction

One of the reasons for the change to the committee structure promoted by the Chair after the last election and adopted by the Board in February was the need for better governance of key strategic and/or large programmes of work that the Waikato DHB is implementing. Stronger governance would in turn strengthen leadership and accountability within the Waikato DHB.

Strengthened governance oversight was envisaged as occurring through the Health Strategy Committee until such programmes are complete, at which point oversight would occur by way of normal monitoring (if still required) through the Performance Monitoring Committee.

With this in mind the Executive has discussed what programmes should fall within the scope of this change.

We propose that taking account of scale and significance the following programmes are reported through to the committee with executive support as indicated:

1. eSPACE (Presented by Executive Director Corporate Services).
2. SmartHealth (Presented by Executive Director Virtual Care and Innovation).
3. Rural Project (Presented by Executive Director Community and Clinical Support).
4. Women's Health Transformation by way of redirection from the Board (Presented by Commissioner Women's Health).
5. Elective Services Improvement (Presented by Commissioner).
6. Patient Flow Project (Presented by Executive Director Operations and Performance).
7. Quality Account (Presented by Executive Director Quality and Patient Safety).
8. Medical School (Presented by Chief Executive).
9. CBD Accommodation Projects (Presented by Executive Director Facilities and Business).
10. Primary Care Integration (Presented by Clinical Director Primary and Integrated Care).
11. Mental Health and Addictions Model of Care (Presented by Executive Director Strategy and Funding).

It is suggested that reporting should be by way of about three to five items on each agenda which would ensure that agendas are not cluttered.

Another new set of responsibilities for the Health Strategy Committee (when compared to the old Community and Public Health Advisory Committee) will be the priority programme plans being developed to implement the “refreshed” strategy.

Recommendation

THAT

The above approach for reporting of key strategic programmes to the Health Strategy Committee is adopted.

**NEVILLE HABLOUS
CHIEF OF STAFF**

HEALTH STRATEGY COMMITTEE TERMS OF REFERENCE

- 1) In accordance with the NZ Public Health and Disability Act, the Board shall establish a Community and Public Health Advisory Committee to be called the Health Strategy Committee, whose members and chairperson shall be as determined by the Board from time to time.
- 2) None of the Committees of the Board have delegated authority and all have an advisory role to the Board. The Committee's scope of action outlined below should be read with this important qualification in mind. This advisory role will normally be discharged by way of the Board adopting the Committee's minutes but other forms of reporting/advising may occur from time to time.
- 3) The functions of the Health Strategy Committee shall be to
 - a) Examine in depth, issues associated with:
 - I. the needs, and any factors that the Committee believes may adversely affect the health status of the resident population of the Waikato DHB
 - II. priorities for use of the health funding provided.
 - b) Monitor:
 - I. Programmes by which significant service models are established or amended; and
 - II. Programmes by which new initiatives with significant costs are implemented.
 - c) Consider priority programme plans arising from the refresh of the strategy undertaken in 2016 and monitor them as they are implemented.
- 4) The issues to be examined by the Committee shall be identified:
 - a) at the Committee's initiative
 - b) at the Executive's initiative
 - c) at the request of the Board.
- 5) The Committee's advice may not be inconsistent with the New Zealand health strategy.
- 6) The executive group of Waikato DHB shall develop and have approved by the committee a rolling schedule of programmes to be monitored by the committee.
- 7) The Health Strategy Committee shall hold meetings as frequently as the Board considers necessary. Six meetings are normally held annually.



Strategy and Funding Overview Report

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 6.0

STRATEGY AND FUNDING REPORT

Purpose	1) For information
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Strategy Implementation

The refresh of the Waikato DHB's strategy was completed in 2016. Priority programme plans will be prepared for each of the priorities over the coming year and submitted to the Health Strategy Committee. The priority programme plans are the means by which we "operationalise" the strategy and link it to day-to-day activity. The preparation of each is overseen by a member of the Executive. Once the priority programme planning stage is completed the process will move into the implementation phase which will vary in length dependent upon the programme with some of the larger programmes potentially taking five to ten years to implement.


The first of the priority programme plans "Enable a culture of innovation to achieve excellence in health and care services" is included for consideration in item 10 of the agenda.

Waikato Annual Plan 2016/17

The 2017/18 year sees a significant change in the Annual Plan (AP) requirements from the Ministry of Health which will impact on the development process. The three key changes for 2017/18 are:

1. The size of the plan being requested has reduced significantly;
2. DHBs Maori Health Plans are to be integrated into the annual plans;
3. The Funding Envelope advice has been delayed until May 2017.

The first key change is the size of the plan being requested which is to be around 30-33 pages long plus appendices. This compares to the 2016/17 Waikato AP where the main body of the plan was 163 pages. Table one shows an example of the new format with the draft submission for the better help for smokers to quit health target.

Government Planning Priority	Focus Expected for Waikato DHB	Link to NZ Health	Waikato DHB Key Response Actions to Deliver Improved Performance		Measures
<p data-bbox="208 628 454 676">Better Help for Smokers to Quit Health Target</p> 	<p data-bbox="490 660 781 703">Support use of IT tools in patient data management.</p>	<p data-bbox="846 628 869 751" style="writing-mode: vertical-rl; transform: rotate(180deg);">Smart system</p>	<p data-bbox="938 309 1485 373">1. Development of a 3 year tobacco plan along with an approach to increase and support referral and cessation for high needs groups</p> <p data-bbox="938 405 1485 480">2. Maintain the smoke free public hospital target – better help for smokers to quit. Meet the primary and maternity targets.</p> <p data-bbox="938 724 1485 842">3. Work with Midland Health Network PHO and stop smoking service providers to achieve the target of 5500 referrals with a particular focus on Maori, pregnant women and mental health. This will include supporting the use of patient prompt and best practice intelligence reporting tools. EOA</p> <p data-bbox="938 874 1485 917">4. Progress towards System Level Measure - babies who live in a smoke-free household at six weeks post natal</p> <p data-bbox="938 949 1485 1034">5. Review of the current DHB smoke free policy with the goal of strengthening and invigorating a supported smoke free DHB. Emphasising our commitment to the 2025 New Zealand smoke free goal.</p>	<p data-bbox="1507 309 1563 331">1. Q1</p> <p data-bbox="1507 405 1563 427">2. Q4</p> <p data-bbox="1507 724 1563 746">3. Q2</p> <p data-bbox="1507 884 1563 906">4. Q2</p> <p data-bbox="1507 963 1563 986">5. Q2</p>	<p data-bbox="1680 309 2004 331">* Development of plan and approach</p> <p data-bbox="1680 395 2027 560">* 95% of hospitalised patients who smoke and are seen by a health practitioner in public hospitals * 90% of enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. * 90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer are offered advice and support to quit smoking</p> <p data-bbox="1680 730 2027 774">*Numbers of referrals for Maori, other and total population</p> <p data-bbox="1680 895 1989 938">* Households are smoke free at six weeks postnatal</p> <p data-bbox="1680 963 1825 986">* Policy updated</p>

The second key change is that DHB's Maori Health Plans are to be integrated into DHBs APs. The Ministry of Health are expecting that addressing Maori health equity is to be incorporated within the annual plan. With this approach there is an expectation that every priority will have an equity focus. This includes a requirement to clearly identify actions that are specifically designed to help reduce health equity gaps by coding them "EOA" (Equitable Outcomes Action).

The third key change is the 2017/18 Funding Envelope advice and funding parameters will be issued in May 2017 following confirmation of the 2017 budget. This differs to all prior years where a funding envelope has been received in December and will make the completion of the draft AP and budgeting process challenging.

2017 Annual Plan timeframe

- The first draft of the Budget will be submitted to the Ministry of Health on 3 March, recognising that this version will require a great deal more detailed work with-out changing the net result other than for late adjustments due to possible funding envelope changes.
- The draft plan will be submitted to the Ministry of Health on 31 March and prior to this deadline the draft plan will be provided to the March Board. At this stage, without the budget announcement, no new or significantly different Government priorities in the 2017/18 year have been factored into the plan.
- The second and final draft of the budget will be submitted to the Ministry of Health on 25 May and the second and final draft of the plan will be submitted to the Ministry of Health on 30 May. These submissions will need to be consistent with the first year of the Long Term Investment Plan due for submission to Treasury 31 May.

System Level Measures Plan

The process for development of the system level measures for 2016/17 was very much a developmental phase however it provided a number of key learnings for consideration. Attached as appendix A is the final targets and measures agreed for 2016/17. The proposed approach for 2017/18 will change in relation to the following areas:

- A DHB and wherever possible a clinical champion for each measure will be agreed;
- Increased focus on local development and increased clinical engagement—aligning measures regionally where appropriate after local engagement has occurred;
- Inclusion of further measures which reflect the broader system (including secondary measures).

The system level measures for 2017/18 will also include two new measures being:

- Proportion of babies that live in a smoke-free household at six weeks postnatal;
- A youth system level measure (youth are healthy, safe and supported).

A separate paper will be included in the April agenda

Health Targets update

The health target report that was presented to the February Board is attached as Appendix B. Further comment is included below in relation to the raising health children target.

Raising Healthy Children

The latest health target reads that by December 2017, 95% of obese children identified in the B4 School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Waikato's latest quarterly result is now 79% putting the DHB above the national average of 72%. The key aim of the target is that health professionals will manage clinical risks associated with obesity, encourage and support family and whanau to take actions around nutrition, lifestyle and physical activity and importantly regularly monitor children's growth. The health target is just one part of both a national and district wide multifaceted approach to tackle childhood obesity including amongst others health promotion, Green Prescription, Project Energize, Under-fives Energize and Bodywise. Locally the introduction of the target is led by the Waikato Child Health Network chaired by our primary care clinical lead and GP Child health liaison doctor. Our GP Liaison is working on the referral pathways for children identified as very overweight (BMI > 98 centile). As pathways are developed access to services for four year olds will be addressed.

Initiative areas

Exemplar Co-existing Problems and Youth Alcohol and Other Drug initiatives

Youth INTact, the new Youth AOD Service contracted by Waikato District Health Board, has been in place since October 2016 and the formal launch will be on 15 March 2017.

Evaluators for the Waikato Youth INTact Service have now been contracted by Waikato DHB as it was seen as important to have evaluators involved in developing the evaluation framework. The evaluators selected are Litmus Ltd, Wellington, who have extensive experience in evaluation of youth Alcohol and Drug programmes including two of the Ministry of Health funded Exemplars. The evaluators will be involved in:

- Scoping and Design;
- Qualitative data collection;
- Analysis of monitoring data and document review;
- Reporting and dissemination.

