Community and Public Health Advisory Committee Agenda

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	13 June 2018	**Time:**	12:30 pm

Committee Members:	Dr C Wade (Chair) Ms T Hodges (Deputy Chair) Mr M Arundel Ms C Beavis Ms S Mariu Mrs P Mahood Mr J McIntosh Mr F Mhlanga Mr D Slone Ms TP Thompson-Evans Mr R Vigor-Brown Ms S Webb
In Attendance:	Ms J Small, Consumer Council Ms T Maloney, Executive Director Strategy and Funding and other Executives as necessary

Next Meeting Date:	08 August 2018	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680

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Community and Public Health Advisory Committee Agenda

Item

1. Apologies

2. **INTERESTS**
   - 2.1 Schedule of Interests
   - 2.2 Conflicts Related to Items on the Agenda

3. **MINUTES AND MATTERS ARISING**
   - 3.1 Waikato DHB Community and Public Health Strategy Committee; 11 April 2018
   - 3.2 Lakes DHB Community and Public Health Advisory Committee; 9 April 2018 and Disability Support Advisory Committee; 7 May 2018
   - 3.3 Bay of Plenty DHB combined Community and Public Health Advisory Committee and Disability Support Advisory Committee; 4 April 2018

4. **DISABILITY SERVICES**
   - 4.1 Waikato DHB Disability Responsiveness Plan Terms of Reference

5. **WORK PLAN**
   - 5.1 Work Programme

6. **PAPERS FOR DECISION**
   - 6.1 Waikato DHB Tobacco Control Plan

7. **PAPERS FOR INFORMATION**
   - 7.1 Waikato DHB Annual Plan 2018/19
   - 7.2 Health System Plan

8. **PRESENTATIONS**
   - 8.1 Work Plan, and Priorities, Consumer Council
   - 8.2 Community Engagement, Developing a DHB Approach

9. **GENERAL BUSINESS**

10. **DATE OF NEXT MEETING**
    - 10.1 8 August 2018

Apologies

Interests

SCHEDULE OF INTERESTS AS UPDATED BY COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEMBERS TO JUNE 2018

Clyde Wade

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Board of Clinical Governance, Waikato DHB	Non-Pecuniary	None	
Shareholder, Midland Cardiovascular Services	Pecuniary	Potential	
Trustee, Waikato Health Memorabilia Trust	Non-Pecuniary	Potential	
Trustee, Waikato Heart Trust	Non-Pecuniary	Potential	
Trustee, Waikato Cardiology Charitable Trust	Non-Pecuniary	Potential	
Patron, Zipper Club of New Zealand	Non-Pecuniary	Potential	
Emeritus Consultant Cardiologist, Waikato DHB	Non-Pecuniary	Perceived	
Cardiology Advisor, Health & Disability Commission	Pecuniary	Potential	Will not be taking any cases involving Waikato DHB
Fellow Royal Australasian College of Physicians	Non-Pecuniary	Perceived	
Occasional Cardiology consulting	Pecuniary	Potential	
Member, Hospital Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Son, employee of Waikato DHB	Non-Pecuniary	Potential	

Tania Hodges

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Director/Shareholder, Digital Indigenous.com Ltd (contracts with Ministry of Health and other Government entities)	Pecuniary	Potential	
Director, Ngati Pahauwera Commercial Development Ltd	Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Director, Ngati Pahauwera Development Custodian Ltd	Pecuniary	None
Director, Ngati Pahauwera Tiaki Custodian Limited	Pecuniary	None
Trustee, Ngati Pahauwera Development and Tiaki Trusts (Deputy Chair)	Pecuniary	None
Member, Whanau Ora Review Panel	Non-Pecuniary	None
Trustee and Shareholder, Whanau.com Trust	TBA	TBA

Sally Webb

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Acting Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Bay of Plenty DHB	TBA	TBA	
Member, Capital Investment Committee	TBA	TBA	
Director, SallyW Ltd	TBA	TBA	

Crystal Beavis

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Director, Bridger Beavis & Associates Ltd, management consultancy	Non-Pecuniary	None	
Director, Strategic Lighting Partners Ltd, management consultancy	Non-Pecuniary	None	
Life member, Diabetes Youth NZ Inc	Non-Pecuniary	Perceived	
Trustee, several Family Trusts	Non-Pecuniary	None	
Employee, Waikato District Council	Pecuniary	None	

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Pippa Mahood

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Chair, Waikato Health Trust	Non-Pecuniary	None	
Life Member, Hospice Waikato	TBA	Perceived	
Member, Institute of Healthy Aging Governance Group	TBA	Perceived	
Board member, WaiBOP Football Association	TBA	Perceived	
Husband retired respiratory consultant at Waikato Hospital	Non-Pecuniary	None	
Member, Community and Public Health Committee, Lakes DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Lakes DHB	Pecuniary	Potential	

Sharon Mariu

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director/Shareholder, Register Specialists Ltd	Pecuniary	Perceived	
Director/Shareholder, Asher Business Services Ltd	Pecuniary	Perceived	
Director, Hautu-Rangipo Whenua Ltd	Pecuniary	Perceived	
Owner, Chartered Accountant in Public Practice	Pecuniary	Perceived	
Daughter is an employee of Puna Chambers Law Firm, Hamilton	Non-Pecuniary	Potential	
Daughter is an employee of Deloitte, Hamilton	Non-Pecuniary	Potential	

John McIntosh

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Disability Information Advisor, LIFE Unlimited Charitable Trust – a national health and disability provider; contracts to Ministry of Health (currently no Waikato DHB contracts)			

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Coordinator, SPAN Trust – a mechanism for distribution to specialised funding from Ministry of Health in Waikato **Trustee, Waikato Health and Disability Expo Trust**			

David Slone

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB **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)**	Non-Pecuniary	None	Refer Notes 1 and 2

Fungai Mhlanga

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB **Employee, Hamilton City Council** **Member, Public Health Association**	Non-Pecuniary	None	Refer Notes 1 and 2

Te Pora Thompson-Evans

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB **Member, Iwi Maori Council Representative for Waikato-Tainui, Waikato DHB** **Iwi: Ngāti Hauā** **Member, Te Whakakitenga o Waikato** **Trustee, Ngāti Hauā Iwi Trust** **Trustee, Tumuaki Endowment Charitable Trust** **Director, Whai Manawa Limited** **Director/Shareholder, 7 Eight 12 Limited**	Non-Pecuniary	None	Refer Notes 1 and 2

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Rob Vigor-Brown

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Health Strategy Committee, Waikato DHB **Board member, Lakes DHB**	Non-Pecuniary	None	Refer Notes 1 and 2

Mark Arundel

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB **Board member, Bay of Plenty DHB** **Armey Co Ltd – pharmacy locum services** **Armey Family Trust – property investments** **Member, Pharmaceutical Society of NZ** **Employee, Bethlehem Pharmacy** **Wife is an employee of Toi Te Ora (public health**	Non-Pecuniary	None	Refer Notes 1 and 2

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Conflicts related to items on the agenda

Minutes
and
Matter Arising

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 3

MINUTES COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETINGS

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

- Waikato DHB Community and Public Health Strategy Committee; 11 April 2018
- Lakes DHB, Community & Public Health Advisory Committee; 9 April 2018 and Disability Support Advisory Committee; 7 May 2018
- Bay of Plenty combined Community & Public Health Advisory & Disability Support Advisory Committee; 4 April 2018.

Recommendation
THAT
The minutes be noted.

CLYDE WADE
CHAIR, COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Community and Public Health Advisory Committee held on 11 April 2018 commencing at 1.30pm

Present:
Mr C Wade (Chair)
Ms S Webb
Ms S Mariu
Mrs P Mahood
Ms C Beavis
Ms TP Thompson-Evans
Mr F Mhlanga
Mr J McIntosh
Mr R Vigor-Brown

In Attendance:
Ms T Maloney, Executive Director, Strategy & Funding
Mr W Skipage, Strategy and Funding
Mr R Webb, Strategy and Funding
Ms L Aydon, Executive Director, Public and Organisational Affairs
Mrs MA Gill, Waikato DHB Board member
Mr N Hablous, Chief of Staff
Mrs S Hayward, Director of Nursing and Midwifery
Dr D Tomic, Clinical Director Primary and Integrated Care
Ms G Pomeroy, Consumer Council
Ms W Entwistle, Quality and Patient Safety
Ms J-A Deane, Primary and Integrated Care
Ms S Christie, Waikato DHB Board member
Ms J Clarke, Clinical Midwife Director

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

ITEM 1: APOLOGIES

Apologies from Ms T Hodges (Deputy Chair), Mr D Slone, and Mr M Arundel 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

There were no changes made to the Interests register.

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 Health Strategy Committee held on 11 October 2017 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 19 February 2018 be noted.
3) The minutes of a meeting of the Bay of Plenty DHB combined Community & Public Health Advisory Committee/ Disability Advisory Service Committee held on 6 December 2017 be noted.

ITEM 5: TERMS OF REFERENCE

5.1 Community and Public Health Advisory Committee

No discussion took place.

5.2 Disability Support Advisory Committee

No discussion took place.

Resolved
THAT
The Committee noted the Terms of Reference for CPHAC and DSAC.

ITEM 6: DISABILITY SERVICES

Mr W Skipage attended for this item. A Terms of Reference is to be developed in consultation with IMC and other groups. The Disability Responsiveness Plan will contribute to the Waikato Health System Plan.

Resolved
THAT
1) The Committee notes the development of a Disability Responsiveness plan
2) The Committee notes the draft Terms of Reference will be brought to the June 2018 CPHAC

ITEM 7: WORKPLAN

7.1 2018 CPHAC Workplan

Mr W Skipage and Dr D Tomic attended for this item. A draft of the workplan for 2018 was presented. This plan attempted to cover issues for both CPHAC and DSAC.

Of note:
- The items that are listed in the draft 2018 workplan will need to align with the Waikato DHB strategic goals;
- The Project Energise item to be uplifted to the Childhood Obesity item to keep it at a strategic level.

Resolved
THAT
1) The Committee notes the areas of focus were agreed for 2018;
2) The addition to the 2018 workplan of Prevention Strategies;
3) The addition to the 2019 workplan of Migrant Communities.

ITEM 8: PAPERS FOR ACTION

8.1 Waikato DHB Demographic Model for the 10 Year Health System Plan

Mr R Webb attended for this item. The intention of the Demographic Model is to inform the 10 Year Health System Plan and its components. The model will also be used across the organisation wherever population metrics are required. The work will be carried out in two phases; phase one to develop the initial model requirements, and phase two to implement the requirements.

Resolved
THAT
1) The Committee notes the content of the report;
2) The Committee endorsed the proposed methodology for creating a Waikato DHB population model.

ITEM 9: PAPERS FOR INFORMATION

9.1 Midwifery

Ms J Clarke and Ms S Hayward attended for this agenda item. There is a local and national challenge to recruit and retain midwives, along with a shortage of LMC's nationally. There is not national body looking at this work, it is however endorsed to be reviewed.

An update every six months about progress, along with any changes were proposed from Ms S Hayward. The current model was noted as unsuccessful for Maori women. The result of the national workshop is to be reported back to this Committee.

Resolved
THAT
1) The Committee noted the presentation;
2) An update on progress and the national workshop in six months be reported to the Committee.

9.2 Waikato DHB Annual Planning Process 2018/19

Mr W Skipage attended for this item. There has been no advice received from the Ministry of Health for the 2018/19 planning process. A refresh of the 2017/18 plan has been included for draft 2018/19 plan. No target measure changes have been indicated. A further update is expected at the June meeting.

Resolved
THAT
The Committee noted the report.

9.3 Community Health Forum Report Round One 2018

Mr W Skipage attended for this item. A report from the latest round of Community Health Forums was presented.

Of note:
- A higher level of focus on social determinates is emerging at the forums;
- The rural health communities have a high level of engagement for opportunities in virtual health;
- The Consumer Council will be working together with the Community Health Forum to formulate a community engagement strategy. This will result in a Community Engagement Strategy paper being brought to the Committee in June.

Resolved
THAT
1) The Committee noted the report;
2) The Community Engagement Strategy report be presented at the June Committee meeting.

9.4 Community Pharmacy Services Agreement Consultation

Ms T Maloney spoke to this item. Currently Pharmacies hold a contract that is at a national level and has been in place since 2012; the agreement is renewed every year. Pharmacists have expressed concerns about the proposed contract which will be an evergreen contract. Feedback has gone to the Ministry of Health via online platforms and regional consultation meetings.

It is expected the new contracts will be in place by 1 July 2018, those that opt out of the new contracts will be able to have the old contract in place for one year, at which point it will then transfer to the new contract.

Resolved
THAT
The Committee noted the paper.

ITEM 10: GENERAL BUSINESS

There were no general business items raised.

ITEM 11: DATE OF NEXT MEETING

13 June 2018

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 12: Minutes of the Health Strategy Committee; 11 October 2017

(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 12: Minutes of the Health Strategy Committee; 11 October 2017	Minutes taken with the public excluded.

(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 12: As shown to exclude the public in minutes.

ITEM 13: PUBLIC EXCLUDED MINUTES OF THE HEALTH STRATEGY COMMITTEE MEETING DATED 11 OCTOBER 2017

Resolved
THAT
The minutes of the public excluded part of a meeting of the Waikato DHB Health Strategy Committee held on 11 October 2017 be confirmed as a true and correct record.

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

Chairperson: _____

Date: _____

Meeting Closed: 3:30pm

MINUTES OF A MEETING OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE HELD MONDAY 9th APRIL 2018 BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA

Meeting: **[144]**

Present: L Thurston (Chair), W Webber, D Shaw, M Raukawa-Tait (from 1.10pm), D Epp, J Morreau, B Edlin, S Te Moni and A Pedersen

In Attendance: R Dunham, Dr J Miller, K Stone, B Bayne, N Grant, P Tangitu, M Ranclaud, Marie Simpson (Pinnacle MHN presenter), K Gosman (Tuwharetoa) and B E Harris (Board Secretariat)

1.0 MEETING CONDUCT

The Chair welcomed everyone to the meeting with special acknowledgement and invitation to Kim Gosman, interim representative of Ngati Tuwharetoa nominated by Ta Tumu Te Heuheu at the end of 2017, to participate in both the open and public excluded part of the meeting.