With the final evaluation due in March 2018

A Reporting Framework for Youth INTact services has been developed and combines information directly reported from both local providers and the national system collection. It also includes baseline data at 1 July 2016 against which progress can be measured once data becomes available via the national collection (PRIMHD).

Given the time lag of data through national reporting systems we have asked the four Youth Intact providers to report numbers of clients seen for each month. Recently available access data from PRIMHD (for the 12 months to 31 October 2016) indicates an upswing in service activity, and this will be detailed when full provider data for the October – December 2016 quarter is received.

Updates on this initiative will be included in future Strategy and Funding's Performance Monitoring Committee reporting.

Integrated Safety Response

Waikato is the second pilot site for a new approach to making sure families experiencing violence get the help they need from family violence services. It went live on 25 October 2016 following the Christchurch site going live on 4 July 2016. The pilots will see core agencies closely working together to support victims – Police, CYF, Corrections, Health, specialist family violence NGOs and kaupapa Māori services will work as a team.

The new approach has a family/whānau focus – it aims to assess and support the whole family's needs.. This project focuses on the joined-up support and services that families, including victims and perpetrators, receive following family violence reported to NZ Police and high risk prison releases. A key feature is the identification of 'high risk' victims and an independent family violence specialist to support these victims to reduce the risk of further violence.

Waikato DHB have been a party to this pilot with involvement on both daily review meetings (and related follow up) and the intensive case management oversight processes. The Waikato pilot differs from the Christchurch pilot in that covers both Hamilton and the rural communities of the Waikato police district, which are fairly closely aligned to the DHB boundaries. The DHBs key involvement in the project has been managed through the Mental Health and Addiction services.

At this stage it is expected that ongoing funding to support the pilot will be received however national funding post July 2017 to support the pilot is not yet confirmed.

Demand Management Advisory Group (DMAG)

A key area that has been explored by the Demand Management advisory group is how a mechanism can be developed to ensure that patients presenting at the Emergency department who are not enrolled in primary care can be assisted to enrol.

The proportion of the Waikato population that are not enrolled in a PHO is estimated to be approximately 5%. The unenrolled population however accounts for 11.2% of emergency department attendances and 8.6% of ambulatory sensitive admissions so there are clear benefits if currently unenrolled clients can be encouraged to enrol and continue to engage with primary care.

It is expected that DMAG will finalise a pilot in this area at its April 2017 meeting inclusive of reporting criteria to enable benefit from this initiative to be assessed.

Pharmacy Plan

In 2016 a national Pharmacy Action Plan 2016-2020 was released. This Action Plan was developed as a way of addressing the need to provide sustainable, high-quality pharmacist services in a complex and evolving environment. It emphasises the importance of taking an integrated, coherent approach so that all are clear on the role they have to play in making its vision of the future into a reality.

Whilst the Pharmacy Action Plan is a national document there is a clear need for a local process to both identify and develop local initiatives in line with the plan and to consider relevant issues in relation to pharmacist services including access and integration. Over the next few months a group will be established to ensure there is a mechanism for appropriate input from a broad range of stakeholders.

Tobacco Plan

A working group is currently progressing the development of an updated tobacco plan. This plan will be presented to both the Health Strategy Committee and Iwi

Maori Council when a draft document is available for input. This plan will look at the broader system including the population health focus and DHB initiatives and how these complement the cessation services funded by the Ministry of Health.

Areas for focus in the plan include the previously identified priority areas of Māori, Pacific, Maternity and Mental Health whilst also focussing on achieving the two health targets; primary care and maternity, the hospital smoking policy priority measure and the new Service Level Measures – Babies in smokefree homes

Community Health Forum

The report from the November round of Community Health Forum is attached (Appendix 1). These reports will be included following each round of forum.

Recommendation

THAT

The Committee notes the content of the report

JULIE WILSON

EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

Appendix 1

Community Health Forum (Round Three) November 2016

Context

Community Health Forums are a key mechanism we use to engage with our communities. Waikato DHB supports Community Health Forums in the following geographic areas:

1. Thames Coromandel/Hauraki
2. North Waikato
3. Hamilton City and surrounds
4. Matamata Piako
5. South Waikato
6. Waitomo
7. Ruapehu (covers the northern part of the Ruapehu District territorial local authority area)

Within some of these areas, meeting venues alternate between centres e.g. Morrinsville, Matamata and Te Aroha. This is at the request of Community Health Forum attendees.

The re-introduction of the North Waikato forum meeting has proved to be successful, with good engagement from a cross section of that community. Each venue (Ngaruawahia, Huntly and Te Kauwhata) has a local cohort that attends their specific meeting in addition to the core group that attend all venues. The local mayor has been very supportive.

A copy of the 2017 Community Health Forum meeting dates, times and venues for the final round of 2016 is included as Table 1 at the end of this report.

Background

Each Community Health Forum has a locally appointed Chair and regular contact is maintained between meetings, often resolving issues immediately or starting a solution based process in a timely manner. All of the issues or concerns raised at forum meetings are directed to the appropriate individuals or services (DHB, PHO or other providers). Updates and feedback are provided at following meetings to ensure transparency and shared learning.

A Community Health Forum is an open meeting that welcomes all members of the public are welcome. There are three meeting rounds per year which are generally in March (R1), July (R2) and November (R3). Attendance numbers at the meetings have remained consistent over the past twelve months following a concerted effort to use social media, service clubs and community networks to advertise the Community Health Forum concept. Although numbers are consistent, the individuals attending may vary from meeting to meeting. Age and ethnicity data is not collected however anecdotally, it appears that there is a broader representation across the community in both age and ethnicity. Table 2 below, illustrates a summary of attendance.

Table 2 Community Health Forum attendance November 2016

CHF area	Venue	Number of attendees
Thames Coromandel/Hauraki	Paeroa	24
North Waikato	Ngaruawahia	15
Hamilton City and surrounds	Hamilton	28
Matamata Piako	Te Aroha	26
South Waikato	Tokoroa	25
Waitomo	Otorohanga	30
Ruapehu	Taumarunui	23
Total		171

November 2016 Round

At each Community Health Forum a DHB update is presented. The topics included in the update this round were:

- Smart Health rebrand
- After hours virtual GP service;
- Community Health Forum communication and engagement strategies
- Southern Rural Maternity review
- B5 Waiting area upgrade
- Youth Intact Alcohol and Other Drug services
- Suicide Prevention and Post-vention Coordinator Role
- The DHB Strategy update
- The Paul Keesing Award

Representatives of Pinnacle Midland Health and Hauraki PHO are regular participants in the Community Health Forum meetings. Their participation adds value to the discussion and it has been helpful for the community to have the opportunity to ask questions and hear primary care perspectives. This also provides the opportunity for the community to identify ways to work together on “local solutions for local issues”.

Quality and Patient Risk staff attend each Community Health Forum meeting and present updates on relevant topics (Consumer Council this Round) and are on hand to discuss individual concerns if required as the public nature of the Community Health Forum is not designed to address individual issues.

Community and Rural Health have a representative at each meeting and present a regular update on rural and community developments in conjunction with other community based partners.

What Matters to our Communities

- Access to crisis mental health services – is particularly an issue for the Waitomo and King Country community – social isolation and access to non-medical support was identified in Matamata Piako and in North Waikato;
- Lack of information and communication with the Waitomo population regarding changes to the Health Promoter role and relocation of staff to Hamilton City;

- The prevalence of methamphetamine (P) in our communities – and the impact on mental health was a concern across the District;
- Access to Rural Pharmacy and after hours GP services;
- Confusion regarding the various “virtual” options being promoted by the DHB and the two PHOs (Manage My Health, Indice, Virtual DHB, SmartHealth and Virtual After Hours GP);
- The recent Waikato DHB election and the lack of elected local representation due to no “rural ward” system and concern expressed re lack of education regarding the STV system;
- Emergency Department waiting times at the weekend, coupled with no primary care availability on Sunday is an issue for the South Waikato community;
- Eye Clinic waiting list times at Waikato Hospital, comments regarding the length of time people wait to receive an appointment and the impact on eyesight;
- Access to transport out of hours for people discharged from Thames and Waikato hospitals to the Thames and Coromandel area. Volunteer drivers are regularly being called out of hours to take people home from Thames and Waikato hospital as St John do not operate out of hours. This is of particular concern as the volunteers are all senior citizens.

The Paul Keesing Award

In recognition of Paul Keesing, the Community Health Forum Chairs group suggested an award (certificate and acknowledgement), *“Our thinking behind this is that we often very critical of health professionals/services and it would be nice to acknowledge those that go the extra mile”*.

In between meetings, Community Health Forum attendees would have the chance to nominate a health professional or service whom they think has been outstanding in some way. This award would be given as and when nominations are received for outstanding health professionals/services.

Ongoing Issues

For rural communities, there are always suggestions for practical improvements to the patient experience:

- Improving the timing of appointments based on geographic area to allow for better transport solutions
- Providing a safe and more comfortable place to wait for transport
- Appropriate training for front desk staff to ensure respectful and sensitive interactions
- Transport costs and access to parking places. Information regarding entitlements for assistance from other agencies such as Work and Income has been provided regularly
- Timeliness of discharge letters and information
- Cost of prescriptions

Community Health Forum Chairs

The Chairs of the Community Health Forums play an important role in the communication conduit between the DHB and the community. In 2017, we plan to reinstate a face to face workshop where all Community Health Forum Chairs can meet and discuss ways to further strengthen and continually improve the Community Health Forum meetings. This would be coupled with an opportunity for skills training in meeting management.

Significant Issues Raised

In 2016, two issues of significance arose that were felt to warrant a community meeting to address them. These related to access to mental health crisis services and the changes to the health promoter role and location of staff in the Waitomo – King Country.

The community meeting was held in Otorohanga on 24 January 2017 and attended by 40 people. Derek Wright, Vicki Aitken and Mark Spittall (Waikato DHB) spoke at the meeting and a robust and interesting conversation took place. The community were very impressed by the willingness of the DHB staff to engage, listen to, and address their concerns.

Bernadette Doube
Community Health Forum Coordinator

Table 1 CHF Meeting Dates 2017

Area	Location	Time
Thames – Hauraki Thursday 16 March Thursday 20 July Thursday 16 November	<i>Thames</i> – Richmond Villas 82 Richmond St <i>Paeroa</i> – Bible Chapel, Wharf St Paeroa <i>Thames</i> – Richmond Villas 82 Richmond St	10am – 12noon
North Waikato Thursday 9 March Thursday 27 July Thursday 9 November	<i>Te Kauwhata</i> – Aparangi Village, Brenda Simmonds Hall, 8 Pilgrim Pl, Te Kauwhata <i>Huntly</i> - Friendship House 55 William St, Huntly Ngaruawahia - Community House, 13 Galileo St, Ngaruawahia	10am – 12noon
Hamilton Tuesday 14 March Tuesday 18 July Tuesday 14 November	Fellowship Lounge The Link Cnr River Road and Te Aroha Street	9.30 – 11am
Matamata-Piako Tuesday 7 March Tuesday 18 July Tuesday 14 November	<i>Morrinsville</i> - St John Hall, 113 Anderson St <i>Matamata</i> - St John Hall 32 Rawhiti Ave <i>Te Aroha</i> - Mountain View Church 5 Church St	2 – 4pm
South Waikato Monday 13 March Monday 24 July Monday 13 November	Tokoroa Hospital Meeting Room Maraetai Rd Tokoroa	12 – 2pm
Waitomo Monday 6 March Monday 31 July Monday 20 November	<i>Te Kuiti</i> - Rotary Room, Te Kuiti Hospital 24 Ailsa St <i>Otorohanga</i> – Kiwi House 20 Alex Telfer Drive <i>Te Kuiti</i> - Rotary Room, Te Kuiti Hospital 24 Ailsa St	12 – 2pm
Ruapehu Wednesday 15 March Wednesday 2 August Wednesday 29 November	Taumarunui & Dist Senior Citizens Assoc Morero Terrace Taumarunui	11am – 1pm

Waikato DHB Community Health Forum Meetings 2017

For further information please contact:

Norma Taute (support coordinator) 07 834 3646 ext: 97255

Email: norma.taute@waikatodhb.health.nz

or Bernadette Doube (Community Health Forum Facilitator) 029 250 6161

Email: bernadette.doube@waikatodhb.co.nz

Papers for Action

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 7.0

PAPERS FOR ACTION

The following items are included for information:

1. 2017 Workplan

Recommendation

THAT

The reports be received.

**JULIE WILSON
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING**

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 7.1

2017 WORKPLAN

Purpose	1) For approval
----------------	-----------------

Introduction

In considering the workplan for the Health Strategy committee it is important to note that the workplan is additional to the Strategic programme updates, priority programme plans and reporting from Strategy and Funding that will be provided routinely throughout the year and any emerging issues. It should also be noted that the role of this committee should work congruently with the Performance Monitoring Committee that will be responsible for the monitoring of services and strategies once implemented.

Listed in the schedule over-page are a number of areas I think could be useful for the Committee to consider as part of the workplan in addition to the strategic programmes. These items may be appropriate for one agenda during the year or for some areas may require reporting and consideration at different stages throughout the year. The attached list should be considered as being a proposal only at this stage with an agreed workplan developed at the meeting.

Recommendation

THAT

- 1) The Committee notes that the workplan to be developed is additional to the Strategic programme updates that will be tabled for discussion;
- 2) The Committee provides comment on the items on the attached workplan and propose amendments;
- 3) That a revised workplan will be included in the April 2017 Committee agenda.

**CLYDE WADE
CHAIR, HEALTH STRATEGY COMMITTEE**

HEALTH STRATEGY COMMITTEE FUTURE WORKPLAN 2017

Service improvement areas

- System level measures (development)
- Demand management
- Enhancing health literacy
- Potential new or expanded prevention programmes (*Effectiveness of current programmes and development of new programmes*)
- Screening programmes

Strategies and Plans

- Pharmacy Plan
- Tobacco Plan
- Raising healthy kids and DHB Obesity Strategy

Understanding Needs and maximising investment impact in services

- Health Needs Analysis
- Health inequities
- Demographics and understanding other demand pressures
- Prioritisation for investment and disinvestment

Note: Included in 'Understanding needs and maximising impact in services' can be a range of focus areas to examine in depth, issues associated with the needs, and any factors that the committee believes may adversely affect the health status of the resident population of the Waikato DHB. This may include:

- Needs analysis including high risk populations
- Understanding health behaviour
- Effectiveness of current interventions/development of new interventions
- What will give us the biggest health gain in the shortest time?
- Targeted interventions (family, ethnicity, deprivation, locality)
- Approaches to community, consumer, or primary care surveying
- How quickly might we expect to see improvements in health measures from any given set of interventions?
- Prioritisation and funding projections

Papers for Information



Strategic Programmes Update

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 9

**ITEMS RELEVANT TO THE STRATEGIC PROGRAMMES
UPDATE**

1. eSPACE - presentation
2. Mental Health and Addictions Model of Care

Recommendation

THAT

The reports be received.

**CLYDE WADE
CHAIR, HEALTH STRATEGY COMMITTEE**

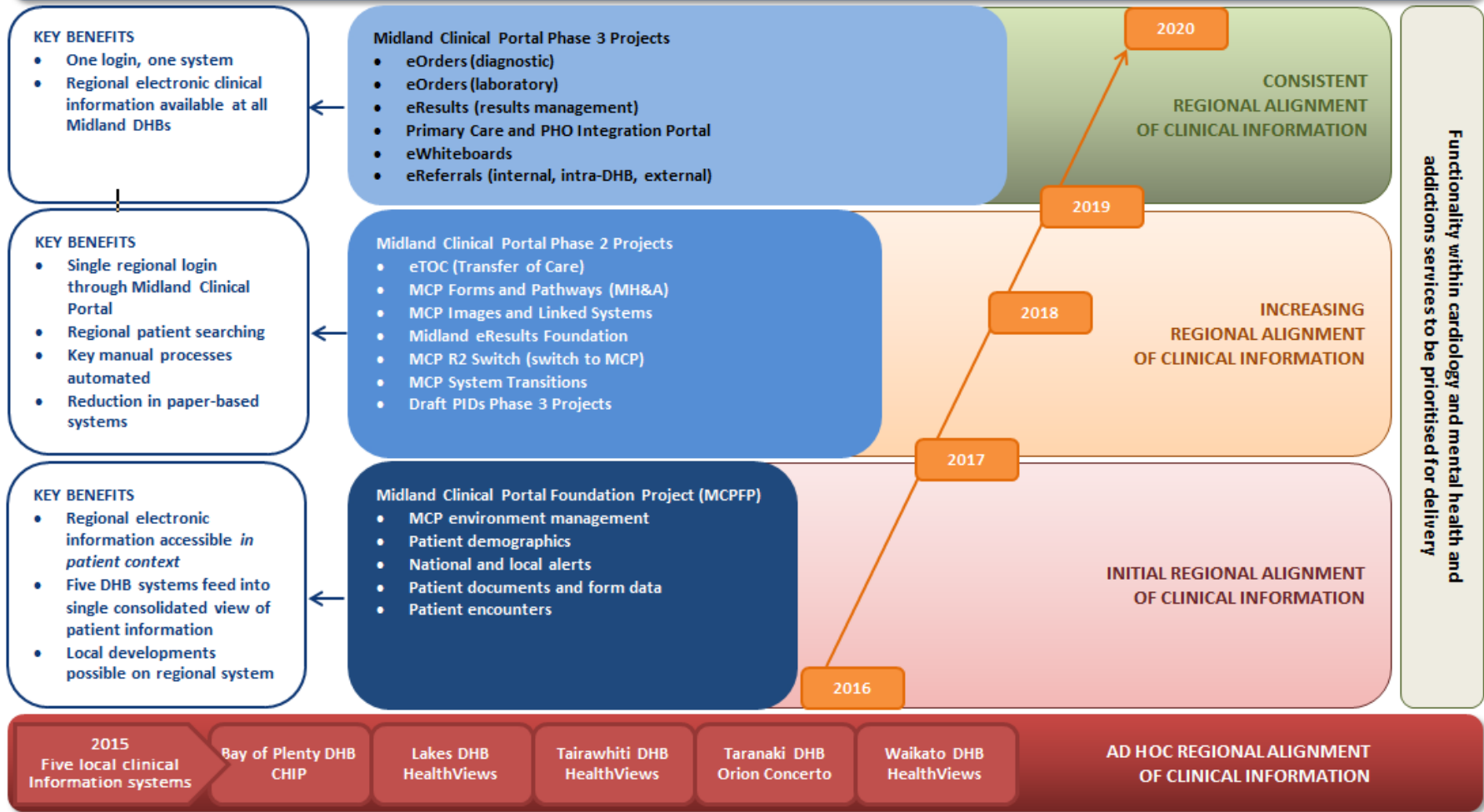
One region
One clinical system
One regional view of patient information

MCP
our
Midland Clinical
Portal

MCP Programme post July 2017

High-level Roadmap: Midland Clinical Portal Development 2016-2020

Scope and suggested order on implementation may vary in response to clinical priority and technical dependencies



MCPFP Test System – Live demo and Question/Answer session

The screenshot displays the MCPFP Test System interface. The main window shows patient information for Jovan Cardinali (M.), born 28-Nov-1989, with address 51 Western Road. A secondary window shows patient information for Jono Cardinali (M.), born 12-Nov-1949, with address 27 Shirley Rd, 1064 (Home). The interface includes a navigation menu on the left, a patient summary section, and various clinical data sections.