Resolution:
THAT the Lakes DHB suspends Standing Orders for this meeting today and that Kim Gosman be invited to join the meeting including the public excluded section of the meeting.
D Shaw : B Edlin
CARRIED

1.1 Apologies: P Mahood, J Hanvey and K Evison
Resolution:
THAT the apologies be received.
S Te Moni : D Shaw
CARRIED

1.2 Schedule of Interests Register
The register was circulated during the meeting with no entries made.

1.3 Conflict of Interest related to items on the agenda : Nil

1.4 Items for General Business

1.4.1 Tabling of amended Toi Te Ora Medical Officer's Report – March 2018

1.5 Presentation on media and messaging by Marie Simpson, Pinnacle MHN

Bevan Bayne introduced Marie Simpson to the committee. Her presentation covered the following points:-

- What is a mixed media campaign and who do it?
- The channels
- Digital in NZ
- Most active social media platforms
- Social media facebook, LinkedIn, twitter, Instagram and other
- More networks – more engagement?
- Put it all together – objectives, understand & find your audience, lock in the details

- Example – Christmas/New Year campaign
- Shopping malls
- Digital news presence
- Facebook
- One and for all – backdrop support
- Budget and results

The Chair thanked Marie Simpson for her presentation. It was noted that all organisations have communication experts and the opportunity to combine efforts would be useful. An example put forward was that of Taranaki who last year ran a "super mama campaign" for expectant mothers and shared their entire package with other organisations.

2.0 SIGNIFICANT ISSUES

2.1 Pharmacy update

K Rex advised Pharmacy is currently in a consultation phase which ends on 10th April 2018. The consultation received will be used to inform the process and the contract(s) going forward. People will continue to receive medication from community pharmacy in the same way and at the same cost to the patient .

Resolution:
THAT the verbal report be received.
L Thurston : S Te Moni
CARRIED

2.2 **Primary Health**

2.2.1 Pinnacle MHN Report

B Bayne took his report as having been read.

Resolution:
THAT the Pinnacle MHN report be received.
L Thurston : Dr J Miller
CARRIED

2.2.2 RAPHS report

K Stone's report highlighted key strategies and operational activity undertaken by RAPHS in supporting its network of providers to improve health outcomes for the Rotorua community during January to March 2018. The summary focused on key new project work and is supplementary to service contract reports and business as usual activities for the same period.

Resolution:
THAT the RAPHS report be received.
D Shaw : D Epp
CARRIED

2.2.3 Whanau Ora report

M Grant emphasised that the focus for Whanau Ora was on health and housing assessments and that she would provide a full report to the next CPHAC meeting.

Resolution:
THAT the Whanau Ora verbal report be received.
M Grant : J Morreau
CARRIED

2.3 **Mental Health**

2.3.1 Project Plan for Model of Care

M Ranclaud tabled the Mauri Ora Model of Care document and highlighted the following:-

- Mauri Ora to look at how mental health and addiction services are delivered across the Lakes district including Rotorua, Taupo and Turangi.
- The current mental health inpatient facility is no longer appropriate for contemporary care focusing on wellness and the building is in need of redevelopment.
- Last December (2017) an initial business case was put before the Board for approval to progress to a full business case for the Ministry of Health.
- Developing the full business case will require the DHB to engage with communities and stakeholders to understand what the needs are and the best way of addressing these. Engagement of community/stakeholders now to mid-May.
- The needs of tangata whaiora and whanau will be at the forefront of service development as a new model of care is designed.
- Working to tight timelines (by end of August) and endeavouring to define processes to get the project off the ground. Focusing on whole of population well-being.
- Necessary to be clear who is being served and what is the contribution of each component of system/service in achieving the end goal?
- 3rd July 2018 date for first draft of a model of care for consultation.
- 21st August 2018 final model of care submitted to Governance Group.
- Questions asked of CPHAC members were:-
    - What does a model of care mean to you?
    - What does a good process look like?
    - How do we appreciate differing views and perspectives?
    - How do we recognise what is feasible for this district given geographical spread, population, resource?
- Questions to M Ranclaud from the committee included "What will involvement or consideration of Maori, rangatahi, parents affected by mental health issues and maternal mental health look like?" Project intends to look at all these sub-groups of people.
- CPHAC satisfied that S Burns and R Vigor-Brown are on the working group for this project.
- Phase Two of the project – Toi Te Ora Public Health expressed an interest to be engaged in standards for rental properties in neglected areas.

The Chair thanked M Ranclaud for the work undertaken which had the full support of members. It was appreciated that updates would be provided on a six weekly basis.

Resolution:
THAT the above report be received.
L Thurston : D Shaw
CARRIED

2.4 **Maori Health**

2.4.1 Maori Health report

P Tangitu briefed the committee on the following:-

- Midland Iwi Relationship Board
- Ngati Tuwharetoa discussions
- Midland Health Network
- Availability of a kete of equity tools

2.4.2 Healthy Families Rotorua report : December to February 2018

Resolution:
THAT the reports from the Maori Health team and Healthy Families Rotorua be received.
W Webber : D Epp
CARRIED

2.5 **Public Health**

2.5.1 Toi Te Ora Public Health Service

2.5.1.1 Public Health Services report

Resolution:
THAT the Toi Te Ora Public Health Service report be received.
L Thurston : B Edlin
CARRIED

2.5.1.2 Public Health Medical Officer report

Dr J Miller spoke to his tabled report for the period March 2018 (amended report from that included in the agenda) and highlighted the following in his report:-

- Increasing demand for access to water
- Quality and safety concerns
- The water cycle and minimising contamination
- Water infrastructure costs – three water systems – drinking water, storm water and waste water
- What has been happening here?
- What next? Major review of management of the three waters in NZ is underway with regional councils consulting on management of fresh water resources

Resolution:
THAT the Public Health Medical Officer report be received.
J Miller : D Epp
CARRIED

3.0 SECRETARIAL

3.1 Minutes of Community and Public Health Advisory Committee meeting 19th February 2018

Resolution:
THAT the minutes of the Community and Public Health Advisory Committee meeting of 19th February 2018 be confirmed as a true and accurate record.
J Morreau : D Shaw
CARRIED

3.2 Matters Arising:

RAPHS report – page 51. K Stone advised that the third to last bullet point be amended to read "90% of clients were thought not to have GPs but data matching confirmed this was not the case"

3.3 Schedule of Tasks

- Immunisation Strategy – delete
- Childhood Smoke-free – date to be advised
- Toi Te Ora Public Health presentation on Microbiologist : K Rex/Dr J Miller to organise

4.0 REPORTS

4.1 Community representative reports – held until after addressing public excluded items.

A Pedersen

- Appreciation to B Bayne re Turangi hui – intend to provide more support in the interim with iwi representatives
- Travels between Mangakino and Taupo – disturbing to observe Maori whanau roopu group attitudes towards food – hold shared lunches often with people having cakes and biscuits rather than healthy options – no sense of nutrition and its impact. No primary health care programmes to educate these people.

D Shaw raised an issue relative to CPHAC visibility of the Board and briefly spoke on last month's health forum visit in Turangi and engagement with the community. A similar health forum visit will be paid to Mangakino on the morning of 20th April followed by the Board meeting in the afternoon.

D Shaw requested that any insights relating to the health forum engagements be passed onto the Secretariat for the Board's consideration.

A similar health forum will be made to Mangakino on 20th April.

5.0 INFORMATION AND CORRESPONDENCE : Nil

6.0 PUBLIC EXCLUDED:

Resolution:
THAT the committee move into Public Excluded.
D Epp : L Thurston
CARRIED

LAKES DISTRICT HEALTH BOARD

SCHEDULE OF TASKS FROM THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

9th APRIL 2018

Agenda Item	Action	Responsibility of	Timeframe
PRESENTATIONS			
Media campaign "stop/quit smoking and community initiatives this year	Presentation by Lakes DHB	Pip King	11th June 2018
Toi Te Ora Public Health	Presentation by Microbiologist	K Rex/Dr J Miller	6th August 2018
ITEMS			
Substance Abuse Compulsory Assessment and Treatment Legislation update	Item deferred for a future meeting of CPHAC.	K Rex/M Ranclaud	6th August 2018

LAKES DISTRICT HEALTH BOARD

MINUTES OF THE DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD IN THE BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA ON MONDAY 7th MAY 2018 AT 10.00AM

MEETING: **[No. 140]**

PRESENT: R Vigor-Brown (Chair), M Raukawa-Tait, S Burns, J Horton, P Mahood, B Edlin, C Cockburn, M Barnett and S Westbrook

IN ATTENDANCE: D Sorrenson, R Dunham, P Tangitu, G Fannin and B E Harris (Board Secretariat)

ABSENT: Kim Kaukau

1.0		**MEETING CONDUCT** *(Agenda Item 1.0)*
		The Chair welcomed everyone to the meeting and asked S Westbrook to lead the opening karakia.
1.1		**Apologies** *(Agenda Item 1.1)* : D Shaw, D Epp, M Watson and V Russell
		Resolution:
		THAT the apologies be received.
		S Burns : J Horton
		CARRIED
1.2		**Schedule of Interests Register** – This was circulated during the meeting with no entries made.
1.3		**Conflict of Interest related to items on the agenda** - The Chair called for any disclosures from committee members. None were declared.
1.4		**General Business** – Public Excluded : Mental Health Enquiry
1.5		**The NZ Disability Strategy 2016-2026 : 8 Outcomes** The Chair highlighted the above strategy and its 8 outcomes advising that discussion would be had on this during the meeting as per the agenda.
1.6		**Presentations by Mary Barnett of Imagine Better on the role of Local Area Coordination (LAC) in Lakes and** Mary Barnett's presentation covered the following:- ➢ A practical community-based approach to working with disabled people and their whanau ➢ Alignment with Imagine Better's purpose in working with disabled people and families to plan for the life they want ➢ Providing levels of support – initial contact and ongoing relationship ➢ Visioning – a good life Following on from this presentation, the below points were noted:- ➢ This means a big change for organisations in the sector ➢ Connector has overall picture of situations and social worker should be

		aware and provide support to the connector ➢ Resource allocation - An important point is - are social workers being effectively utilised? **New Ministry of Health System Transformation** M Barnett continued with the above matter reporting that:- ➢ The aim of the transformed system is to ensure disabled people and their families have greater choice and control in their lives ➢ It takes a person-centred approach with the availability of a connector to walk alongside individuals and whanau to navigate and enjoy flexibility in supports and funding sources ➢ The new system begins 1st October 2018 with many beneficial features ➢ An inquiry into the quality of care and service provision for people with disabilities in September 2008 outlined a number of recommendations for Government's response ➢ The Disability Support Services in consultation with disabled people, families, providers and the wider disability sector developed a new model made up of four key elements; *Choice in community living, local area coordination, enhanced individualised funding and supported self-assessment.* ➢ The new model will be implemented on a "try, learn and adjust" approach in the first year with changes made based on feedback from disabled people, their whanau and others in the disability sector. The Chair congratulated M Barnett for her work and acknowledged the passion she had for her role as the Local Area Coordinator in the Lakes region. He wished her the best of luck in her future undertakings.
2.0		**WORKPLAN : DISABILITY SUPPORT ADVISORY COMMITTEE**
	2.0.1	2016-2026 NZ Disability Strategy – for discussion
		G Fannin stood in for V Russell who was on annual leave. From discussion, some points noted were:- ➢ This is a programme V Russell is working on "where to next" for the strategy and the outcome areas that will contribute to achieving the vision of the Strategy. ➢ Request of committee members to give consideration to alternative methods and timelines and feed back to V Russell. ➢ The Strategy would benefit everyone and not just the disabled. ➢ The need to encourage young people to be involved and speak up for the disability sector – need to source and train young advocates.
		Resolution:
		THAT the information be received.
		C Cockburn : B Edlin
		CARRIED
	2.0.2	Draft Strategy Outcomes - Workplan
		➢ Need to identify priority of the 8 outcomes ➢ Opportunity for disabled persons to take risks and get things wrong sometimes ➢ *Suggestion that a sub-committee be established to work with V Russell regarding medium and long term plan with timelines – bring back for consideration at next meeting*. J Horton offered her assistance in this respect. G Fannin will update V Russell on this item ➢ Worth the committee taking a stab in the dark as to how much it wishes to achieve along with dates – key milestones, delivery status reports and reasons why cannot deliver

		➢ Additional to the above are responsibilities (social, MoH, housing). Who are the partners to be involved? ➢ *The Strategy has no mention in terms of respect of a person's cultural identity? – G Fannin to investigate*. Discussion on this item was noted by the meeting.
2.1		**~ Disability Support Services**
2.1.1		Update on DHB Older People Responsiveness Activities
		CE, R Dunham stated disability awareness training was progressing slowly. He was happy with the update provided by G Lees. C Cockburn spoke of the Disability Support Needs Form which he believed would help greatly in a positive manner with audits. The form was a simplified version (one pager). The disability alerts system pops up with the patient's needs on the front page. The form is sent out with clinic appointments.
2.1.2		Rotorua Access Group Minutes 18th April 2018
		Resolution:
		THAT the Rotorua Access Group minutes of 18th April 2018 be received.
		M Barnett : J Horton
		CARRIED
2.1.3		Access Taupo minutes 4th April 2018
		Resolution:
		THAT the Access Taupo minutes of 4th April 2018 be received.
		C Cockburn : B Edlin
		CARRIED
2.1.4		MoH DSS – The Disability Respite Market Report
		The meeting noted that work is progressing towards replacing Carer Support with flexible respite budgets to enable families to purchase a wide range of respite supports and services.
2.2		**~ Health of Older People**
2.2.1		Health of Older People & Disabilities update
		Resolution:
		Receipt of the above update for 7th May 2018 was noted by the committee.
		M Raukawa-Tait : P Mahood
		CARRIED
2.2.2		Lakes DHB Older People Responsiveness Activities
		The Chair was interested to note that with the "Older people assessed by interRAI, Lakes DHB, January to March 2018" 69% had not had a dental exam in the last year, including those with dentures. The paper was noted as having been received by the meeting.
2.2.3		Dementia Friendly Rotorua Steering Group Minutes 9th February 2018
		Resolution:
		THAT the Dementia Friendly Rotorua Steering Group minutes 9th February 2018 be received.
		J Horton : S Westbrook
		CARRIED
2.3		**~ Cancer Services** : Nil