External Application - Clinical Portal

Demographics

Other Identifiers
AAAA-0103-5 (ORION)
94569-4565 (SYSTEM A)

Demographics
Address: 27 Shirley Rd, 1064 (Home)
Phone: (649) 237-2624 (Primary Home)

Allergies

Details	Reactions (Severity)	Onset Time
Allergy to Peanuts	Anaphylaxis (Severe)	On Date 15-Jan-2012

Encounter History

Admission	Discharge	Admit Reason	Discharge Diagnosis	Visit Type	Specialty	Facility	Clinician	Attenders
11-Apr-2008	-			I	MED	Red Regional Hospital	Dr Joe MARTIN	Joe Martin

Medication History

No Results Found

Problems

Not all results have been displayed due to patient privacy restrictions. Break Privacy Seal

Problem	Type	Treating Provider	Status	Onset Time	Resolution	Severity
Paracetamol	DAL	7	Active	Since Date 02-Feb-2014		
Paracetamol	DAL	Joe MARTIN	Active	Since Date 05-Apr-2014		

[MCPFP Test System Dummy DHB Clinical Workstation link](#)

Demo - Midland Clinical Portal Banner

POWER, Cold L NHI PRP1660 ✕ 🏠 🔔 0 👤 (test.user) ▾ LOGOUT

BORN 30-Mar-1960 (56y) GENDER Male

ADDRESS 1103 Tutanekei St Lynmore Rotorua (2) more...	HOME 07-346-0976 WORK 07-839-4740 MOBILE 022-233-2313 📞 more...	LOCATION RIW01 - Rotorua Hospital CLINICIAN 👤 Dr Jay ALEX SPECIALTY General Medicine ADMISSION 23-Jan-2017 more...	GP 👤 Brandon R WOOD GP PHONE 📞 NOT RECORDED EMERGENCY Hughes, John (Son) EMERGENCY CONTACT 📞 07-365-7457 more...	KNOWN ALLERGIES more... 🔍
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Demo - Patient Encounters

As a Lakes DHB clinician I want to see if my patient has been booked to see the specialist at Waikato DHB So I can book a outpatient with him in six weeks

POWER, Cold L NHI PRP1660 ✕ 🏠 🔔 0 👤 (test.user) LOGG

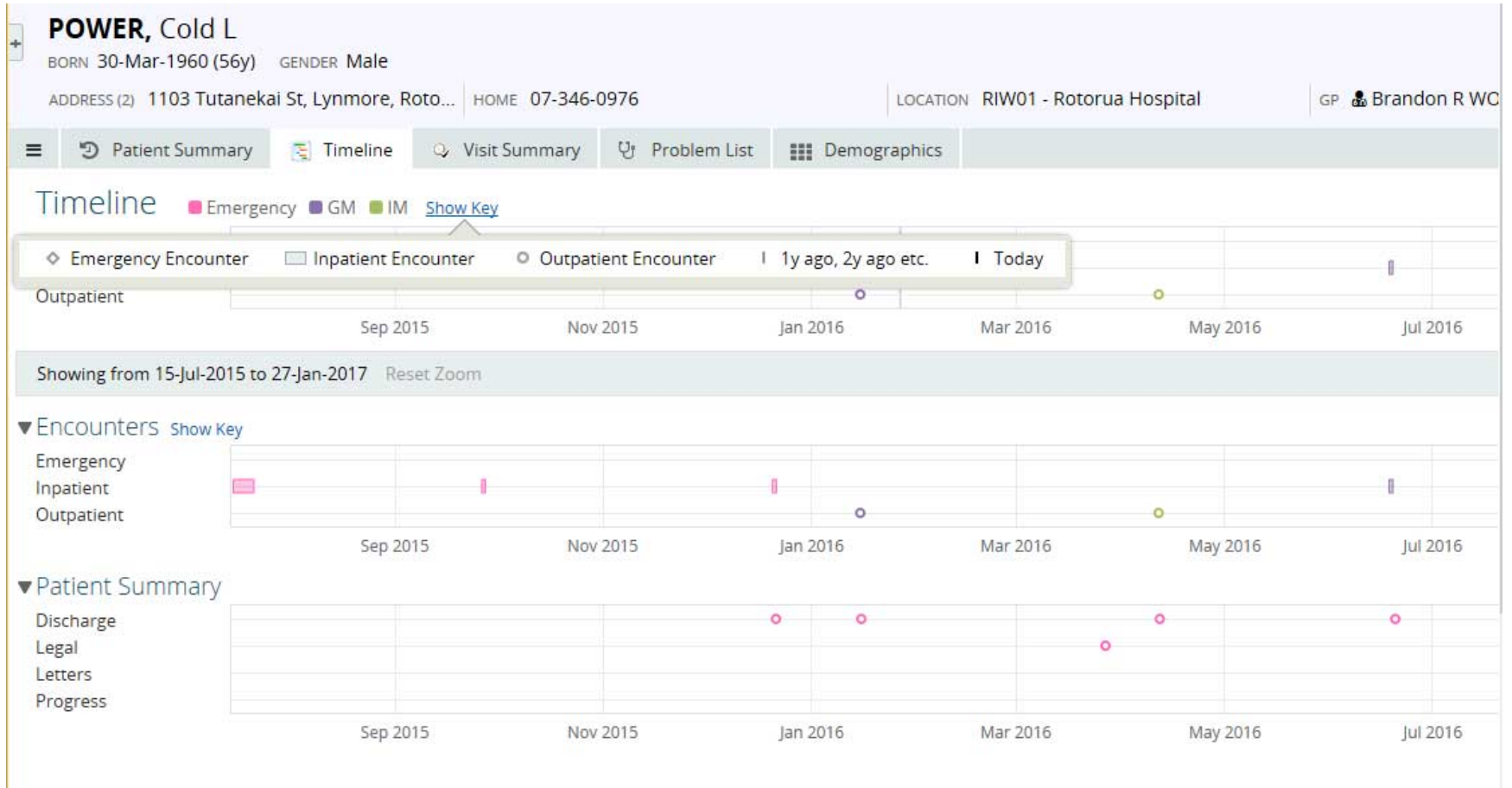
BORN 30-Mar-1960 (56y) GENDER Male

ADDRESS (2) 1103 Tutanekai St,... HOME 07-346-0976 LOCATION RIW01 - Rotorua Hos... GP 🏥 Brandon R WOOD KNOWN ALLERGIES

☰ Patient Summary Timeline Visit Summary Problem List Demographics

	Admission	Discharge	Admit Reason	Discharge Diagnosis	Visit Type	Specialty	Facility	Clinician	Attenders
🔍	23-Jan-2017	-	Severe headache		I	General Medicine	Rotorua Hospital	Dr Jay ALEX	Jay Alex
🔍	15-Jan-2017	21-Jan-2017	Diabetes Mellitus		I	Endocrinology and Diabetology	Anglesea Hospital	Dr Elizabeth SAMSON	Elizabeth Samson
🔍	20-Nov-2016	21-Nov-2016	Ray Amputation Left Great Toe		I	SUR	Taupo Hospital	Dr Aaron DIGGS	
🔍	21-Oct-2016	26-Oct-2016	Headache		I	Anaesthesia Services(s) and Pain Management		Dr Rosenda REA	Rosenda Rea
🔍	18-Jun-2016	19-Jun-2016	Chest Pain		I	General Medicine	Rotorua Hospital	Dr Joe MARTIN	George Fleming
🔍	11-Apr-2016	11-Apr-2016	Ulcer of lower limb		O	UC	Rotorua Hospital		Anne MUNSH
🔍	15-Jan-2016	15-Jan-2016	Checkup	Foot ulcer	O	General Medicine	Rotorua Hospital	Dr Timothy BAXTER	Timothy Baxter
🔍	20-Dec-2015	21-Dec-2015	Complication of wound		I	SUR	Taupo Hospital	Dr Aaron DIGGS	
🔍	26-Sep-2015	27-Sep-2015	Headache		I	Anaesthesia Services(s) and Pain Management		Dr Rosenda REA	Rosenda Rea
🔍	15-Jul-2015	21-Jul-2015	Diabetes Mellitus		I	Endocrinology and Diabetology	Taupo Hospital	Dr Elizabeth SAMSON	Elizabeth Samson

Demo - Patient Timeline



Demo - Clinical Documents

As a Waikato DHB clinician I want to read the Discharge Summary of my patient who got admitted to Gisborne Hospital during his holiday So I can be informed on the treatment provided during this stay

The screenshot displays a web-based clinical document viewer. At the top, the patient's name is **POWER, Cold L**, with details: BORN 30-Mar-1960 (56y), GENDER Male. The location is Rotorua Hospital, and the GP is Brandon R WOOD. A navigation bar includes tabs for Patient Summary, Timeline, Visit Summary, Problem List, and Demographics. The left sidebar shows a tree view of clinical documents, with 'Discharge (6)' expanded to show a list of dates and discharge dates. The selected document is '22-Jan-2017 Discharged 2017-01-22'. A tooltip for this document shows: Source date: 11-Aug-2016, Category: Letters, Service: Other, Author: Dr. Rick Astley. The main content area displays the title 'Discharge Summary' followed by two paragraphs of placeholder text. A message at the top of the document area states: 'This file claims compliance with the PDF/A standard and has been opened read-only to prevent modification.' An 'Enable Editing' button is visible in the top right of the document area.

POWER, Cold L
BORN 30-Mar-1960 (56y) GENDER Male
ADDRESS (2) 1103 Tutanekei St, Lynmore, Roto... HOME 07-346-0976 LOCATION RIW01 - Rotorua Hospital GP Brandon R WOOD
KNOWN ALLERGIES

Home | 0 notifications | (test.user) | LOGOUT

Navigation: Patient Summary | Timeline | Visit Summary | Problem List | Demographics

Clinical Documents
Showing All
Group By Category Sort By Date

- Patient Summary
- ▼ Administrative (1)
 - ▼ Legal (1)
 - 27-Mar-2016 Medico Legal Dr. Belind
- ▼ Clinical Documents (8)
 - ▼ Discharge (6)
 - 22-Jan-2017 Discharged 2017-01-22**
 - 27-Oct-2016 Discharged 2016-10-27
 - 20-Jun-2016 Discharged 2016-06-20
 - 12-Apr-2016 Discharged 2016-04-12
 - 15-Jan-2016 Discharged 2016-01-15
 - 21-Dec-2015 Discharged 2015-12-21
 - ▼ Letters (1)
 - 11-Aug-2016 Clinical Document Letter
 - ▼ Progress (1)
 - 02-Dec-2016 Progress Dr. Michael G

Discharge Summary

This file claims compliance with the PDF/A standard and has been opened read-only to prevent modification. Enable Editing

Source date: 11-Aug-2016
Category: Letters
Service: Other
Author: Dr. Rick Astley

Discharge Summary

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Ut vel mauris a risus cursus lobortis. Morbi nec varius sapien. Curabitur sed lacus in quam efficitur dapibus quis sit amet quam. Morbitur sed risus neque. Aenean mauris augue, interdum in condimentum ut, dictum vitae In molestie aliquam mollis. Aenean faucibus vestibulum augue eget dapibus. Fusce etetur arcu eget nibh malesuada aliquet. Aenean id nisi volutpat, maximus enim eu, as lorem. Ut suscipit, quam eu porta laoreet, libero ligula dignissim magna, ut imperdiet massa vel augue. Phasellus sed lobortis lacus. Suspendisse sit amet felis gravida augue es condimentum id quis odio. Integer porttitor sit amet lorem et iaculis.

Mauris sed mi a velit cursus molestie. Nulla ac lectus non neque sollicitudin ultricies in sed nisi. Nullam vitae accumsan nulla. Fusce pellentesque lacus massa, facilisis mollis lorem ultricies nec. Aenean lobortis convallis lectus non tincidunt. Duis congue rhoncus ligula eget ullamcorper. Nam tristique est quis sem suscipit, vel auctor orci venenatis. Mauris nec odio lacinia, efficitur

Demo – Local DHB Allergies and Alerts, and National Medical Warnings

As a Taranaki clinician viewing the patient for the very first time I want to review the alerts and allergies of the other DHB systems. So, I can have a conversation with my patient and check the accuracy

The screenshot shows a patient record for 'POWER, Cold L' (NHI PRP1660). The patient is born 30-Mar-1960 (56y), male, with address 1103 Tutanekei St, home phone 07-346-0976, and GP Brandon R WOOD. The interface includes tabs for Patient Summary, Timeline, Visit Summary, Problem List, and Demographics. A 'KNOWN ALLERGIES' button is visible. The 'Problems' section is expanded to show 'PROBLEMS FROM OTHER SOURCES (5)'. This section is divided into 'Midland Alerts' and 'Midland Allergies'. Under 'Midland Alerts', there is an entry for 'Animal in the home' (ANIMAL IN THE HOME. THE DOG IS NOT AGGRESSIVE., Date 23-Mar-2013). Under 'Midland Allergies', there are entries for 'Bee Stings' (ENVIROMENTAL ALLERGY, Date 03-Jun-1950) and 'Penicillin Allergy' (NHI MEDICAL WARNING, Date 03-Jun-1950). Below these, 'NHI Medical Warnings (Last Refreshed 24-Jan-2017 16:01)' are listed, including 'Text1' (ADVERSE REACTION, Date 31-Aug-1986) with the description: 'Patient maybe susceptible to an Anaphylactic shock, even after consumption of moderate amount of peanuts.'

Demo - Patient Demographics

POWER, Cold L NHI PRP1660 ✕

BORN 30-Mar-1960 (56y) GENDER Male 🏠 🔔 0 👤 (test.user) 📄 LOGOUT

ADDRESS 1103 Tutaneke St Lynmore Rotorua (2) more...	HOME 07-346-0976 WORK 07-839-4740 MOBILE 022-233-2313 📞 more...	LOCATION RIW01 - Rotorua Hospi... CLINICIAN 👤 Dr Jay ALEX SPECIALTY General Medicine ADMISSION 23-Jan-2017 more...	GP 👤 Brandon R WOOD GP PHONE NOT RECORDED EMERGENCY Hughes, John (Son) EMERGENCY CONTACT 📞 07-365-7457 more...
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KNOWN ALLERGIES

more...

☰
🔄 Patient Summary
📅 Timeline
📄 Visit Summary
📋 Problem List
☐ Demographics

Other Identifiers		Emergency Contact	
PRP1660 (2.16.840.1.113883.2.18.2)		Name	Hughes, John, undefined
PRP1660 (NHI)		Relationship	Son
		Phone	07-365-7457 (Home)
Demographics		Primary Care Provider	
Address	1103 Tutaneke St, Rotorua, (home)	Name	Wood, Brandon R
Address	117 Victoria St, Hamilton, (temp)	Clinic	Bough Family Clinic
Phone	07-346-0976 (home)		
Phone	(022) 233-2313 (mobile)		
Phone	07-839-4740 (work)		

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 9.2

**UPDATE ON THE MENTAL HEALTH AND ADDICTIONS
PROGRAMME OF WORK**

Purpose	1) For information
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Background

In early 2016 the Disability Support Advisory Committee (DSAC) approved the two key areas of activity:

- Development of a comprehensive addictions and mental health needs assessment for the Waikato DHB district;
- Development of new models of care and outcome frameworks for:
 - Adult alcohol and drug services (a model of care and service plan for child and youth alcohol and other drug services has been developed over the last two years);
 - Adult mental health services;
 - Child and youth mental health services;
 - Mental health and addictions for older people

A subsequent paper went to DSAC 8 June 2016 outlining the approach and an engagement plan was developed for Board approval 27 July 2016.

Due to the need for the provider division to commence work around its internal model of care prior to considerations around facilities, the Executive Director of Mental health has commenced a project has commenced looking at the acute model of care which has progressed well. This work will inform the DHB mental health service delivery plan but will be also be a key input into the overall adult mental health model of care. As noted below a shared advisory group is being created reflecting sector and cross sector input to these two key areas of activity would benefit from a co-ordinated approach.

Update on progress

To date

- Steering group has been set up which includes membership from the DHB, NGOs, primary care and consumer (Terms of Reference attached Appendix 1)
- The name Rethink has been adopted for the programme of work
- An Advisory Group (shared with the Provider Division-led Creating our Futures) is currently in the process of being set up (Terms of Reference attached Appendix 2)
- A call for Expressions of Interest in the four working groups is currently out for a response by 24 March 2017
- Peer reviewers have been identified and discussions will be held regarding availability
- The project managers for ReThink and Creating our Futures are working together to ensure synergy and to reduce duplication where-ever possible

The structure of the programme of work and its relationship with Creating our Futures is shown in Appendix 3

The first meetings of the Adult Addictions and Adult Mental Health working groups are scheduled for April/May 2017. The other workstreams will commence once these streams have progressed.

Health Needs Analysis

The draft mental health and addictions health needs analysis has been prepared by the University of Waikato and shared with the Steering Group. Further stakeholder feedback is currently being sought prior to the document being finalised.

This analysis will be presented by Professor Ross Lawrenson at the April Health Strategy Committee Meeting.

Recommendation

THAT

The Committee notes the content of the report

JULIE WILSON
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

Mental Health and Addictions Steering Group

13 December 2016

TERMS OF REFERENCE

1. Name

Mental Health and Addictions Steering Group

2. Purpose

- 2.1 Improve the mental health and wellbeing of the people who live in the Waikato DHB district
- 2.2 Reduce the impact of mental illness and addictions on people
- 2.3 Reduce health inequities for Maori health outcomes
- 2.4 Ensure alignment with priority areas in the Waikato DHB Strategy (see Appendix)

This will be achieved by overseeing the completion of a comprehensive programme of work to develop a modern mental health and addictions system of care for a highly diverse population whose needs have been clearly identified.

3. Objectives

- 3.1 To oversee the timelines and outcomes for the programme of work.
- 3.2 To oversee the development of common templates and tools for use by the working groups
- 3.3 To oversee the alignment of projects relating to the Mental Health and Addictions Review ; these being:
 - *Mental Health and Addictions Needs Assessment*
 - *Adult Mental Health model of care/outcomes framework*
 - *Adult Alcohol & Drug model of care/outcomes framework*
 - *Child & Youth Mental Health model of care/outcomes framework*
 - *Mental Health services for older people model of care/outcomes framework*
- 3.4 To safeguard the participation of a range of stakeholders in model of care/outcomes framework planning and design
- 3.5 To ensure there are communications mechanisms in place to keep the public, service users, organisations/health professionals updated on progress
- 3.6 To oversee the development of outcome indicators

4. Constraints

- Differing priorities may impact on participation of members
- Management and alignment of many components over a complex programme will be challenging

TERMS OF REFERENCE

- Managing conflicts of interest

5. Chairperson

Ross Lawrenson Clinical Director Strategy & Funding, Professor of Population Health; the National Institute of Demographic and Economic Analysis Waikato University

Graham Mellsop Professor of Psychiatry Waikato DHB Academic Centre is the deputy chair

6. Membership

Nigel Murray Chief Executive Waikato District Health Board is the overall sponsor.

- Jolene Proffit, Ngaa Ringa Awhina - Hauora Waikato;
- Catherine Siely, CareNZ;
- Julie Kneebone, Consumer Advisor;
- Barbara Disley, Emerge Aotearoa;
- Tio Sewell Te Roopu Tautoko ki Waikato;
- Derek Wright Waikato Executive Director Mental Health and Addiction Services;
- Rees Tapsell Director of Clinical Services Mental Health and Addiction Services;
- Andrew Swanson-Dobbs General Manager - Practices and Network Services, Midlands Health Network;
- Graham Mellsop Professor of Psychiatry Waikato DHB Academic Centre (deputy chair);
- Neville Hablous Waikato DHB Chief of Staff (representing the Chief Executive);
- Ross Lawrenson Clinical Director: Strategy and Funding (chair);
- Julie Wilson Executive Director: Strategy and Funding (programme co-ordination oversight);
- Millie Berryman Executive Director: Te Puna Oranga (Māori Health Service)

Expert advice/external resource as appropriate eg, DHB Communications representative

7. Quorum

Chair or deputy chair and five others

8. Key Performance Indicators

8.1 KPIs linked with objectives

- Project Brief approved
- Needs assessment completed

TERMS OF REFERENCE

- Working groups are using approved tools and templates
- Adult mental health model of care and outcomes framework agreed
- Adult AOD model of care and outcomes framework agreed
- Child & youth mental health model of care and outcomes framework agreed
- Mental health services for older people model of care and outcomes framework agreed
- Communication Plan for each model of care agreed

9. Frequency of meetings and length of tenure

2 hour meetings held monthly and tenure to be 12 - 18 months

10. Reporting

The Steering Group reports to the Sponsor via the Executive Group

Reports to Board Committees provided as required

11. Communications

Meetings and meeting minutes will be confidential.

A public update will be provided regularly via the Waikato DHB Website and circulated to all known providers and interested parties

12. Resources

The Steering Group will be supported by the Personal Assistant to the Chair (arranging meetings/minutes)

Project co-ordination will be supplied by Strategy & Funding

13. Key Linkages

Key linkages

- Mental Health & Addictions Needs Analysis
- Cross Sector Reference Group
- Primary care
- Current providers/NGOs
- Waikato DHB Disability Support Advisory Committee (DSAC)
- Interalliance Group
- Iwi Maori Council
- Te Roopu Tautoko ki Waikato
- Mental Health & Addictions Local Advisory Group
- Regional Mental Health & Addictions Network
- Waikato DHB Provider Arm

TERMS OF REFERENCE

- DHBs in the Midland region
- Ministry of Health

Appendix

Waikato DHB Priorities

Strategic Imperative	Priority
Health equity for high needs populations - Oranga	<ul style="list-style-type: none"> • Radical improvement in Māori health outcomes by eliminating health inequities for Māori • Eliminate health inequities for people in rural communities • Remove barriers for people experiencing disabilities • Enable a workforce to deliver culturally appropriate services
Safe, quality health services for all - Haumarū	<ul style="list-style-type: none"> • Deliver high quality, timely safe care based on a culture of accountability, responsibility, continuous improvement, and innovation • Prioritise fit-for-purpose care environments • Early intervention for services in need • Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives
People centred services - Manaaki	<ul style="list-style-type: none"> • Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services • Provide care and services that are respectful and responsive to individual and whānau needs and values • Enable a culture of professional cooperation to deliver services • Promote health services and information to our diverse population to increase health literacy
Effective and efficient care and services - Ratonga a iwi	<ul style="list-style-type: none"> • Live within our means • Achieve and maintain a sustainable workforce • Redesign services to be effective and efficient without compromising the care delivered • Enable a culture of innovation to achieve excellence in health and care services
A centre of excellence in learning, training, research and innovation – Pae taumata	<ul style="list-style-type: none"> • Build close and enduring relationships with local, national, and international education providers • Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research • Cultivate a culture of innovation, research, learning, and training across the organisation • Foster a research environment that is responsive to the needs of our population
Productive partnerships - Whanaketanga	<ul style="list-style-type: none"> • Incorporate te Tiriti o Waitangi in everything we do • Authentic collaboration with partner agencies and communities • Focus on effective community interventions using community development and prevention strategies • Work towards integration between health and social care services

Waikato DHB Priority Programme Plans

To connect strategy with day-to-day activity, priority plans are being developed during 2016/17. These will be developed for each of the priorities identified below. These plans will detail the transformative innovation needed to create the health system that works best for the Waikato. A priority programme plan is created to:

Coordinate, direct and oversee implementation of a set of related projects and activities in order to deliver outcomes and benefits related to Waikato DHB's strategic imperatives.