3.0		**SECRETARIAL**
3.1		Minutes of previous meeting 19th February 2018
		Resolution:
		THAT the minutes of the DSAC meeting held 19th February 2018 be approved as a correct and accurate record.
		P Mahood : B Edlin
		CARRIED
3.2		Matters Arising : Nil
3.3		Schedule of Tasks Performance of DSAC measures:- ➢ ➢ Age care-coordinator will be an outcome if budget is forthcoming ➢ Establishment of Disability Advisory Group reporting to CE ➢ Discussion to be held at next meeting with V Russell involvement ➢ Committee to brainstorm and come back with ideas/objectives and any identifiable gaps DSAC could focus on in support C Cockburn was asked to provide a copy of the Disability Support Needs form for inclusion in the next DSAC agenda.
4.0		**REPORTS**
4.1		Community representative reports
		B Edlin
		Sharing of ideas of Midland representatives is of value to the advisory committees
		M Barnett
		➢ Five major banks withdrawal of banking facilities to mobile trucks. ➢ Mobility parking abuse. ➢ Access Aware Mobility Parking App aims to collect and share data with users and partner councils as well as private businesses. Due to roll out nationally this year. ➢ 3rd Floor lift near coronary care unit – Mandy from Rotorua Access Group is investigating concerns expressed. ➢ Rotorua People First Advocacy group's ability to translate council documents into an easy read format – Rotorua Lakes Council (RLC) keen to meet the group. Community House occupants:- ➢ RLC contributions to rent ceasing at the end of the year. ➢ Question as to whether organisations can afford to provide services. ➢ Suggestion of better use of resources effectively with a one stop shop in sharing offices, meeting rooms etc. with Citizen's Advice anchoring. ➢ This is a council issue of which the committee can support. ➢ Meeting advised that council is aware and has been working for some time on this matter. ➢ Suggest this is an opportunity to dialogue the issue directly with the council to point out issues of concern.
		Resolution:
		THAT the Chair write a letter to the Rotorua Lakes Council concerning the end of Community House lease arrangements and enter into discussions for the best way to assist and positively move forward, taking into account the importance for the disability community and social services to be confident they have a base that is inclusive for everybody.
		R Vigor-Brown : M Barnett

		S Westbrook ➢ Attended the Te Kuwatawata programme held in Gisborne - something that could be considered for Rotorua, Te Arawa and Tuwharetoa. This is a ground-breaking response to mental health and addiction distress. Great feedback from those who attended the April session – of value not only to providers, but clinicians, consumers, teachers and others from all different sectors. Beneficial to consider looking at further building on concept based on Te Arawa values and tikanga. ➢ TRHOTA held first strategic plan hui which highlighted directions for the group along with its goals and priorities. ➢ Reconnect with iwi and mandated back into roles – ask the people in what direction they wish to move and what it would look like?
		C Cockburn ➢ Attended the first Spinal Muscular Atrophy (SMA) Family Day 14th April 2018. ➢ Hamilton's True Colours Children's Health Trust – community funded for those with serious illnesses. Services offered from time of diagnosis to 18 years. ➢ Hydro therapy pool is currently empty and unable to be used because of Council regulations which require two paid and trained lifeguards to patrol the pool when in public use. ➢ Experiencing difficulty in accessing bariatric beds for terminal patients in their own homes – at the moment have to go through Enable who is taking weeks to supply the bariatric beds – need more immediate access to DHB short term loan of bariatric beds. *G Fannin to follow up.*
5.0		**INFORMATION AND CORRESPONDENCE**
6.0		**PUBLIC EXCLUDED**
		Resolution:
		THAT the committee move into Public Excluded at 11.40am.
		M Raukawa-Tait : S Westbrook
		CARRIED

LAKES DISTRICT HEALTH BOARD

LAKES DHB SCHEDULE OF TASKS : DISABILITY SUPPORT ADVISORY GROUP
7th May 2018

Item	Action	Responsibility	Time Frame
PRESENTATIONS			
TASKS			
Performance of DSAC	➢ Discussion be held with V Russell ➢ Committee brainstorm and come back with ideas/objectives and any identifiable gaps to focus on in support	DSAC	6th August 2018 6th August 2018
Draft Strategy Outcomes – Work Plan	➢ THAT a sub-committee be established to work on the medium and long term plan with timelines. ➢ The Strategy has no mention in terms of respect of a person's cultural identity?	DSAC members/V Russell G Fannin to investigate	6th August 2018 6th August 2018
Bariatric beds	Need more immediate access to DHB short term loan of bariatric beds.	G Fannin to follow up	As soon as convenient

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Minutes

Bay of Plenty Combined Community & Public Health Advisory Committee/ Disability Advisory Services Committee Members

Venue: 889 Cameron Road, Tauranga
Date and Time: 4 April 2018 at 10.30 am

Board: Bev Edlin (Chair), Marion Guy, Judy Turner, Ron Scott, Sally Webb, Anna Rolleston, Mark Arundel, Paul Curry (Disability Rep), Mary-Anne Gill (Waikato DHB Rep)

Attendees: Helen Mason (Chief Executive), Simon Everitt, (GM Planning & Funding), Lorraine Wilson (Governance & Quality) Janet Hanvey, (TTO Business Manager). Hayley Robertson (Snr Health Improvement Advisor, TTO), Sharlene Pardy, Sarah Davey (Planning & Funding) (for presentations)

Item No.	Item	Action
1	**Apologies** Apologies were received from Janine Horton and Margaret Williams. **Resolved** that the apologies from Janine Horton and Margaret Williams be received. Moved: A Rolleston Seconded: J Turner	
2	**Interests Register**	
3	**Presentation** 3.1 Draft Tauranga Urban Strategy & Updates on Current Strategy Development Michael Tucker, Ross Hudson and Anna Hancock, Tauranga City Council The Draft Tauranga Urban Strategy was presented, which is being consulted on with stakeholders. The strategy will be further refined as consultation concludes. Strategy is critical for Tauranga's growth. It aims to address: • Housing - size and type (currently 85% are 3, 4, or 5 bedroom) shortfall of smaller occupancy houses. • Transport – growing congestion.	

	• Ageing Population – accessibility and social facilities, amenities for the elderly. • Environment – under threat from urban expansion. • Economy – strong growth, opportunities to harness. • Tangata Whenua – improving wellbeing and workforce. Future growth – looking at changing the way we grow, signalling change, engaging with communities around how this could occur. Urban form development • Illustrated a typical residential Tauranga suburban block eg 20-40 dwellings and another illustration of a typical Suburban block with redevelopment over 30 years with a mix of development types. • In the town centre and surrounds there would be more dramatic change, high rises eg 4 – 5 stories. Query raised around commercial and private residential developments. It was advised that Council does planning and can incentivise by the process through the Resource Management Act (RMA) process - Commercial on the ground floor, residential above. Comment was made that increasing housing, increases traffic. Discussed housing closer to amenities reduces vehicle use, creating opportunity for walking or cycle. Query raised around universal design. Advice was given that universal design is supported in planning, as is ageing in place. The larger challenge is of redesigning existing communities to accommodate universal design principles. Public transport and cycleways are a priority in such redesign. Example was given of transport difficulties in some areas potentially being alleviated by increasing business opportunities for people to live and work in their area. Query raised around community connectivity, particularly with regard to smaller pockets of community. Advice was given that envisaged sustainable blocks sited around urban centres would be seen as contributing to that. Comment was made that current requirements in new areas of having parks every eg 100 metres is also opportunity for community connectedness. The example of Hobsonville, Auckland, was raised and how that development approach might work in Bay of Plenty.	

	Council representatives expressed that the community aspect works well. It was felt that Hobsonville type opportunities would be harder to develop in Tauranga. Committee Chair thanked the Tauranga City Council representatives for their informative presentation. 3.2 <u>The Silver Economy</u> Carol Gordon, Social Scientist Specializing in Social Gerontology. Carole advised of good connection between previous TCC presentation and her own. Presentation overviews a piece of work by SmartGrowth. Engagement in sincere and respectful ways is critical. It is not felt that the ageing population has previously been widely consulted or engaged in eg transportation planning, sports and recreation planning. There will be an escalation of 65+ in 10 years. Example given of recent publicity on local 105 year old, living happy, fulfilled life. Silver economy – public and consumer expenditure related to population ageing and the needs of people over 50 years (65 years in NZ because of superannuation threshold). Silver Economy contribution - mature, older and older-old people significantly contributing to NZ economy. e.g. Kiwifruit business owners. BOP Silver economy. $2.55 billion in 2016, $6.92billion in 2031, $15.62 in 2061. Tauranga has significantly high proportion of BOP numbers. NZ Silver economy will grow from $43.4b in 2017 to $197 b in 2051. Mature people contribute more to the economy than they cost in National Superannuation. Silver economy provides sustainability and is generating jobs for younger population. It was considered there needs to be a change in conversations on “ageing” in language, attitude, policy frameworks and recognising technology. Use of the word longevity rather than ageing. It was felt there has been lots of health strategic vision for the ageing population. It is actions that are now needed.	

	Committee Chair thanked Carole for the interesting and thought provoking information which presents a challenge. Committee advised that they will have a follow-up session on the presentation. *(Carole left the meeting*) Sarah Davey (Planning & Funding) gave some background. BOPDHB is a member of SmarthGrowth. A lot of messages in Tauranga City Council strategy do have good messaging around health. Changing the urban approach to increased density has resultant health benefits. In the past, Tauranga City Council has gone out to consultation to increase certain areas of density and has been greeted with poor response. Comment was made that the manner in which the consultation process is run is imperative. Early engagement and approaching the right people in the community would assist. It was mentioned that the unintended consequences of further steps in the process need to be thought about. It was thought Hobsonville which has been in existence for 3 or 4 years now, could be a good learning opportunity. Query was raised regarding how much influence the DHB, through P&F can have. It was advised that being part of eg SmartGrowth enables communication and discussion of information. It also enables the opportunity to put forward the positive health messages. It was considered there was ability to influence more now than previously, by being at the table. CEO suggested that there is an opportunity within the consultation process, to make a submission along the lines discussed today. The submission to come back to the Committee before it is placed.	GMPF
4	**Minutes of Previous Meeting** **Resolved** that the minutes of the meeting held on 6 December 2017 be confirmed as a true and correct record. Moved: P Curry Seconded: J Turner	

5	**Matters Arising** 5.1 What is the DHB doing to make the facilities and services accessible to disability clients – secondary and primary. GMGQ	
6	**Review of** 6.1 <u>Work Plan 2017 -2018</u> The Committee discussed the report as circulated with the agenda. 6.2 <u>Draft Work Plan 2018 - 2019</u> GMPF advised that the 18/19 draft Work Plan attempts to focus on Strategies 1 and 2 and also focusses on the disability sector and our approaches. GMPF invited comment on any gaps there may be. Comment was made on disabled children in the BOP, their interface with health and the current wait times. It was considered that this group was not well represented. It was also considered that disability and mobility are intertwined. Work plan to be amended.	GMPF
7	***Reports for noting:*** ***Strategic Objective 1: Empower our population to live healthy lives*** 7.1 <u>Strategic Health Services Plan Implementation Progress Update</u> GMPF advised that Pg 44 onwards shows the actions under Year 1 and where they are at. The team is focussed on Year 2 and what we want to focus on. What will have an influence on the BOP health system? The presentations today give rise to thought regarding this. It was queried under HealthCare homes, where the Silver Economy may fit with that, changing focus into wellness and activity and people taking ownership of their health. 7.2 <u>Submissions to Bay of Plenty Regional Council Consultation Document on Long Term Plan</u> The Committee noted the Submissions	

Strategic Objective 2: Develop a smart, fully integrated system of care to provide care close to where people live, learn work and play

7.3 CPHAC/DSAC Planning and Funding Report
The Committee noted the report

7.4 Mental Health and Addiction Update
Recommendation: That CPHAC/DSAC notes the actions being undertaken within the Mental Health & Addiction portfolio with regard to the BOPDHB Mental Health & Addiction review, the implementation of the Substance Abuse Compulsory Assessment & Treatment Act SACAT) and the updates provided on the Mental Health Inquiry.

GMPF advised that from BOPDHB perspective it was advised that a review of MHAS would be undertaken but currently considering the best timing of this review process. In the Provider Arm there is work being undertaken through Creating our Culture.

The Minister has announced the enquiry around national MHAS. A Review Group will be in Tauranga on 2,3 May. Thought is being given on how to engage our community in in that process. The Commission has requested facilitation of local meetings.

CEO mentioned recent approaches from local MPs on perception of lack of detox beds in BOP. There is 1 medical detox bed. The cohort who require medical detox is small, and there do not appear to be issues with access to this bed. For most people detox is carried out at home or with assistance of community providers. The DHB also contracts 6 residential providers throughout the country.

7.5 Community Pharmacy Consultation

Recommendations – That the Committee:
1. **Notes** this report.
2. **Notes** DHBs are consulting with Community Pharmacy owners on a new agreement – Integrated Pharmacist Services in the Community while still offering a 12 month extension on the current CPSA agreement.
3. **Notes** that the BOPDHBs approach has been to offer to meet with all Community Pharmacy owners individually.

GMPF advised that BOPDHB is in consultation with Pharmacies with a different approach to that of the national approach.

	A BOPDHB Portfolio Manager has met with each individual Pharmacy owner. People have generally appreciated the individual approach.	
8	**General Business** An update on the Water Fluoridation Bill was handed out. Some changes have been made and it is going through to second reading**.**	
8	**Resolution to Exclude the Public** **Resolved** that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Helen Mason Owen Wallace Simon Everitt Janet Hanvey **Resolved** that the Committee move into confidential. Moved: B Edlin Seconded: M Guy	
9	**Next Meeting –** Wednesday 4 July 2018	

The meeting closed at 12.30 pm
The minutes will be confirmed as a true and correct record at the next meeting.

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

Disability Services

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 4.1

WAIKATO DHB DISABILITY RESPONSIVENESS PLAN TERMS OF REFERENCE

Purpose	1) For approval

The Waikato DHB is committed to meeting the needs of people with disabilities. To this end we intend developing a Responsiveness Plan to build upon a significant body of work already undertaken that contributes to our strategic priority *remove barriers for people experiencing disabilities.*

The intention is to develop this piece of work through collaboration with community and sector stakeholders. A draft will be completed by December 2018.

Recommendation
THAT

The Committee approves the Terms of Reference.

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

Waikato DHB Disability Responsiveness Plan

Draft Terms of Reference

1.0 Introduction

One in four New Zealanders (2013 census) live with a disability. Disability can include physical, mental health, intellectual, sensory or other impairments. Disability occurs when an individual experiences barriers that hinder the full and effective participation in society on an equal basis with others[1].

Waikato District Health Board is intending to develop a Disability Responsiveness Plan to provide guidance, direction and structure to all stakeholders involved, including DHB hospital and community services, funders, and contracted services.

The plan will provide clear direction for health sector leaders and managers working alongside disability communities to address inequities and ensure better health outcomes. It will identify a number of key areas for improvement across a defined range of dimensions, and it will set some clear performance measures for the DHBs Disability Support Advisory Committee (DSAC) to monitor.

2.0 DHB Responsibility in Respect to Disability Responsiveness

The Public Health and Disability Act 2000 sets out specific expectations for DHBs to follow regarding disability support. This was further strengthened by the New Zealand Disability Strategy (NZDS) launched in 2001 and recently updated in 2016. The strategy provides clear guidance and expectations of policy makers and service designers to eradicate systemic, attitudinal and structural barriers in all aspects of service delivery. The vision is one of 'a society that highly values our lives and continually enhances our full participation'.

The NZDS states:

> *Disability is not something individuals have. What individuals have are impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.*

The United Nations Convention on Rights of Persons with Disabilities (UNCRPD) further states:

> *Persons with disabilities have the right to attain the highest attainable standard of health without discrimination on the basis of disability.*

While it is difficult for any of us to imagine discriminating purposefully, discrimination against those with disabilities often occurs as a result of a number of unintentional organisational deficits:

(a) not adequately understanding what disabled people require to achieve equitable health outcomes

[1] This is an abridged version of the definition used in the NZ Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities.

(b) poor planning and resourcing

(c) poor staff training and organisational culture

(d) poor performance oversight

Disability Support Advisory Committees were established as a result of the Act requiring DHBs to reflect the principles from the updated NZDS and the UNCRPD in all health policies.

As a result, the DHB has a responsibility to ensure the services it provides or purchases are responsiveness to the Disability Community, and the proposed plan will enable the DHB to make further gains in this regard.

3.0 Linkages

The strategic framework, priorities and areas of action will be informed by and referenced to a mix of foundational documents including:

- New Zealand Disability Strategy 2001
- New Zealand Disability Action Plan
- New Zealand Public Health and Disability Act 2000
- He Korowai Oranga: Maori Health Action Plan
- Whaia Te Ao Marama: The Maori Disability Action Plan
- Faiva ora – National Pasifika Disability Plan
- The Treaty of Waitangi
- United Nations Convention on Rights of Persons with Disabilities (2008)

4.0 Framework

The Waikato DHB Disability Responsiveness Plan will be developed across eight key dimensions:

1. Leadership
2. Strengthening Governance and Accountability
3. Improving Access to Services
4. Reducing Health Inequalities
5. Empowering and Engaging People
6. Inclusion and Support
7. Environment and Facilities
8. Re-orienting Models of Care

Across the eight dimensions, the responsiveness plan will undertake the following:

1. Development of a foundational evidence base of our Waikato District's disabled population, including demographics, health outcomes, service utilisation etc
2. An analysis of current barriers and service gaps
3. Identification of opportunities for change
4. Development of a longitudinal action plan
5. Development of an outcomes monitoring and reporting framework for DSAC
6. Recommendations in respect to inter-sersectoral linkages

7. Recommendations in respect to disability community engagement and involvement in ongoing system and service development.

5.0 Incorporation of the Disability Priority Programme Activity

A significant amount of work has been undertaken over the past 12 months in respect to the DHBs Priority Programme 1.3 – Remove Barriers for People Experiencing Disability. This work will be incorporated into the development of the Disability Responsiveness Plan.

6.0 Involvement of the Consumer Council

The Waikato DHBs Consumer Council comprises a membership with deep disability lived-experience, public sector expertise and subject matter knowledge. It has also undertaken some extensive review activity that is driving areas of particular interest in its work plan.

To that end, the development of the Disability Responsiveness Plan will draw on the expertise of particular members of the Council, and the final plan will be developed with them to ensure it responds to the issues they have identified as consumer representatives.

7.0 Activity Timetable

Activity	Date
TOR Agreement	Mid-June 2018
Project Plan Developed	Early July 2018
Reference Group Established	Early July 2018
Health Needs Assessment	Aug 2018
Stakeholder Workshop	Aug 2018
Environment / Service / Policy Scan	September 2018
Gaps and Opportunities Analysis	Early October 2018
Workshop	October 2018
CPHAC Update	October 2018
Document Finalisation	November 2018
Presentation of Final Draft to CPHAC	December 2018

8.0 Resourcing and Leadership

The Disability Responsiveness Programme will be led and resourced from the Strategy and Funding Directorate.

- Project Sponsor will be Tanya Maloney, Executive Director Strategy and Funding.
- Project Owner will be Wayne Skipage, Senior Planning Manager
- Strategy and Funding Project Manager – TBA.

Waikato District Health Board

Te Hanga Whaioranga Mō Te Iwi – **Building Healthy Communities**

Workplan

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 5.1

WORK PROGRAMME

Purpose	1) For information

Background

In the April Community and Public Health Advisory Committee (CPHAC) meeting, Strategy and Funding presented the proposed areas of focus for inclusion in the CPHAC / DSAC work programme for the remainder of 2018, and some suggested areas for focus in 2019.

Following the discussion in CPHAC in April the following timetable has been prepared for the remainder of 2018. It was requested that we demonstrate coverage of topics in relation to the strategic imperatives of the DHB. These have been included in the table.

There will inevitably be additional topics for discussion raised either by the Committee or by the Executive over the course of the year. Sufficient time has been left in each meeting to add additional topics as required.

Presentation and Discussion Topics	DHB Strategic Imperative Alignment
June	
Tobacco Control Plan - Presentation	Oranga / Health equity
Consumer Council – Work Plan	Ratonga a iwi / Effective and Efficient Health Services Oranga / Health Equity
Annual Plan Process Update	All
Disability Responsiveness – Terms of Reference	Oranga / Health Equity
Health System Planning – Approach	Haumaru / Safe,Quality health services

	Ratonga a iwi / Effective and Efficient Health Services
August	
Maori Health Strategy – Development Update	Oranga / Health Equity
Project Energise – Presentation / Performance Update	Whanaketanga / Productive Partnerships
Intersectoral Strategy – Development Update	Oranga / Health Equity
Population Health – Settings Based Approach	Oranga / Health Equity
Oral Health – Performance Update	Oranga / Health Equity
Suicide Prevention and Postvention Plan	Oranga / Health Equity
October	
Understanding and Responding to Rurality	Manaaki / People Centred Services
Immunisation – Performance Update	Oranga / Health Equity
Disability Plan Development – Progress Update	Oranga / Health Equity
Care in the Community Plan – Progress Update	Manaaki / People Centred Services
Annual Report – overview	All
December	
Understanding Unmet Need Across the System	Manaaki / People Centred Services
Disability Responsiveness Plan	Manaaki / People Centred Services Oranga / Health Equity
Cross Sectoral Stocktake of Services to Children – Gaps / Opportunities	Ratonga a iwi / Effective and Efficient Care and Services Oranga / Health Equity
Waiora Waikato - Overview of our role in training and innovation	Pae taumata / Learning, training, research, innovation

Papers planned for discussion in 2019

An initial list of topics for discussion in 2019 has been developed. We will add to the list as CPHAC / DSAC develops over 2018, and a work plan for 2019 will be presented in December 2018.

- Disability Support Services Overview – (stock take of services and gap analysis)
- Health System Plan Overview – Improving health outcomes
- Intersectoral Strategy / Population Health Development
- Health Impact Assessments – Prison, Northern Corridor and Inland Port Development
- Developing service models more responsive to Older People.
- Mental Health Services Review – Te Tae Tawhiti moving forward
- Regional Health Needs Assessment

Recommendation
THAT

The Committee note the work programme for 2018.

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

Papers for Decision

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 6.1

WAIKATO DISTRICT HEALTH BOARD TOBACCO CONTROL PLAN

Purpose	1) For approval

Background

Waikato District Health Board receives funding from the Ministry of Health specifically for Tobacco Control. The total revenue for 2017/18 was $370,000. The attached Tobacco Control Plan outlines the tobacco control direction that has been developed through the Tobacco Control Steering Group which comprises of District Health Board staff, Primary Health Organisations and other Non-government Organisations representatives.

Summary

The plan outlines current and proposed investment to support the achievement of the plan; i.e. Waikato District Health Board Smokefree Co-ordinator, Community Pharmacy cessation (current) and proposed similar co-ordination positions that are focused in Maternity and Mental Health for 2018/19.

Recommendation
THAT

The Committee approves the plan.

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

Waikato District Health Board

Tobacco Control Action Plan

2018-2025

1.0 Overview – The Waikato DHB Population

The Waikato District Health Board (DHB) plans, funds and provides hospital and health services to more than 417,000 people in a region covering 8% of New Zealand's population, stretching from Coromandel's most Northern point almost reaching down to Mt Ruapehu in the south, from Raglan on the West Coast right across to Waihi on the East Coast. It takes in the city of Hamilton and towns such as Thames, Huntly, Cambridge, Te Awamutu, Matamata, Morrinsville, Ngaruawahia, Te Kuiti, Tokoroa and Taumarunui. There are 10 territorial local authorities within our boundaries – Hamilton City, Hauraki, Matamata-Piako, Otorohanga, (part of) Ruapehu, South Waikato, Thames Coromandel, Waikato, Waipa, and Waitomo.

We have a larger proportion of people living in areas of high deprivation than in areas of low deprivation. Ruapehu, Waitomo and South Waikato territorial local authorities have the highest proportion of people living in high deprivation areas.

The Māori population (estimated to be 22% of our population for 2013/14) is growing at a slightly faster rate than other population groups and is estimated to be 23.3% by 2026. The Māori population is significantly impacted by many chronic conditions such as diabetes and smoking related diseases and show up disproportionately in adverse health statistics. These statistics together with our embedded strategic priority to reduce Māori health inequalities cement our commitment to partner with Māori in local health service development.

Pacific people represent an estimated 2.5% of our population and are a group that requires targeted health initiatives.

Approximately 40% of our population live in rural areas, and 60% live outside Hamilton city. This represents diverse challenges in service delivery, health promotion and community development. Waikato DHB (wherever possible) partners with local councils, community groups and community pharmacies to access priority populations.

Overall, our population statistics hide significant variations across the large geographical area we cover. Documents such as the recently developed Territorial Authority health profiles and Māori / Pasifika health profiles provide some in-depth analysis of our populations, their health status and the significance for strategic health planning and for prioritisation of programmes at an operational level.

2.0 Introduction – Why Tobacco Harm is a Key Issue for the Waikato DHB

Smoking prevalence in Waikato DHB is higher than all other DHBs in New Zealand. A significant contributor to this is the smoking rate equity gap between Māori and non-Māori. Among adults, 17% are smokers as compared to 15% across New Zealand. Of concern, youth smoking rates are higher than adult smoking rates (18% vs.17%).

Impact of Smoking on our Community's Health

A number of groups are disproportionally burdened with poor health outcomes as a result of these high rates of smoking. In our district these include:

- Māori and Pacific peoples - 35% of Māori and 24% of Pacific adults are smokers as compared to 13% of the wider adult population;
- Those living in the most deprived communities, who are nearly four times more likely to be regular smokers than the populations living in the most affluent parts of society;
- Waikato has a higher rate of maternal smoking for Māori women, resulting in poorer outcomes for their kids; and
- Mental Health and Addiction Service (MH&AS) users smoke at almost twice the rate of the wider population, and MH&AS staff smoke at higher levels than the wider health workforce. 84% of people using addiction services and 47% of mental health service users smoke.

With those priority groups in mind, this plan sets out to address smoking rates for the following groups:

- Māori
- Pregnant mums who smoke
- Those experience mental health issues

The plan aligns with Waikato DHB Strategy and Smokefree Policy, Tobacco Position Statement, District Annual Plan, Waikato Plan, Public Health tobacco strategy 2017-2020, and Primary Health Care Plans (Midland Health Network 3 year Strategic Review).

3.0 Alignment to National and Regional Objectives

National

Approximately 15.5% of adults in New Zealand aged over 15 years smoke daily. Māori and Pacific people are more likely to smoke (37% and 23% respectively). Smoking during pregnancy affects the baby and can cause health problems such as a low birth weight, an increased risk of losing the baby (miscarriage or stillbirth), pneumonia, asthma and glue ear; and for the child's health after birth (including but not limited to increased rates of Sudden Unexpected Death of an Infant (SUDI), high blood pressure and respiratory disease.

The prevalence of smoking remains high for all Māori populations and people who live in low socio-economic areas. Rates of smoking are not decreasing as much as previous years; we are not on track to reach the Smokefree goal in 2025 of less than 5% smoking prevalence, especially for Māori and low socioeconomic groups. Inequalities in health status exist for populations in particularly Māori, Pacific and lower socioeconomic groups and smoking can be seen as a symptom of health inequalities as people who smoke are more likely to have less access to the key determinants of health. Smoking can also be seen as a cause of health inequalities as people who smoke tend to have less disposable income, which in turn affects the key determinants of health. DHB/MoH has as priority, Smokefree pregnancies and better access to smokefree services for people enrolled in mental health and addiction services. Māori are highly represented in these groups.

In March 2011, in response to the Māori Affairs select committee tobacco inquiry the Government adopted a Smoke-free 2025 goal for New Zealand - making New Zealand essentially a smoke-free nation by 2025.

Achieving <5% smoking prevalence by 2025 appears feasible but will require large increases in cessation among Māori (20% per annum), accompanied by strong reductions in initiation to half or quarter current rates. The DHB will continue to support and advocate for well-established evidence-based tobacco control interventions e.g. continuing the current pattern of annual tobacco tax increases, as well as supplementary interventions for population groups with highest smoking rates e.g. intensive mass media campaigns, enhancing intensive smoking cessation support that is both targeted and culturally appropriate.

DHB Leaders will continue to partner with Primary Care (including Pharmacies), Non-government Organisations (NGOs), TLAs and local communities to address ethnic inequalities in smoking for Māori which require interventions that address both the "broader determinants in health (eg, improving income, housing, employment and access to healthcare) as well as tobacco control specific measures".