A member or members of the Waikato DHB Executive Group will lead each of the priority programme plans. Development of the plans may also include both DHB and primary care and other sector representation. The plans will identify specific activity and actions that will contribute to the achievement of our strategic imperatives and vision. The plans will identify indicators of performance that will be measured and monitored to assess progress. The priority programme plans will not be individual stand-alone developments; they will need to link with other priority programmes.

Appendix 2

Terms of Reference for the Mental Health & Addictions Service Advisory Group

Title The Advisory Group will be known as - the Mental Health & Addiction Service Advisory Group (Advisory Group)

Function

The Advisory Group is a forum of key stakeholders that will inform

- the direction of the Creating our Futures (CoF) programme and the Waikato DHB mental health and addictions programme of work;
- the advisory group will do this through giving advice and feedback on proposals, challenges and opportunities as they relate to the provision of integrated and people-centred mental health and addiction services, and by implementing the highest standards of professional integrity openness and accountability;
- the advisory group will also assist with ensuring consistency of the CoF programme of change and service models developed by the Waikato DHB mental health and addictions programme of work.

Objectives

Provide advice on the models of care and outcome framework development by

- identifying future trends, challenges and opportunities;
- informing the governance groups on their proposals for contribution to addressing the needs of their unique populations or services;
- providing guidance on addressing opportunities and problems;

Oversight

The programme managers will administer the advisory group under delegation of the Governance Groups

- meetings are organised, planned, and are known to members in advance;
- routine reporting to governance groups occurs.

Membership

Stakeholder nominees will have expertise in and understanding of the issues that mental health and addictions service users and their families/whānau face. Membership will include the following stakeholder representatives:

- Māori;
- service user and family/whānau;
- non-government organisations including NGO mental health and addictions providers, PHO, child and youth, older persons and LGBT services;
- DHB MH&A Service staff;
- cross-sector representatives as required (Corrections, Police, Housing, Education) with knowledge of MH&A operating arrangements, integration and intra and inter-sectoral collaboration;
- rural;
- Waikato Hospital ED (and/or rural hospitals as required);
- Additional members may also be co-opted to contribute to specific pieces of work

Selection process

The Governance Groups for CoF and the Waikato DHB mental health and addictions programme of work will confirm the membership following review and recommendations from the programme managers

Attendance

Membership can be reviewed at any time. Substitute and additional representatives will be at the discretion of the governance groups.

Consultation

These terms of reference were developed through discussions with the CoF Programme Board, Consumer Advisors and the Waikato DHB mental health and addictions programme Steering Group. Their comments have been incorporated.

Meetings

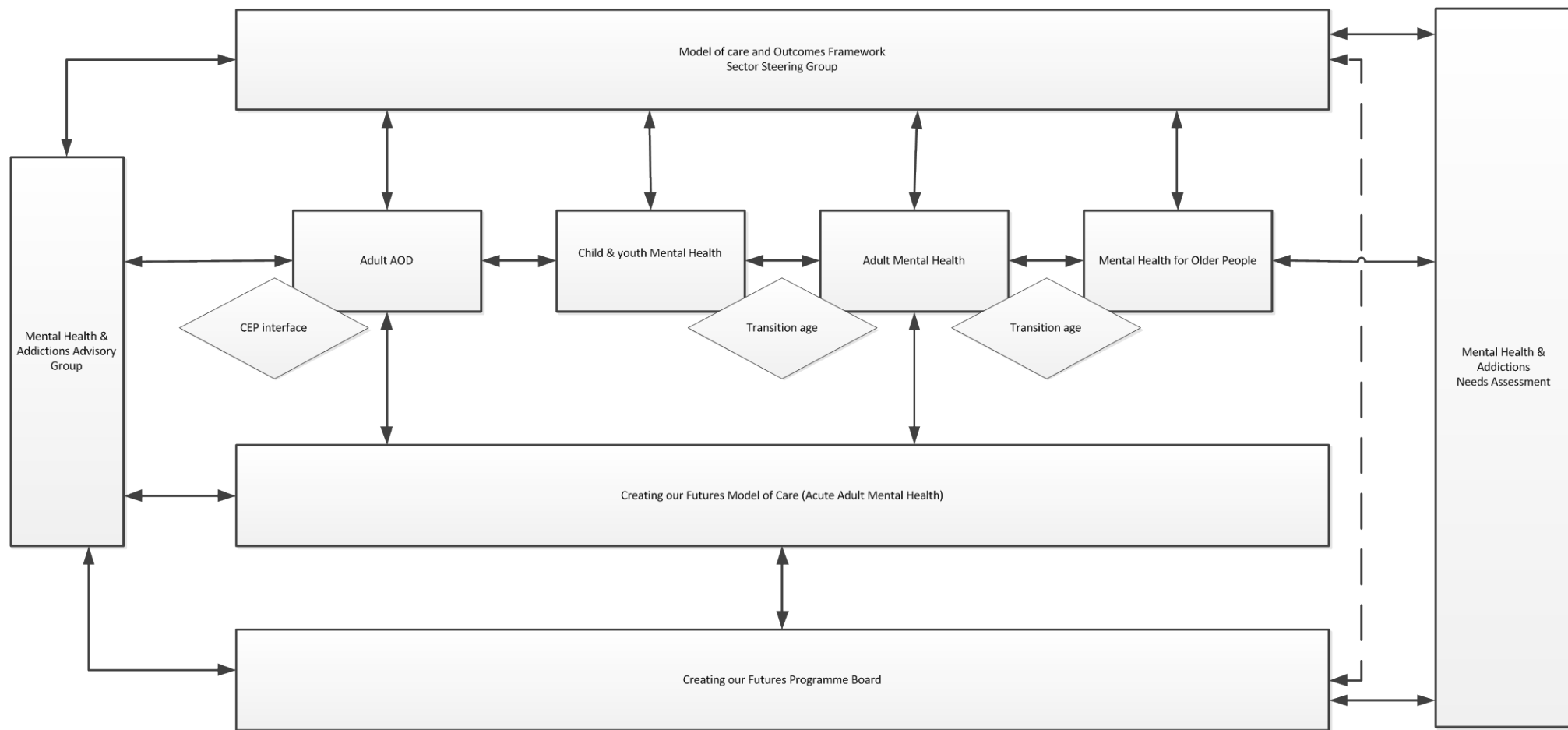
The advisory group will meet as required for specific pieces of work related to developing new models of care and outcomes frameworks for mental health & addiction services

Meetings will be facilitated.

Remuneration

Meeting attendance fees for unwaged members and others on application will be considered.

Appendix 3



Priority Programme Plans

**MEMORANDUM TO THE HEALTH STRATEGY
COMMITTEE
8 MARCH 2017**

AGENDA ITEM 10.0

PRIORITY PROGRAMME PLAN

Purpose	1) For approval
----------------	-----------------

Introduction

Attached is the first priority programme plan prepared to operationalise the strategy of the Waikato DHB.

This plan was undertaken as a pilot and the committee is asked to provide comment on the approach.

One of the difficulties this process presents is that on the one hand we do not wish to cramp original thinking by prosaic concerns around funding and capacity to deliver, while on the other we don't want to generate a whole host of ideas that have no hope of being delivered.

The approach that has been adopted is to allow the process to generate original ideas while at the same time recognising that the ability to launch them needs to take account of:

1. Funding;
2. What other work emerges from the strategy and from other sources;
3. A realistic assessment of organisational capacity to deliver.

The recommendations that follow recognise this tension. Subsequent plans are therefore likely to contain the same or similar recommendations unless they comprise almost exclusively existing commitments.

The priority programme plans will inform the development of the Long Term Investment Plan that the Waikato DHB is currently preparing for Treasury. As the priority programme plans are firmed up so too will the content of the Long Term Investment Plan be solidified.

At this stage the priority programme plan is concerned with enabling a culture of innovation within the Waikato DHB. It is arguable that we should be doing the same within the agencies we fund. However, it is our present view that enabling a culture of innovation within the Waikato DHB will flow into the way we deal with other providers while trying to make others innovative when we are not, has little chance of success.

Notwithstanding the qualified recommendation below one action that it is considered should be proceeded with immediately is the establishment of an innovation incubator. Planning for this is well underway.

Recommendation

THAT

- 1) Subject to the recommendations following the Committee approves the overall body of work proposed in the PPP concerned with “enabling a culture of innovation” on the basis that the plan reflects the Committee’s view of the work that is desirable to achieve this priority.
- 2) The Committee notes that because PPPs are being developed progressively it may be necessary to hold implementation of some projects as overlaps and effects on/from other PPPs are identified.
- 3) The Committee notes further that because implementation of PPPs is subject to budget it will be necessary to stagger implementation to align with the funding available.
- 4) At the conclusion of the work to develop PPPs and on an annual basis thereafter the Committee is presented with a consolidated view of the recommended timing for all projects and progress on them.
- 5) Projects arising from the PPPs are approved for commencement under the general delegation framework of the Waikato DHB.

DARRIN HACKETT
EXECUTIVE DIRECTOR, VIRTUAL CARE AND INNOVATION

The information in this document was compiled to plan for the delivery of the Waikato DHB's priority 4.4: Enable a culture of innovation to achieve excellence in health and care services, one of four priorities to be delivered in order to meet the strategic imperative "Effective and Efficient Care and Services". For more information on this priority or the Waikato DHBs Strategy please go to:

<http://www.waikatodhb.health.nz/about-us/our-vision-and-strategy/>

*The information in this document has been summarised through a template designed to capture key information to inform this plan. For detail on this priority, use the following paths:
Executive Director for the priority: Darrin Hackett
Website location: xxx
Intranet location: xxx*

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Introduction

Enable a culture of innovation to achieve excellence in health and care services is about changing how we work to meet the challenges of the coming health crisis. We will do this by positive ongoing change in our behaviours, beliefs and actions, which will deliver a sustainable and equitable health service for our population to live well, stay well, get well and die well.

Why we need to enable a culture of innovation to achieve excellence in health and care services:

- Our population is aging faster than we can provide funding or clinical staff to care for them
- Our population health needs are becoming more complex with many lifelong chronic expensive illnesses
- Our patients are customers with greater information, equal say and accountability for their care
- Our current health care model is no longer sustainable and the New Zealand health service will fail if we continue delivering health care in 2020 as we do today
- Our current environment does not take full advantage of our patients and communities, our people and partners, and the technology and opportunities available to push our healthcare further

What we need to do to enable a culture of innovation to achieve excellence in health and care services:

- We must become an organisation that is open to the 'new'
- We must understand the needs of our patients and focus our clinical services to fulfil these needs in the way that our patients want
- We must create a health service that is flexible to meet the changing population needs for the next 25 years
- We must create a safe space to make it easy to attempt significant positive sustainable change and learn from successes and failures
- We must empower our people, refine our processes, advance our technology and invest wisely to explore and implement opportunities
- We must be able to prove the benefits we create

Where we need to be once we have enabled a culture of innovation to achieve excellence in health and care services:

- We will have systems in place to support ideas and opportunities through to implementation
- We will have patient driven clinical services; we will be doing things differently
- We will have created ongoing capacity within the clinical services we have whilst keeping patients safe
- We will be champions at all levels to continually drive each other to create excellence in what we do
- We will be leaders in the health sector for using innovation to achieve excellence
- We will passionately trust each other and know that we are all working to the betterment of our patients, colleagues and the health service as a whole

To deliver on this priority a thematic analysis determined that performance and activities needed to be aligned with the following:

Enablers	People	Process	Technology	Environment
Themes for a successful priority	<i>Challenging Status Quo</i> <i>Living Values</i> <i>Being Excellent</i> <i>Requiring Organisational Growth</i>	<i>Enabling Change</i> Continual Improvement <i>Expected</i> Accountability for Me Safe Place to Fail	Information creating Equality Medical Enablement Design must be Evolutionary People Powered	<i>Funding for Outcomes</i> Legally Empowering Frameworks Legislative for Renewal Metrics for Journey and for Destination

If we want our staff, colleagues, managers, partner organisations, providers, and public to deliver or achieve excellence in health and care services we (Waikato DHB) need to set the scene and environment so others are able to deliver or achieve excellence.

This plan identifies at a very high level what we propose to do, when, what success looks like and how we will monitor to ensure sustainability and succession for the priority to become 'just how we work'.

Existing Activities/Projects

Activities/ Projects	Gap analysis ranking (where high shows a strong link to PPP4.4)	Objectives of activity	Timelines	Ownership and project reference code
Smart Health	18	Provides an innovative tool that helps to enable a culture of innovation and creates opportunities for further innovation	2017	Darrin Hackett
Primary secondary integration work supported by clinical pathway work (MoM)	13	A regional initiative (with governance structure and tools) to provide an environment where innovative new clinical services (which are closer to patients needs) are being developed.	Ongoing	Damian Tomic
Research funding	17	A defined research framework that enables innovation to be incorporated into research proposals.	Ongoing	Ross Lawrenson
Quest for new Medical School	17	Innovative approaches to curriculum and type of doctors we want	Ongoing	Nigel Murray
eSPACE	14	Innovative approaches to clinical management	2019	Maureen Chrystal
Cultural Safety work plan	12	Positive creation of a culture that encourages innovation	2017	Committee
Priority Programme Plan Process	20	Create the framework to: <ul style="list-style-type: none"> •Reduce duplication •Organise work currently occurring and scheduled to be carried out •Identify gaps and plan activities to fill gaps in the short and long term •Work more proactively where possible •Strengthen processes to identify and respond to priority areas •Work more collaboratively and stop silos 	February – December 2017	Neville Hablous

		<ul style="list-style-type: none"> •Develop a clear and sustainable process that will achieve the priorities •Clearer accountabilities and responsibilities •Clearer communication and transparency of activities 		
Rheumatic Fever Trial	16	Utilise technology incentives to create positive patient outcomes	2017	Nina Scott
Discharge Planning work	14	Integrated discharge support for patients to ensure no re-admission	Ongoing	TBC
Establishment of an Innovation incubator.	18	Seed funding available on a contestable basis to try new things	2017	Darrin Hackett
Workforce credentialling to work in Virtual Health environment	16	Create professional standards to deliver virtual care ensuring consistency of practice	2017	Damian Tomic
Waikato DHB to join Health Innovation Network	17	Promote Waikato DHB innovation and learn from other DHBs	2017	Darrin Hackett

Potential Activities or Projects

The following list of ideas has not been prioritised or filtered and simply represents feedback that has been presented to the PPP4.4 working group on possible activities or projects for further exploration.

Potential activities or projects have been broken into “Enablers for a culture of innovation” and “Innovative activities”. Potential activities list has been populated by the PPP4.4 working group but the activities it contains will not necessarily sit within PPP4.4 and may be passed on to other priorities.

Enablers for a culture of innovation				
Activities/ Projects	Alignment (1-4 rating: 4 shows the strongest link to PPP4.4)	Objectives of project/action plans	Timelines (commencing)	Proposed Ownership & project reference code
Development of a JDI (Just Do It) framework	4	Tool for staff to identify and action small improvements that could be made	April 2017	Darrin Hackett
Investigation into the best tools for problem solving through root cause analysis	3	Availability of tools/methodology to allow effective, logical and practical problem solving, for example 5 Whys, Fishbone etc	April 2017	TBC
Executive – Culture workshops	4	Develop a shared vision on the nature of the culture we want to have and how to create it	March 2017	Darrin Hackett
Changing the culture – Staff workshops on culture of innovation	4	Use of formal techniques to support and encourage staff to take an innovative approach	February 2017	Darrin Hackett TBC
Increased visibility/celebration of existing research and innovations	3	Ensure transparency of activities and celebrate success as a organization to build culture	March 2017	TBC
Waikato DHB becoming a welcoming and supporting organisation for private innovators and external entrepreneurs to work with	3	<ul style="list-style-type: none"> • Creating a front desk for external parties wanting to develop or trial products • Presenting at private sector innovation forums • Supporting services who support private innovators eg forming a relationship with home based technology providers to trial, fund and roll out equipment to support virtual health and rural communities 	July 2017	TBC

		<ul style="list-style-type: none"> • Document support for writing and proposing ideas • Statistical analysis support • Networking opportunities 		
Waikato DHB working with MBIE, Callaghan Institute and MoH to build a Health focused innovation funding programme (Waikato DHB as the customer/user)	4	Source funding and knowledge to drive a culture of innovation	August 2017	TBC
Create an outcomes based funding framework that enables innovative opportunities to better meet the needs of our service users	4	Focus on prioritising those initiatives that create the foundation for innovative delivery of tertiary clinical services across Waikato DHB	April 2017	Darrin Hackett

Innovative activities				
Activities/ Projects	Alignment (1-4 rating)	Objectives of project/action plans	Timelines	Proposed Ownership & project reference code
Research options for alternative structures for co-ordinated rural services	3	To develop innovative approaches to support ED and rural services, and allow more direct implementation of Waikato DHB initiatives	TBC	TBC
Research feasibility of establishing a Waikato DHB elective production hospital	3	Physical design to allow flow models to be adjusted easily. The subject of a joint venture study programme with one of the universities in which production techniques and flow can be readily tested.	March 2017	TBC
Research desirability of a establishing a “First 1000 days for Maori babies” programme	3	Establishment of a first 1000 days for Maori babies leadership group to co-design and oversee a programme to radically improve health for Maori infants	2017	PPP1.1
Research desirability of a establish a cardiovascular secondary prevention programme for Maori	3	Establishment of a cardiovascular secondary prevention group to co design and a oversee a programme to radically reduce cardiovascular deaths for Maori	2017	PPP1.1
Adopt the He Pikinga Waiora framework	3	To guide change and innovation work	2017	PPP1.1
Link position descriptions to	4	Link innovative working to	June 2017	TBC

this priority		staff accountabilities		
Link performance management to innovation	3	Annual reviews to take account of innovative activity that has occurred within the year	June 2017	TBC
Employees and services joining, and representing the DHB in local and national innovation activities – clinical and non-clinical settings	3	Promote, encourage and support innovation – gain e-learning from other organisations	Ongoing	TBC

Delivery requirements and detail

Processes and functions

Please note: the following has not been confirmed, this list is proposed

Phase	Timeframe	Outcomes
One	1.2.2017-30.4.2017	<ol style="list-style-type: none"> 1. Current and Potential activity list refined to significant alignment 2. Finalise Programme Plan outlining proposed approach 3. Feasibility review of potential activities 4. Appropriate scopes or project plans for proposed activity finalised for BRRG 5. A comms plan developed for communicating priority to staff 6. Risk plan developed 7. Establish PPP governance group* (below) 8. At least one new proposed activity in progress 9. First phase to be evaluated for pilot PPP implementation
Two	1.5.2017-31.7.2017	<ol style="list-style-type: none"> 1. Budget for priority delivery finalised 2. Activity list for priority finalised 3. Resource list finalised 4. Addendum to evidence base 5. Sustainability plan developed 6. At least one new proposed activity completed 7. Governance review for performance update
Three	1.8.2017-1.12.2017	<ol style="list-style-type: none"> 1. All activities on-track or complete (as required) 2. Sustainability plan implemented

*Governance: The governance group proposed is made up of members from the working group, some other staff, and a Board member. Please note: the following people have not been confirmed, this list is proposed.

Priority Lead	Darrin Hackett
Priority lead 2ic	Mo Neville
Subject matter oversight	Di Brough
Financial oversight	Rory O'Donell
Cultural oversight	Nina Scott
Quality oversight	Mo Neville
Change oversight	Aaron McKoy / Nicola Parker
Strategic oversight	Esmee McKenzie-Norton
Technology oversight	Geoff King
Clinical oversight: Medical	To be advised
Clinical oversight: Nursing	Kate Yeo
Clinical oversight: Allied Health	To be advised
Board member	Clyde Wade
Others	Tess Richardson, Annie Welsh

Meetings: Recommended frequency of once a month during implementation phase 1 and once every two months for phase 2, twice a year for phase 3

Monitoring and Evaluation

The purpose of this section is to show how and when monitoring will occur and what will be measured.