Leadership in Tobacco Control by DHB must be meaningful and visible at the national and local levels. Support and promotion of major new endgame approaches such as a sinking lid on tobacco supply, tobacco retail outlet licensing, a phase-down of nicotine levels in tobacco, and Smokefree cars must be supported by the DHB.

Regional

On the 2nd of March 2012, the Waikato District Health Board signed the Midland District Health Boards Smokefree Midland Vision Statement. In the Statement, all five Midland District Health Boards (Waikato, Bay of Plenty, Lakes, Tairawhiti and Taranaki) committed strong leadership toward achieving the vision of a smokefree Midland by 2025.

4.0 Understanding Our Smoking Population – Current State for Waikato DHB

The most up-to-date and accurate picture of the smoking population has been taken from the recently released 2013 Census data. This creates a detailed picture across the district showing varying smoking rates across and within different population groups. Census data shows that there were approximately 44,000 regular smokers in the Waikato DHB area on census night. This equates to a 17% smoking rate of reported status.

Health of Older people 60 to 89 years – smoking data relating to chronic health conditions is available via InterRAI and has the ability for trending to be tracked over time. Clinical Action Protocols (CAPs) triggered by assessment outcomes for tobacco and alcohol demonstrate for Midland benchmarking of the frail and complex elderly population - Midland 7% compared to 9% for Waikato for Quarter 2.

Māori

Māori are a priority for Waikato's Stop Smoking Service delivery. Midlands Heath Network is Waikato District Health Board's Stop Smoking Service Provider, who has a significant relationship with Tainui working towards closing the equity gap for Māori who smoke. Midlands Health Network has contracted with a number of Māori providers to increase engagement with this demographic.

Maternity services

Smoking during pregnancy affects the baby and can cause health problems such as a low birth weight, an increased risk of losing the baby (miscarriage or stillbirth), pneumonia, asthma and glue ear; and for the child's health after birth (including but not limited to increased rates of Sudden Unexpected Death of an Infant (SUDI), high blood pressure and respiratory disease. The smoking rate for mothers when they first register with a Lead Maternity Carer (LMC) is 19.9%[1]. The DHB average smoking rate for women aged 15-44 is 21%. Although no analysis has been undertaken, it is likely that the difference is due to women either stopping prior to trying to conceive, or quitting between finding out they are pregnant and registering with their LMC.

Only 2% of smoking mothers stopped smoking during pregnancy[2]. This has already been identified as an area of concern by The Maternity Quality and Safety Governance Board of Waikato DHB.

DHB and Midlands Health Network are collaborating to increase the number of referrals from LMCs to the Stop Smoking Service and to identify LMCs who may wish to become Stop Smoking practitioners.

Better support for Mental Health and Addiction Service Users

Smoking related harm accounts for much of the reduced life expectancy of people with serious mental health disorders.

A strong historical culture of acceptance and tolerance of tobacco use across the mental health and addiction services (MH&AS) sector has contributed to the treatment of tobacco dependence remaining a low priority. These views and practices persist despite growing evidence that people with experience of mental health disorders do want to be Smokefree and stopping smoking may improve MH&AS treatment outcomes.

DHB has a transformational culture change programme is underway with NGO partners aiming to;

- target vulnerable populations with high smoking prevalence;
- help people with experience of mental health and addiction issues who are less likely to receive stop smoking advice despite being typically more dependent and to smoke more heavily that the general population; and
- negate the strong historical culture of acceptance of tobacco use across MH & AS which in turn has influenced their 47% prevalence rate.
- create sustainable smokefree best practice and systems across the continuum of Mental Health & addiction services.

[1] Waikato DHB Maternity Annual Report July 2013 to June 2014

[2] Waikato DHB Maternity Annual Report July 2013 to June 2014

5.0 Current service response

Waikato DHBs tobacco control activities occur across the service continuum, and maintain a focus on priority groups. Broadly those activities fit into 4 categories:

1. Leadership
2. Reducing Smoking initiation
3. Increase quitting
4. Reduce exposure to second hand smoke

The Waikato District Tobacco Control Steering Group meets regularly with partners including public health, Primary Health Organisations (PHOs), secondary care, community groups, and other Non-government Organisations (NGOs). The intention of this group is to maintain momentum in respect to:

- de-normalising tobacco smoking
- reducing access to tobacco
- reducing individuals starting smoking initiation
- significant increasing cessation rates to meet the Smokefree 2025 goal.

6.0 Public Health Regulatory Role

The Waikato DHB Public Health service is contracted to provide regulatory (enforcement of the Smoke-free Environments Act 1990) and health improvement services for tobacco control. Through this role Public Health Waikato DHB, is responsible for implementing several smokefree activities as described below and in the Public Health Tobacco Strategy, 2017 – 2020 (see Appendix).

Regulation and Enforcement of the Smokefree Environments Act 1990

The Public Health, health protection service is responsible for enforcing the Smoke-free Environments Act 1990 (SFEA) across the Waikato DHB region. This involves investigating breaches and providing advice on the SFEA. Specific areas of focus include:

- Tobacco sales to minors, with controlled purchase operations

- Informing tobacco retailers of their responsibilities under SFEA;
- Investigating complaints of smoking in licensed premises;
- Advising licensed / other premises (e.g. cafés) on where smoking areas are permitted within the licensed premises;

Health Improvement and advocacy
The health improvement team and the advisory and development within Public Health, support tobacco control activities provided through a number of settings.

- Supporting national legislation through advocacy/submissions to strengthen policy responses to ensure we are working towards Smokefree Aotearoa 2025
- Work with Local Government to develop and extend Smokefree policies/by-laws. Encourage those without any formal tobacco control response to develop Smokefree polices/by-laws
- Facilitate Smokefree health improvement strategies for priority populations in Māori, Pacific, Sport, Workplaces, Local Government and Education settings.

7.0 Planning Linkages

This plan reflects and aligns with the following plans from the Waikato DHB tobacco control sector:

- Waikato DHB's District Annual Plan 2017 – 18
- Waikato DHB Smokefree Co-ordination plan
- Waikato DHB Public Health Unit Tobacco Strategy 2015 – 18
- Primary Health Organisation (PHO) Tobacco Control plans. (Midlands Health Network, National Hauora Coalition and Hauraki PHO)
- Waikato DHB Smokefree Maternity Group (Maternity Quality and Safety)
- Waikato District Health Board Mental Health Smokefree group
- Waikato Community Pharmacy Group

8.0 Performance Measures

- Maintain the number of frontline clinical and administration staff in hospitals who are ABC trained either during orientation; face to face or ad hoc.
- Maintain the number of frontline clinical and administration staff in primary care who are ABC trained.
- Maintain the number of Waikato DHB-wide staff who access e-learning training for ABCs
- A staff cessation incentive programme is developed
- Increase the number of tobacco control sector staff across the district by 10% for the next three years who attend national Stop Smoking training.
- Increase the number of LMCs/midwives trained in ABCs and Stop Smoking training by 10% for the next three years
- Increase the number of hospital and primary care referrals to quit providers by10% for the next three years
- Report on Waikato DHB utilisation of NRT products from secondary pharmacy services (by ward/NHI)
- Update policy status across the district (where applicable).
- Report on numbers of TLAs that are working collaboratively towards Smokefree Environments (such as parks)
- Report on numbers of Marae/Iwi that are working collaboratively towards Smokefree Environments
- Waikato District Health Board Tobacco Control Steering Group Terms of Reference and membership is agreed and updated
- System level measure – proportions of babies who live in a smokefree household at six weeks postnatal.
- Achieving <5% smoking prevalence by 2025 in the 65+ population (measured nationally through interRAI)

Actions for 2018-2025

The following table outlines the DHB's planned activity to reduce smoking prevalence over the next 7 years. It should be noted that on-going discussions between Strategy and Funding, Population Health and our Primary and Community Care partners are continuing as means to add to, and strengthen this mix.

Waikato District Health Board Tobacco Control Action Plan

No	National Tobacco Control objectives	Deliverables/actions	Timeframe	Performance commitments	Lead	17/18 deliverables	Funding source (new/existing) 17/18	18/19	19/20
1	**Leadership**	a) Membership Midland Regional Tobacco Integration Network (TIN)	Quarterly	Meetings attended and actions achieved	Ministry of Health	WTCSG Terms of Reference and membership is agreed Narrative reports – strategies/achievement	Ministry of Health – existing Smokefree DHB	Yes	
		b) Active Waikato DHB Tobacco Control Steering Group (WTCSG) meetings Maternity Smokefree Leadership group Mental Health Smokefree Leadership group.	Bi-monthly	Terms of reference and membership is agreed and updated to reflect changing environment	Strategy and Funding and WTCSG	Waikato District Health Board smoking policy updated.			
		c) Waikato DHB commitment to creating smokefree environments	Ongoing	Smokefree environments implemented across the Waikato DHB and staff supported to become Smokefree.		1 FTE SF Co-ordinator Plus proposed: 0.5 FTE Maternity 0.5 FTE Mental Health Number of recommendations implemented from the Smoking on Waikato DHB grounds and Staff report accepted by the Waikato DHB Executive Group.			
				Smokefree Co-ordinator will support the development of the DHB Smokefree Policy by giving Stop Smoking support to staff.	Waikato Hospital /Rural Hospitals	Number of Smokefree areas/grounds implemented within the Waikato DHB.			
				Maintain the number of frontline clinical and administration staff in hospitals who are ABC trained		Evidence that numbers have been maintained			
				Maintain the number of Waikato DHB staff who access e – leaning training for ABCs	Waikato Hospital/Rural Hospitals	Evidence that numbers have been maintained			
				Maintain the number of frontline clinical and administration staff in primary care who are ABC trained		Evidence that numbers have been maintained 0.5 FTE employed by Midlands Health Network – Waikato 0.5 FTE employed by Hauraki PHO (including National Māori Coalition			
				Report on numbers of	PHOs				

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No	National Tobacco Control objectives	Deliverables/actions	Timeframe	Performance commitments	Lead	17/18 deliverables	Funding source (new/existing) 17/18	18/19	19/20
				TLAs that are working collaboratively towards smoke free environment	Public Health	Report completed and available on intranet and DHB website			
2	Reducing Smoking Initiation	a) Regulation and Enforcement	Ongoing	Smoke free environments and de-normalising smoking.	Public Health Service - Waikato District Health Board	Percentage of tobacco retailers compliant with SFEA. Report available to board	Ministry of Health – Public Health Group - existing	Yes	Yes
3	Reduce exposure to second hand smoke	a) Work constructively with local government to introduce bylaws or policies to create smokefree areas in public places not currently covered by the SFEA 1990 b) Engage key settings in smokefree environments/policy development		Smoke free environments and de-normalising smoking.	Public Health Service - Waikato District Health Board Strategy & Funding with PHOs and Tamariki Ora Well Child providers	Number and type of settings engaged in smokefree environment/policy development. Report available to board System Level Measure – portions of babies who live in a Smokefree household at six weeks postnatal. Reports available to Strategy and Funding and WTCSG			
4	Increase Quitting	a) Stop Smoking Services	Ongoing	A staff cessation incentive programme is developed Increase the number of hospital and primary care referrals to quit providers by 10% during the term of the plan Increase the number of tobacco control sector staff across the district by 10%, , who attend Stop Smoking training during the term of the plan Increase the number of LMCs/midwives trained in ABCs and Stop Smoking by 10% during the term of the plan Report on Waikato	Waikato DHB Waikato Hospital /rural Hospitals and general and PHOs Stop smoking Service provider (Midlands Health Network) Maternity Quality and Safety Programme, Birthing Centres Waikato Hospital Waikato Hospital	Results reported to Ministry of Health directly Copied to Waikato District Health Board Strategy and Funding Reports available to WTCSG Reports available to WTCSG and Waikato Hospital	Ministry of Health		

No	National Tobacco Control objectives	Deliverables/actions	Timeframe	Performance commitments	Lead	17/18 deliverables	Funding source (new/existing) 17/18	18/19	19/20
				DHB utilisation of NRT products from secondary services by ward /NHI	pharmacy Services	COO and Rural Hospitals managers			
				Achieving <5% smoking prevalence by 2024 in the 65+population measured nationally through InterRAI		Reports available to WTCSG an Agewise forum			
		a) Support enrolment to Stop Smoking Services with an emphasis on reducing the equity gap for Māori who smoke. b) Tupeka Kore Framework c) Resource Pregnancy lead d) Mental health sector support	Ongoing	Increased referrals to SSS	Whole tobacco control sector - Waikato District Health Board wide	Number of referrals to SSS (Waikato Hospital)	Ministry of Health – existing Smokefree DHB	Yes	Yes
				Tupeka Kore framework goals achieved. FTE available to support tobacco control initiatives in specified areas of maternity and mental health		Consider incentives for pregnant women to be smokefree – process to be agreed by WSFSG. Consider supporting workforce development for 3rd party smoking cessation providers i.e. pharmacists (if enabled) and LMCs Consider the purchase nicotine inhalators and smokealysers for smoke free programme in mental health and resources/incentives for staff quit programme (dependent on Pharmac approval)	Maternity and Mental health FTE resource – possible new funding One off funding	?	?
				Effective engagement with Midlands Health Network to achieve shared outcomes	Strategy and Funding				
				Update Policy status across the district as applicable	Public Health				
					Strategy and Funding	Transitioning Long Term Conditions cessation approach with Pharmacies to focus on Māori and report change			
				Report on numbers of marae that are working collaboratively towards smoke free environment	Te Puna Oranga (Māori Health Service)	Establish baseline in 18/19 and report in 19/20			

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Smoking statistics 2006-2013

Waikato DHB

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Data sources

- **Statistics NZ Census 2013:**
  - Cigarette smoking behaviour by age group and sex, for the census usually resident population count aged 15 years and over, 2006 and 2013 Censuses (RC, TA, AU)
  - Cigarette smoking behaviour and ethnic group (grouped total responses) by age group and sex, for the census usually resident population count aged 15 years and over, 2006 and 2013 Censuses (RC, TA, AU)
- **Ministry of Health:** National Maternity Collection 2011 & 2015

Technical note:

Adults = 15 years and over

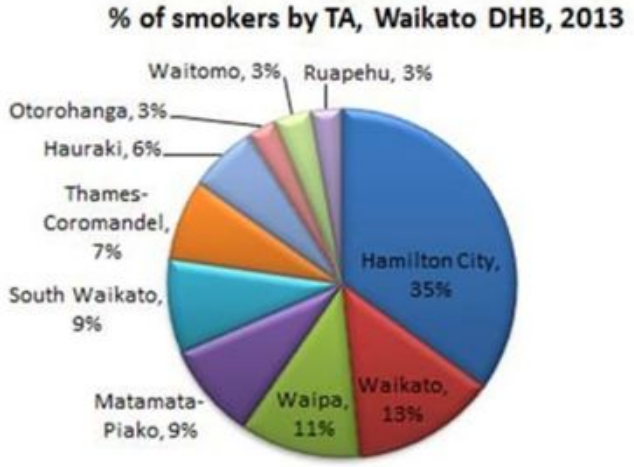
Youth = 15-24 years

Regular smokers (15+ years) in Waikato DHB, 2013

Number and proportion of regular smokers (15+), by Territorial Authority, Waikato DHB, 2013

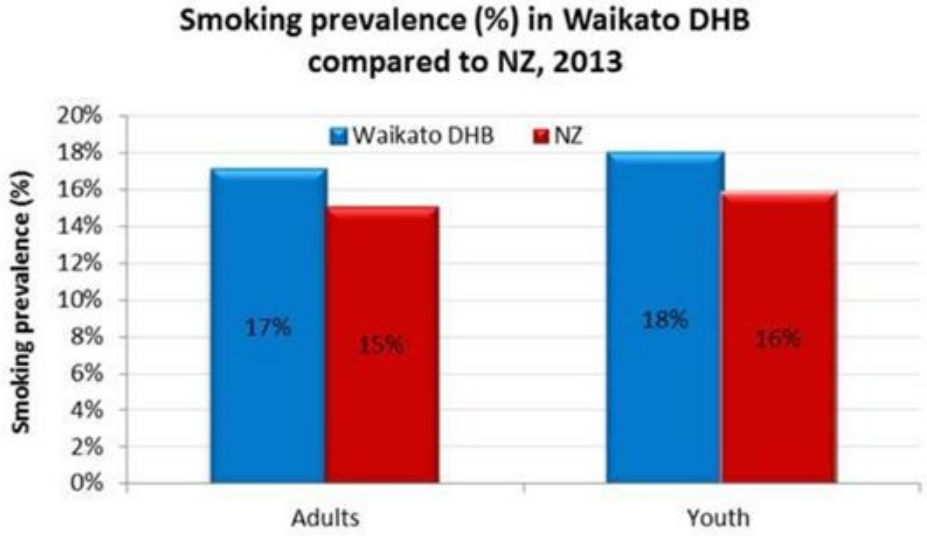
Territorial Authority	Number of smokers	% of total smokers in Waikato DHB
Hamilton City	15327	35%
Waikato District	5859	13%
Waipa District	4887	11%
Matamata-Piako District	3948	9%
South Waikato District	3807	9%
Thames-Coromandel District	3273	7%
Hauraki District	2736	6%
Otorohanga District	1182	3%
Waitomo District	1506	3%
Ruapehu District	1257	3%
Waikato DHB	**43782**	**100%**

Data source: Statistics NZ 2013 Census



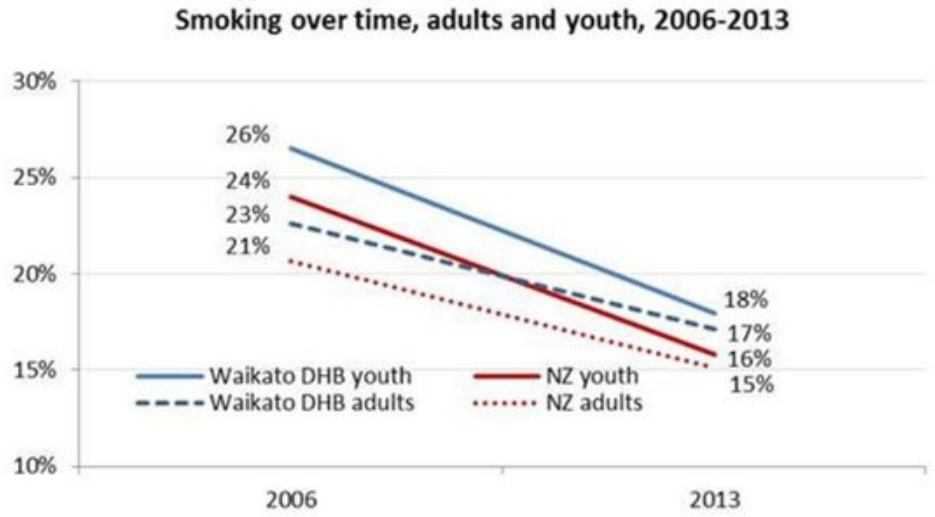
Interpretation: Waikato DHB has 43,782 adults aged 15 years and over who are regular smokers. 35% (n=15,327) of those live in Hamilton City.

Smoking in Waikato DHB compared to NZ



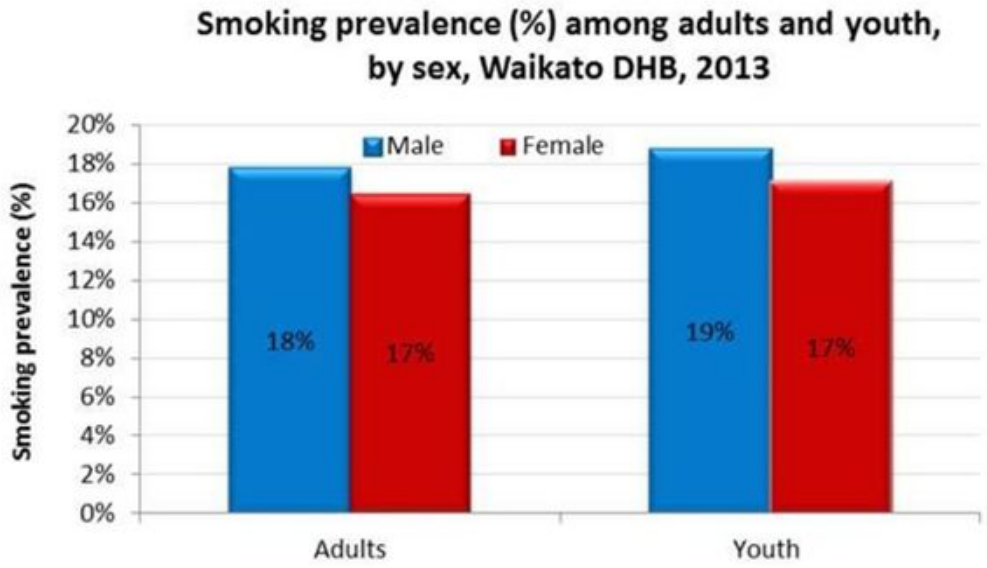
Interpretation: The smoking prevalence in Waikato DHB is higher compared to the overall NZ (statistically significant). Among adults 17% are smokers compared to 15% in NZ. Youth smoking rates are higher than adult smoking rates (18% vs. 17%, statistically significant).

Smoking— time trend 2006-2013



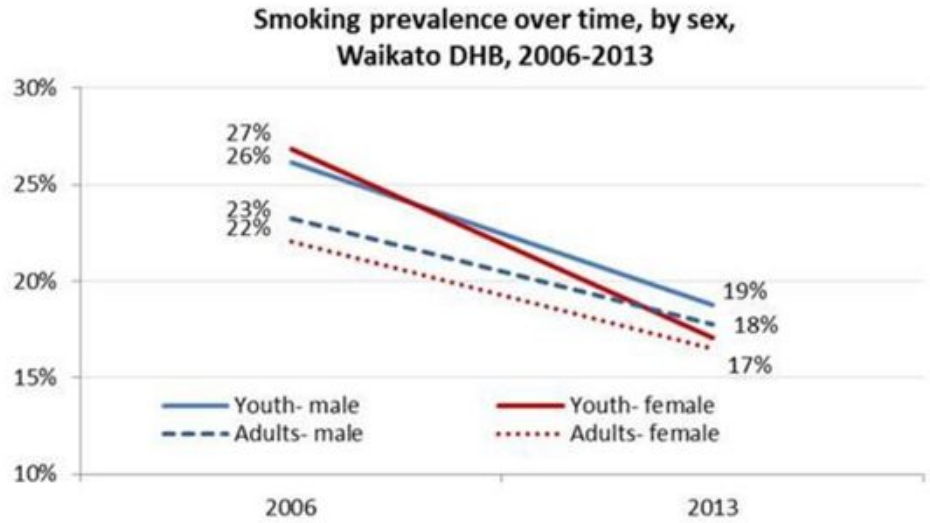
Interpretation: The smoking prevalence for both youth and adults has decreased in New Zealand as well as in Waikato DHB 2006-2013. Among youth the smoking rate decreased from 26% to 18% 2006-2013 (statistically significant).

Smoking prevalence, by sex



Interpretation: The smoking prevalence for males is higher than for females (statistically significant). Among youth, 19% of males and 17% of females are smokers.

Smoking by sex— time trend 2006-2013



Interpretation: 2006-2013 smoking rates decreased for both males and females. Female youth had the steepest decrease from 27% in 2006 to 17% in 2013.

Smoking and ethnicity

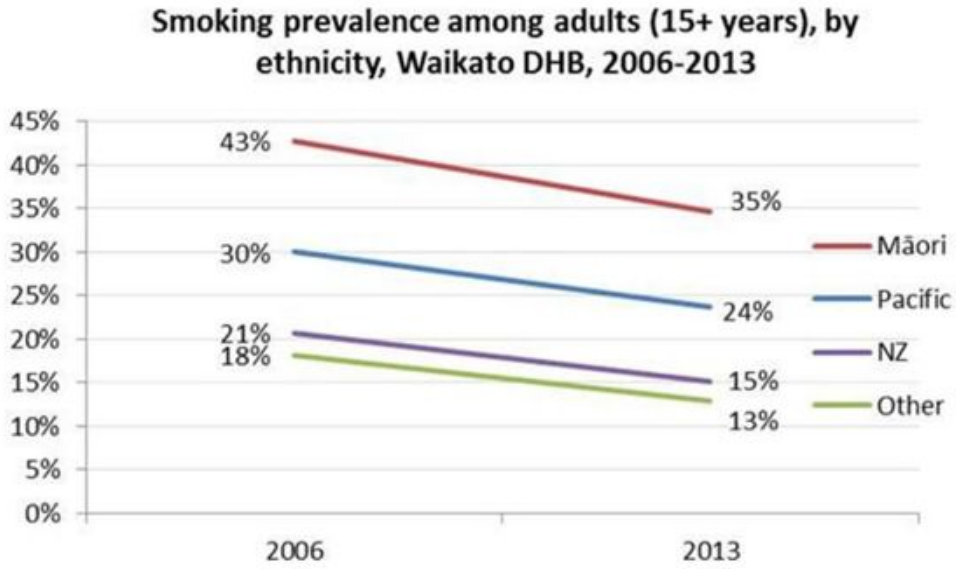
Smoking prevalence among youth and adults, by etnicity, Waikato DHB, 2006-2013

	2013		95%
Youth (15-24 years)	**Number**	**Prevalence (%)**	**Confidence Interval**
Māori	3966	31.3%	(30.5-32.1)
Pacific People	492	20.6%	(19.0-22.3)
Other	3642	12.1%	(11.8-12.5)
Waikato DHB	8100	18.0%	(17.6-18.3)
NZ	82896	15.8%	(15.7-15.9)
Adults (15+ years)			
Māori	15852	34.7%	(34.3-35.1)
Pacific People	1764	23.7%	(22.7-24.7)
Other	26166	12.9%	(12.8-13.1)
Waikato DHB	43782	17.1%	(17.0-17.3)
NZ	463194	15.1%	(15.1-15.2)

Data source: Statistics NZ 2013 Census

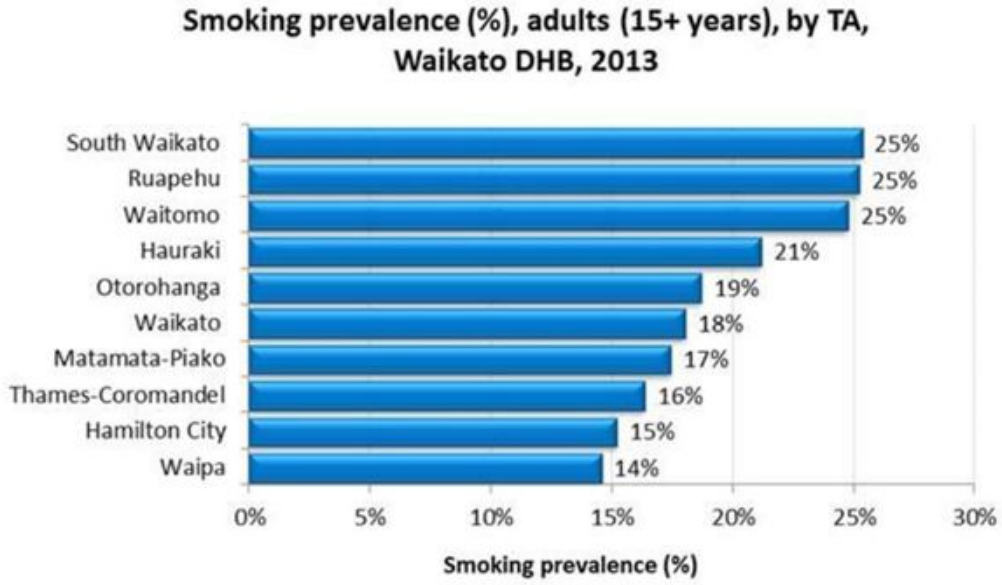
Interpretation: In adults and youth alike, smoking rates are higher for Māori and Pacific peoples compared to Other (2013). 35% of Māori, 24% of Pacific, and 13% of Other adults are smokers (statistically significant)

Smoking and ethnicity— time trend 2006-2013



Interpretation: 2006-2013 smoking rates decreased across all ethnic groups. In 2013, 35% of Māori adults were smokers compared to 43% in 2006.

Smoking prevalence, by Territorial Authority



Interpretation: The smoking rate vary greatly across the Territorial Authorities. The highest smoking prevalence rates are in South Waikato (25%), Ruapehu (25%), Waitomo (25%), and Hauraki (21%). Waipa (14%) and Hamilton City (15%) have the lowest rates.