Please note the Monitoring and Evaluation page will be completed following finalisation of delivery requirements and detail.

Monitoring form	Measure	Dates
Staff feedback	TBC - Survey	TBC
Governance Group	TBC	TBC
Executive Group	TBC	TBC
Evaluation checkpoint (plus 3 months)	TBC	TBC
Evaluation checkpoint (plus 6 months)	TBC	TBC
Evaluation checkpoint (plus 12 months)	TBC	TBC
Evaluation checkpoint (annual)	TBC	TBC
Performance measure result	TBC – Annual Plan and Board quarterly report Dashboard (intranet)	

PPP 4.4 Enable a culture of innovation to achieve excellence in health and care services

A Successful Priority – Organisational Systems #3: Innovation Incubator	
<p>The question: Why we need tangible changes to achieve the aims of the PPP</p> <p>The answer:</p> <ul style="list-style-type: none"> We need action to change our current health care model in incremental ways to create a sustainable health service in New Zealand We need to take full advantage of staff's knowledge, technology, and opportunities available to push our healthcare further so we can achieve excellence in health and care services for our patients, communities, our people, and partners. 	
The question:	What we need to do to create an innovation incubator
The Answer: see below...	
Specs:	The DHB will make \$10,000 dollars of funding available for staff lead initiative every month. As each proposal will have positive effects on living within our means, the first \$10k of savings will be reinvested into the Innovation Incubator.
	A register of great ideas will be developed for staff to submit their initiatives. This will enable us to identify common themes.
	The DHB will allow up to 5 staff direct relief from duties of 4 hours per week each up to a maximum of 20 hrs per person to be applied to the change of successful initiatives.
Submission criteria:	The innovation initiative must start and finish within 25 working days. There is template that must be used for the submission and a pitch planner (TBC) will be provided to assist staff with panel presentation. SEE APPENDIX A.
	All submissions will go through a vetting process (TBC). All remaining submissions will be evaluated and the top four will be presented to the panel in that month. SEE APPENDIX B.
	The proposed initiative must show how they support the Strategy by creating innovation in people, process, technology, or funding.
	The only restrictions that will apply to what can be proposed are ethics, HR, and patient safety.
	DHB values will be at the forefront of the incubator – give and earn respect, listen to me; talk to me, fair play, growing the good and stronger together.
	The proposal can create a completed change or develop a proof of concept for a larger change.
	Metrics to measure success must be defined and measured against within 30 working days of the initiative starting.
Selection process:	The style of selecting the initiative to fund will be via a forum, similar to a dragon den, where staff will present a 10-minute pitch of their initiative to the panel for funding and resources to test out proof of concept, research, pilots or complete a change. If no initiative is selected then the funding rolls to the next month.
	The vetting and evaluation process are to be confirmed. Staff will be given an opportunity to vote on the top four submissions prior to presentation to the panel. These votes as well as the panel votes will be part of the selection process.
	The judging of the entries will be by peers with one manager of level 5 or below on the panel, other members must be front line staff.
	The panel will be of 7 people from across the DHB with 2 from Waikato DHB's five

	<p>hospitals, at least 1 from mental health services, at least 1 from community services and the remainder from other areas in the DHB relevant to the initiative. The panel will be selected by a simple first past the post-election process with a runoff election if more than one manager is selected.</p>
	<p>The panel will be chaired by the Alpha or Bravo of <i>PPP 4.4 Enable a culture of innovation to achieve excellence in health and care services</i> as a non-voting chairperson.</p>
<p>Where we will be with an innovation incubator:</p>	<ul style="list-style-type: none"> • We will have systems in place to support ideas and opportunities through to implementation • We will be doing things differently • We will be champions at all levels to continually drive each other to create excellence in what we do • We will be leaders in the health sector for using innovation to achieve excellence • We will passionately trust each other and know that we are all working to the betterment of our patients, colleagues and the health service as a whole
<p>Feedback</p>	<p>There will be a feedback system developed. All feedback will be reported back within 30 days of the initiative submission.</p>

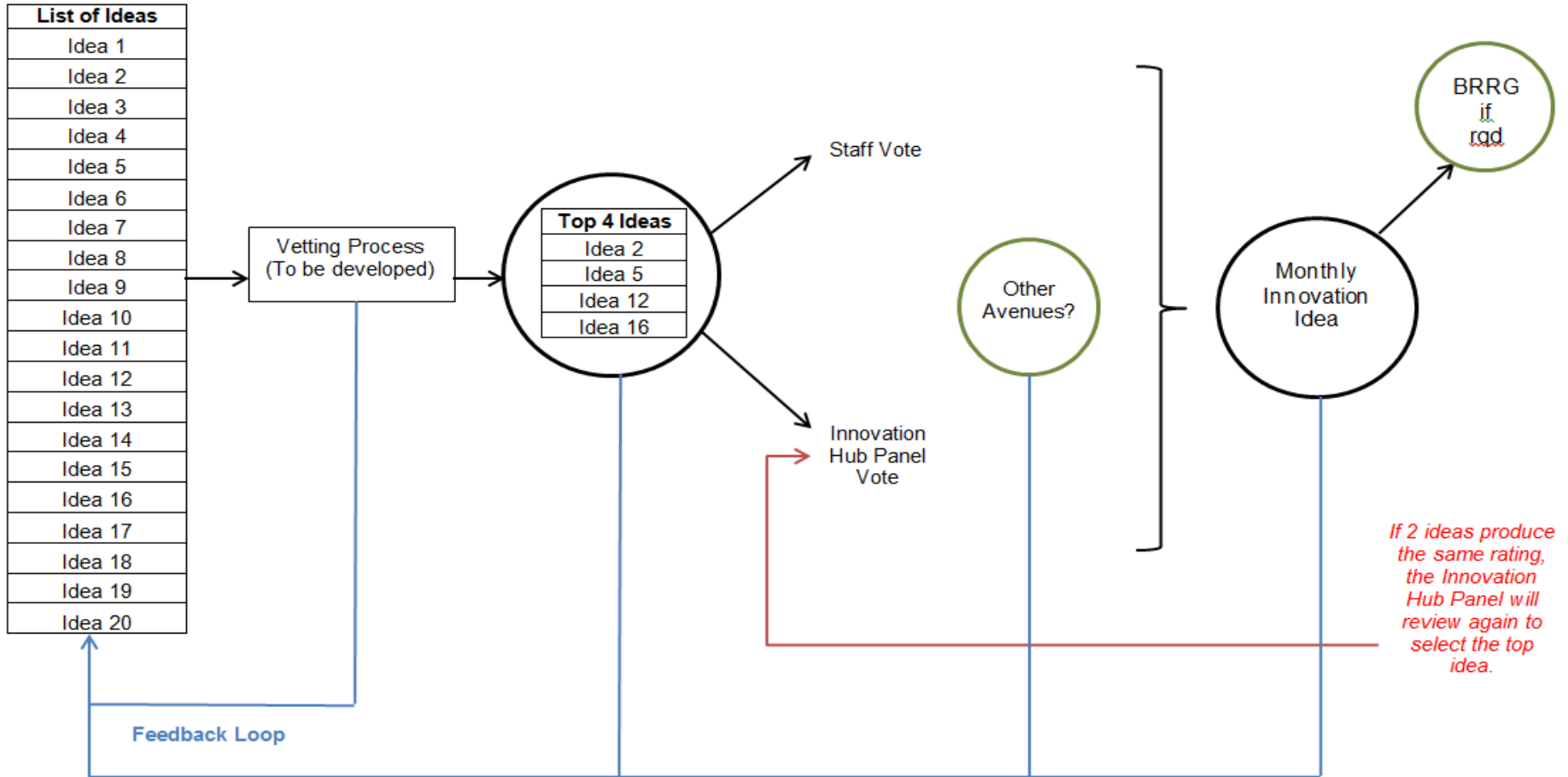
APPENDIX A: Innovation Incubator Proposal

Name of proposal: <i>What is the main theme of the innovation you wish to try?</i>					
Overview of innovation:	<i>Provide an overview of the innovation setting out the main work needed and the outcomes you will achieve. Up to 3 paragraphs only</i>				
Who is the team needed directly on the innovation	<i>Outline the team members, up to 5. State who they are, their roles and the role they will undertake on the innovation activity.</i>				
What measure will you use to show success	<i>Outline the measure of success you will use to show the positive change of the innovation. No more than three and one sentence for each.</i>				
What support do you need from other areas?	<i>Outline the support you may need from other areas of the DHB, the effort involved and if you have discussed it with them.</i>				
When would you like to start	<i>Provide a high level overview of when you will start and finish.</i>				
	Identify how your innovation will align with any or all of the Priority programs below.	Sig	Med	Low	Notes (If you see alignment with the goals of the priority, indicate if it significant, medium or low and how you see it align and enables the priority. Greater number of alignments will get higher scoring.)
Health equity for high need populations					
1.1	Radical Improvement in Māori health outcomes by eliminating health inequities for Māori				
1.2	Eliminate health inequities for people in rural communities				
1.3	Remove barriers for people experiencing disabilities				
1.4	Enable a workforce to deliver culturally appropriate services				
Safe, quality health services for all					
2.1	Deliver timely, high quality, safe care based on a culture of accountability, responsibility, continuous improvement and innovation				
2.2	Prioritise fit-for-purpose care environments				
2.3	Early intervention for services in need				
2.4	Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives				
People centred services					
3.1	Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services				

3.2	Provide care and services that are respectful and responsive to individual and whānau needs and values				
3.3	Enable a culture of professional cooperation to deliver services				
3.4	Promote health services and information to our diverse population to increase health literacy				
Effective and efficient care and services					
4.1	Live within our means				
4.2	Achieve and maintain a sustainable workforce				
4.3	Redesign services to be effective and efficient without compromising the care delivered				
4.4	Enable a culture of innovation to achieve excellence in health and care services				
A centre of excellence in learning, training, research and innovation					
5.1	Build close and enduring relationships with local, national, and international education providers				
5.2	Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research				
5.3	Cultivate a culture of innovation, research, learning, and training across the organisation				
5.4	Foster a research environment that is responsive to the needs of our population				
Productive partnerships					
6.1	Incorporate te Tiriti o Waitangi in everything we do				
6.2	Authentic collaboration with partner agencies				
6.3	Focus on effective community interventions using community development and prevention strategies				
6.4	Work towards integration between health and social care services				

APPENDIX B: Innovation Incubator Diagram

How will the Innovation Incubator work?



General Business

**Date of next meeting
12 April 2017**