Smoking prevalence, by Territorial Authority and sex

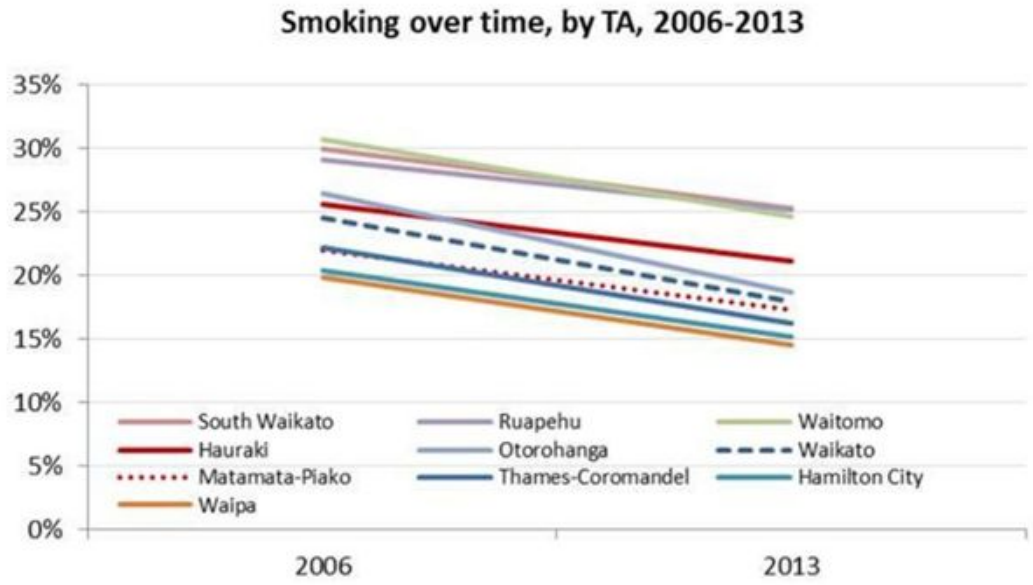
Smoking prevalence for adult (15+ years) males and females, by TA, Waikato DHB, 2013

	Total		Male		Female	
Territorial Authority	**Prevalence**	**95% CI**	**Prevalence**	**95% CI**	**Prevalence**	**95% CI**
South Waikato	25%	(24.5 - 25.9)	24%	(23.3 - 25.3)	26%	(25.1 - 27.1)
Ruapehu	25%	(23.9 - 26.3)	25%	(23.4 - 26.9)	25%	(23.6 - 27.0)
Waitomo	25%	(23.6 - 25.7)	24%	(22.0 - 25.1)	26%	(24.2 - 27.3)
Hauraki	21%	(20.4 - 21.8)	22%	(20.6 - 22.7)	21%	(19.6 - 21.5)
Otorohanga	19%	(17.6 - 19.6)	19%	(17.5 - 20.1)	18%	(17.0 - 19.8)
Waikato	18%	(17.5 - 18.3)	18%	(17.6 - 18.8)	18%	(17.0 - 18.2)
Matamata-Piako	17%	(16.8 - 17.8)	18%	(17.5 - 18.9)	17%	(15.8 - 17.1)
Thames-Coromandel	16%	(15.7 - 16.7)	17%	(16.1 - 17.6)	16%	(14.9 - 16.3)
Hamilton City	15%	(14.9 - 15.3)	16%	(15.8 - 16.5)	14%	(13.9 - 14.4)
Waipa	14%	(14.1 - 14.8)	15%	(14.5 - 15.6)	14%	(13.4 - 14.4)
Waikato DHB	**17%**	**(16.9 - 17.2)**	**18%**	**(17.5 - 17.9)**	**17%**	**(16.3 - 16.7)**

Data source: Statistics NZ 2013 Census

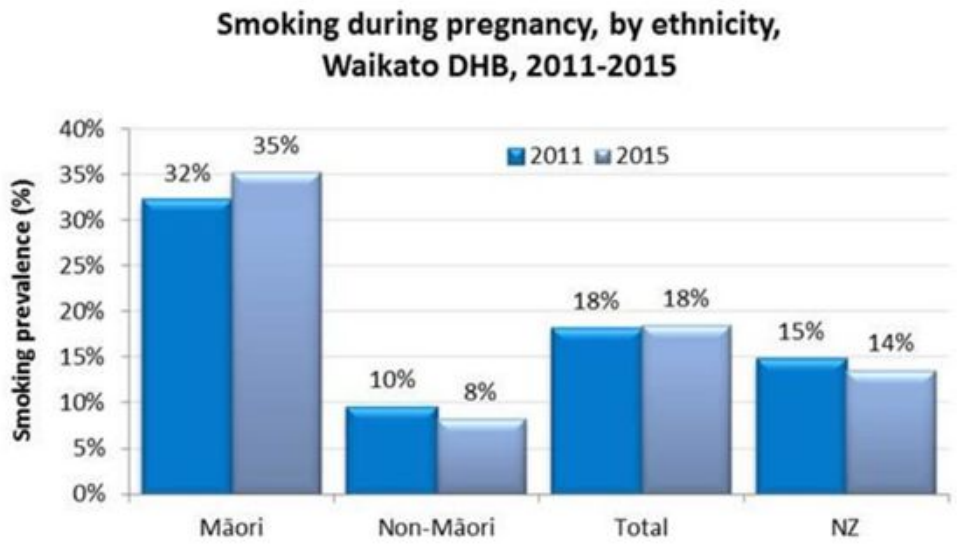
Interpretation: South Waikato, Ruapehu, Waitomo, Hauraki, Otorohanga and Waikato have significantly higher rates than overall Waikato DHB (the confidence intervals are not overlapping).
The highest prevalence rates are among females in South Waikato (26%), Ruapehu (25%) and Waitomo (26%) (not statistically significant). However, in the overall DHB females have lower rates than males.

TA time trend 2006-2013



Interpretation: Smoking rates have decreased across all Territorial Authorities 2006-2013.

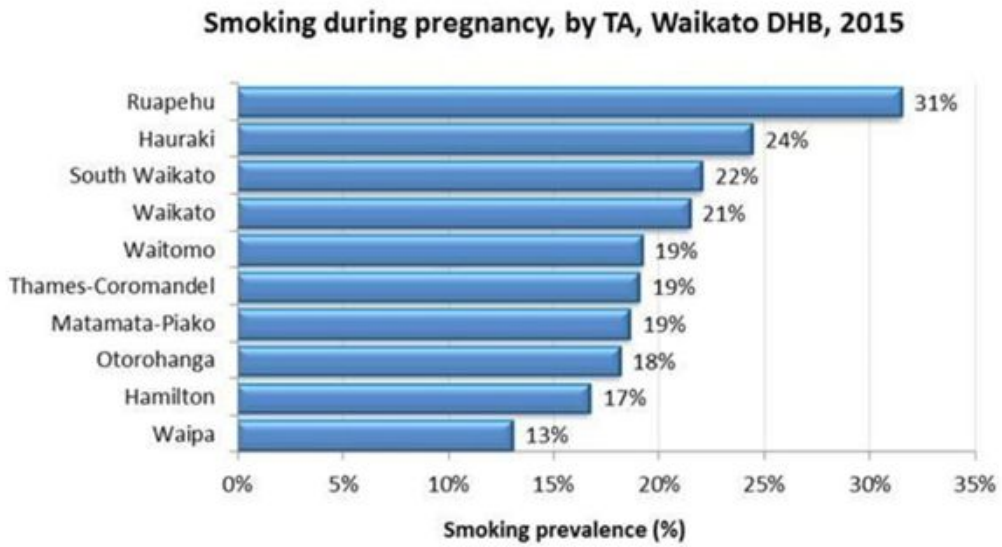
Smoking during pregnancy



Data source: Ministry of Health, National Maternity Collection

Interpretation: Smoking during pregnancy is more common in Waikato DHB (18%) than in overall NZ (14%) (statistically significant). A larger proportion of Māori women than non-Māori women smoke during pregnancy (35% vs. 8%). The prevalence has not changed significantly 2011-2015.

Smoking during pregnancy – by TA



Interpretation: The highest prevalence of smoking during pregnancy is in Ruapehu (31%), Hauraki (24%) and South Waikato (22%). In Ruapehu 1 in 3 women smoke during pregnancy (31%).

Appendix 3
Deprivation - The NZDep2013 index

Waikato DHB Deprivation

Deprivation

The NZDep2013 index is used to rank areas by relative deprivation, with 1 being the least deprived areas and 10 the most deprived areas.

The table below shows significant variation in smoking rates with those living in the most deprived communities nearly four times more likely to be regular smokers than the populations living in the most affluent decile. It should be noted that as a District Health Board we serve a relatively deprived population. More of the Census Area Units in the District are defined at the more deprived end of the spectrum, compared to the national distribution, which will see 10% of areas in each deprivation decile.

NZDep2013 index	Number of regular smokers	Percentage of regular smokers
1	1,122	8%
2	1,893	9%
3	1,974	13%
4	1,806	14%
5	4,386	15%
6	5,985	17%
7	4,467	16%
8	10,587	19%
9	8,958	23%
10	10,545	29%

Statistics New Zealand, Census 2013, Usually resident population, selected ethnic group

27

28

Appendix 1

PUBLIC HEALTH

Tobacco Strategy

2017-2020

"Mehemea ka moemoeā ahau
Ko au anake
Mehemea ka moemoeā e tātou, Ka taea e tātou"

"If I am to dream
I dream alone
If we all dream together
Then we will achieve"

- Te Puea Herangi

Population Health
Waikato District Health Board

PUBLIC HEALTH

Tobacco Strategy 2017-2020

Population Health
Waikato District Health Board

WAIKATO DHB VISION

Healthy people. Excellent care.

OVERALL VISIONS FOR PUBLIC HEALTH

Public Health strives to create a flourishing Waikato by improving, promoting and protecting the wellbeing of its populations with a focus on achieving equity for priority groups such as Māori, Pacific peoples and those living in rural communities.

OUR GOAL

To minimise smoking related harm and promote and protect health and wellbeing.

OUR PURPOSE

To contribute to denormalising smoking culture in the Waikato DHB region, including a focus on increasing smokefree environments and other relevant actions.

OUR OBJECTIVES

Contribute to the national Smokefree Aotearoa 2025 goal:

Reduce smoking initiation *(denormalise smoking for future generations / change attitudes towards smoking).*

Increase cessation attempts, especially by Māori and Pacific peoples, pregnant women and youth *(decrease smoking rates).*

Reduce exposure to second hand smoke (and third hand) through education and increasing smokefree environments *(creating supportive environments for people to quit).*

OUR FOCUS AREAS

Policy, legislation and planning: Smokefree Environments, Waikato DHB policy, Local Territorial Authorities,

Effectively fulfil our regulatory duties as designated Smokefree Enforcement Officers under the Smokefree Environments Act 1990 and the Smokefree Environments Regulations 2007.

Data Collection, monitoring and surveillance systems

Utilise consistent messaging and imagery regarding smoking related harm and positive smokefree messages

Inform public debates and decision making through advocacy and influencing environments using a settings approach

Core functions	National Objectives Smokefree 2025		
	Reducing Smoking Initiation	**Increase quitting**	**Reduce exposure to second-hand smoke**
Health Improvement ***Health Protection*** ***Health Assessment and Surveillance***	• Settings approach: supporting key community settings (workplaces, schools, sport, Māori and Pacific settings) to develop solutions to tobacco harm, with a focus on smokefree policies and environments, and access to cessation support. • First 1000 days: public health priority to explore our Public Health response to support young pregnant women. • Regulatory: Education visits to tobacco premises, Controlled Purchase Operations (CPOs) • Encourage Local Government to develop and expand smokefree environments through policies and/or bylaws • Advocacy: Continue to advocate at regional and national level, including increasing taxes and plain packaging through our Waikato DHB tobacco position statement and submissions to relevant national and local policies • Provide Public Health leadership in tobacco control and seek national / regional and local alignment through contribution to: - local coalitions (TOAST and CHANCES) - advisory groups (both locally, regionally and nationally) - multisector opportunities		

DELIVERING PRIORITIES FROM 2017-2020

Core function	2017-2020
Health Improvement	Reinforce agreed key tobacco messages/Public Health statements that align with national messages and campaigns, through our settings work and local campaigns. Engage and support key community settings to inquire, plan and take action against tobacco harm. Work with smokefree partners to encourage settings to develop and extend smokefree policies and environments, and access cessation support.
Health Protection	Continue to work with stakeholders and the legislation regarding smokefree environments and CPOs, including review and evaluation of the education process. This involves investigating breaches and providing advice on the SFEA. Specifically: • Undertake controlled purchase operations (with other agencies - tobacco sales to minors) • Inform tobacco retailers of their responsibilities under SFEA • Investigate complaints of smoking in licensed premises • Advise licensed premises on smoking areas in licensed premises • Enforce guidelines on tobacco products displayed for sale. Advocate for a national database to be developed to record Tobacco premises within each DHB region.
Health Assessment and Surveillance	Advocate at a national level to achieve Smokefree Aotearoa 2025 i.e. submissions, national group representation Continue to work towards SMF 2025 using the strategy and assess contribution through evaluation and re orientation if required. Strengthen compliance with Waikato DHB policies to work towards a smokefree workforce. Ensure cessation support is available. Continue to embed and monitor our internal Public Health tobacco strategy and link to the Waikato DHB tobacco control plan collectively working towards Smokefree Aotearoa 2025.

Papers for Information

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 7.1

WAIKATO DHB ANNUAL PLAN 2018/19

Purpose	1) To update on recent changes to the Ministry of Health's requirements for the 2018/19 Annual Planning process

Background

Guidance for the 2018/19 Annual Plan was received from the Ministry on the 14 May 2018. The guidance has resulted in some significant changes to the draft plan we had been working on and has necessitated a rapid turn-around of planning work across the organisation.

A draft Statement of Performance Expectations has already been provided to the Ministry (without financials), and we have also provided an initial indication of any service changes we anticipate in the upcoming year.

The DHB is required to submit the final Statement of Performance Expectation by 29 June, and a draft System Level Measure Improvement Plan by 2 July. The draft Annual Plan is due on 16 July, with Ministry feedback expected in September.

The new planning package centres upon the Minister's letter of expectations, new Government priorities, and a different template to previous years.

Minister's Letter of Expectation

The main expectations outlined in the letter are:

- Increased priority for primary care, mental health, public delivery of health services and a strong focus on improving equity in health outcomes
- A focus on population health, working closer with our public health units and health promotion providers. The Ministry is exploring utilising a life course approach as a way of understanding population performance challenges
- Continued focus on long term capital planning, including service and asset planning
- Board chair will be directly accountable for DHB performance with increased accountability for Board members
- Strong focus on working regionally, ensuring that services are delivered well with equitable access
- Increased collaboration across the whole health system
- Workforce focus particularly looking at the use of generalist workforces with specialist staff working top of scope.
- Expansion of Pharmac model to manage hospital medicines

- Increasing organ donations
- Improving health and wellbeing of infants, children and youth
- Better management of long term conditions particularly diabetes with an equity focus

Government Planning Priorities

- Primary Care Access
- Mental Health
- Public Delivery of Health Services
- Child Health
- School Based Health Services
- Healthy Aging
- Disability Support Services
- Pharmacy Action plan
- Improving Quality
- Climate Change
- Waste Disposal
- Fiscal Responsibility
- Budget 18 Initiatives (Once confirmed)
- Health Targets (Once confirmed)
- Cross-Government Targets (Once confirmed)

Progress to Date

With a very tight turn-around, Strategy and Funding have implemented a rapid engagement approach to securing the appropriate content and commitments from the organisation. The planning team has reset the new templates and populated them with as much of the work applicable from earlier in the year, and is on track to meet initial draft requirements.

The DHB must submit its Statement of Performance Expectation and Service Level Measures Plan to the Ministry by 29 June. The draft Annual Plan is due by 16 July.

Implications

We do not expect feedback from the Ministry until September, thus it is likely that we will not have a completed plan for sign off by the Board until October 2018.

Draft Regional Timeline

Activity	Date
DHBs advise Relationship Manger of proposals for service change	11 May 2018
Planning Package received from the Ministry	14 May 2018
Annual Planners teleconference meeting	16 May 2018
Drafting of Annual Plans, Regional Services Plan and Public Health Unit Plans	14 May – 1 June 2018
Queen's Birthday	4 June 2018
Draft plans to Midland GM's Planning and funding, Chief Operating	11 June 2018

Officers Group meeting (papers due 1 June)	
Midland DHB Annual Plan and Regional Services Plan writers group face to face meeting (KPMG Building)	11 June 2018
Updates and amendments to Annual Plans and Regional Services Plan following feedback from EG and writers group meeting	
Submit draft Annual Plans, Regional Services Plan, and Public Health Unit Plans to Midland DHB Boards • Bay of Plenty DHB • Lakes DHB • Hauora Tairawhiti • Taranaki DHB • Waikato DHB	 28 June 2018 15 June 2018 27 June 2018 28 June 2018 28 June, 2018
Updates and amendments to Annual Plan and Regional Service Plan following feedback from Midland DHB's	
To provide final Statement of Performance Expectations	29 June 2018
Send draft System Level Measure Improvement Plan to Regional Services Plan writer for incorporation in final Regional Services Plan	2 July 2018
Submit final draft System Level Measure Improvement Plan	2 July 2018
Submit draft Annual Plan, including budgets, updated Statement of Performance Expectations, Regional Service Plan and Public Health Unit Plan to Ministry	16 July 2018
System Level Measure Plan approved	31 July 2018
Ministry expects to provide informal feedback to DHB and Regional Planners	From Monday 13 August 2018
Ministry expects to facilitate formal feedback on DHB draft Annual Plans, Regional Service Plan, and Public Health Unit plans	From 3 September 2018

Recommendation
THAT

The committee note the paper

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 7.2

HEALTH SYSTEM PLAN

Purpose	1) For information

Summary

A Health System Plan (HSP) is being developed to describe strategic actions and timelines and focus the sector on how transformation will progress and deliver on the strategic imperatives outlined in Healthy People Excellent Care.

It is being informed by DHB and non-DHB services and stakeholders and therefore will provide a single view of what actions should be prioritised and what the future state looks like.

A Care in the Community Plan (CCP) is an input into the HSP and will progress in parallel. To build on previous sector feedback, community engagement will be solution focussed. The Maori Health Strategy is being developed in parallel and key components of this will be integrated into the HSP.

Introduction

The Waikato DHB Strategy, Healthy People Excellent Care (2016) highlights the need for significant change and transformation of the Waikato health system to improve the health of our population and eliminate health inequities. This requires the system to be working in the best interests of the people it services, get away from siloed thinking and consider how the system needs to operate to meet the broader needs of people and families/whanau.

The strategy does not describe the actions, timeframe and roadmap to get to certain milestones. Multiple service strategies and plans have been developed or are in the process of being developed by the DHB, other providers and stakeholders. The HSP will describe actions and a roadmap over 10 years to deliver on the strategy. It will replace the Priority Programme Plans (PPP) that were focussed on actions to achieve the strategic imperatives. The strategic imperatives are high level outcomes, therefore PPP actions overlapped most strategic imperatives and would have been difficult to translate into specific projects.

The Strategy and strategic imperatives have not changed. The HSP will focus on areas where health needs analyses, community, stakeholders and evidence identify strategic benefit. These are likely to include mental health, older people, tamariki, cancer and people with multi-morbidity. The objectives for the HSP are then applied across the focus areas to identify actions.

The Board and Iwi Maori Council have been engaged in the overarching objectives and principles for the HSP. Options for actions will be identified and tested with stakeholders and a reference group.

The HSP will bring various strategies/plans together into a single view of the transformation journey, outline key actions and timeframes. It will not describe everything that changes in the health sector as many activities will be part of improving usual business. The regional responsibilities of the DHB and impact on DHBs outside of the Midlands region will also be considered in the planning process. The HSP will be a working document and will be refreshed as our circumstances and needs change.

A more detailed Long Term Investment Plan (LTIP) will be developed after the HSP to replace the Interim LTIP (2017).

Process to develop the HSP

The process and timelines for the HSP are outlined in Appendix 1. The identification of priority areas and actions will be informed by 3 key inputs:

- Strategies and plans (DHB and non-DHB)
- Demographic, service information including projections and needs analyses
- Literature on evidence and trends, benefits and outcomes achieved
- Feedback from previous and planned consumer and stakeholder engagement.

Clinical planning is being progressed by 24 DHB clinical areas e.g. ENT. In addition, strategies have been developed for broad service areas such as mental health and addiction and health of older people or are being developed e.g. Maori Health strategy and the Care in the Community Plan (CCP). Service strategies that have a regional/national perspective e.g. inter-district flows, national priority networks, vulnerable service and regional activity networks will have wider engagement with other DHBs.

The scope of the HSP and CCP will include enablers therefore engagement will involve aspects such as workforce, information management, Information and Communication Technologies (ICT), enabling processes and how services are funded.

The HSP is scheduled for December 2018. Following the HSP will be the Long Term Investment Plan where we will identify the investments needed to support the plan. The LTIP will be submitted to Treasury in 2019 in a timeframe to be confirmed.

Care in the Community Plan

The CCP initiative will identify transformational changes to services delivered in community settings. This has just commenced and is being led by Ernst Young. CCP engagement with the sector will include wananga in the 7 localities supplemented by 3 focus groups and interviews with individuals who have long term conditions. The Community Health Forums will also be used as opportunities for providers and the community to engage. Key stakeholders such as providers will be engaged directly. The engagement approach is to pick up on existing strategies/plans and build on previous feedback with a solutions focus. A common

steering group, project working group and analyst group are being used across the HSP and CCP to ensure alignment and coordination with process and content. The project working group and analyst group involve expertise from across the DHB including Te Puna Oranga, Strategy and Funding, Population Health, Decision Support, Finance and will bring in expertise as required.

Objectives

The HSP will outline objectives to guide the focus areas as well as broader generic action areas. Within the objectives, specific action areas will be identified. These will be informed by the needs analyses, strategies and plans plus feedback from stakeholders.

The emerging themes for the objectives are;

1. Accelerate new models of care that will eliminate inequities particularly for Maori
2. Enhance our ability to ensure ongoing service delivery as the future model of care is implemented.
3. Future-proof the system with the flexibility, capacity and capability to meet the expected demand from population growth, aging and complexity.

Models of care define the way health and social services are delivered. They should encompass the whole journey a person follows including prevention and early intervention through to rehabilitation. Broader integration will involve connecting health and social models of care.

There will be actions that have immediate or short term benefits. Some relate to DHB processes but other actions may relate to external providers e.g. flexibility in use of funding.

Actions with longer term benefits relate to future proofing and are likely to include the role of digital technology, infrastructure and service locations, needs of our regional DHBs and workforce development.

Maori Health Strategy

The Maori Health Strategy will have a focus on outcomes rather than services and enablers. Key components of the Maori Health Strategy will be integrated into the HSP to ensure there is a focus on how we will eliminate Maori inequity.

The common working groups across the Maori Health Strategy, HSP and CCP are designed to ensure ongoing integration of process and content so that issues are identified and managed early and to facilitate internal co-design.

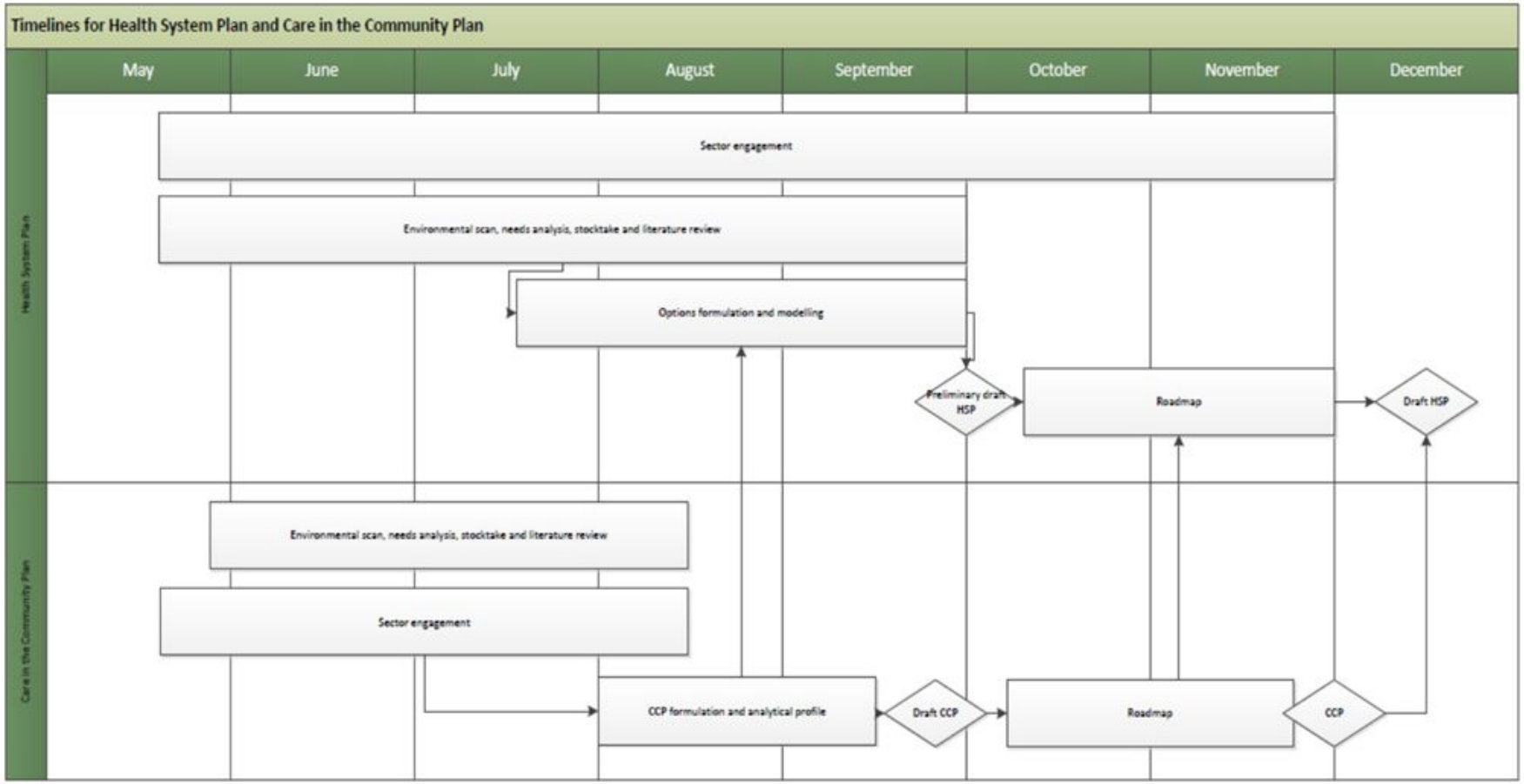
Reporting

A regular update to CPHAC will be provided on progress and emerging issues. The draft HSP and CCP will be taken to DHB governance forums prior to sector engagement and roadmap discussions.

Recommendation
THAT
1) CPHAC notes the update on actions and timelines to develop a Health System Plan.

DANNY WU
PROGRAMME DIRECTOR

Appendix 1


Timelines for Health System Plan and Care in the Community Plan
May
June
July
August
September
October
November
December
Health System Plan
Sector engagement
Environmental scan, needs analysis, stocktake and literature review
Options formulation and modelling
Preliminary draft HSP
Roadmap
Draft HSP
Care in the Community Plan
Environmental scan, needs analysis, stocktake and literature review
Sector engagement
CCP formulation and analytical profile
Draft CCP
Roadmap
CCP

Presentations

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 8.1

WORK PLAN AND PRIORITIES – CONSUMER COUNCIL

Purpose	1) For noting

The consumer council have held a number of roopu to identify areas of interest and priority for the Waikato DHB Consumer Council to focus on over the next 12 months.

A presentation will be provided by Consumer Council members to CPHAC outlining their areas of action for the coming year.

Recommendation
THAT

The Committee notes the presentation.

GERRI POMEROY
CONSUMER COUNCIL CO-CHAIR

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
13 JUNE 2018

AGENDA ITEM 8.2

COMMUNITY ENGAGEMENT, DEVELOPING A DHB APPROACH

Purpose	1) For noting

Committee members have previously asked Strategy and Funding to review the way we engage with communities in respect to service development and design. A presentation of some proposed approaches will be provided to enable discussion about the development of an engagement policy and tool kit for Waikato DHB.

Recommendation
THAT

The Committee notes that their input will be incorporated into the development of a community engagement policy for Waikato DHB.

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

General Business

Waikato District Health Board

Date of Next Meeting
8 August 2018