WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Community and Public Health Advisory Committee

Date: 11 April 2018

Time: 1:30pm

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

DISTRIBUTION:

Committee Members
- ☐ Mr C Wade (Chair)
- ☐ Ms T Hodges (Deputy Chair)
- ☐ Ms S Webb
- ☐ Ms S Mariu
- ☐ Mrs P Mahood
- ☐ Ms C Beavis
- ☐ Ms TP Thompson-Evans (IMC representative)
- ☐ Mr F Mhlanga (Consumer Council to confirm)
- ☐ Mr J McIntosh (Consumer Council to confirm)
- ☐ Mr D Slone (Consumer Council to confirm)
- ☐ Mr R Vigor-Brown (Lakes DHB representative) (Consumer Council to confirm)
- ☐ Mr M Arundel (BoP DHB representative) (Consumer Council to confirm)

Management
- ☐ Dr D Wright, Interim Chief Executive
- ☐ Mr G Howard, Interim Executive Director, Waikato Hospital Services
- ☐ Ms M Chrystall, Executive Director, Corporate Services
- ☐ Ms L Aydon, Executive Director, Public and Organisational Affairs
- ☐ Mr D Hackett, Executive Director, Virtual Care and Innovation
- ☐ Mr N Hablous, Chief of Staff
- ☐ Mrs S Hayward, Director of Nursing & Midwifery
- ☐ Ms L Elliott, Executive Director, Māori Health
- ☐ Dr R Tapsell, Acting Chief Medical Advisor
- ☐ Mr I Wolstencroft, Executive Director, Strategic Projects
- ☐ Dr D Tomic, Clinical Director Primary and Integrated Care
- ☐ Ms V Aitken, Acting Executive Director, Mental Health & Addictions Service
- ☐ Mr M Spittal, Executive Director, Community & Clinical Support
- ☐ Ms M Neville, Director, Quality & Patient Safety
- ☐ Mrs B Garbutt, Rehabilitation and Allied Health
- ☐ Ms T Maloney, Executive Director, Strategy & Funding
- ☐ Prof R Lawrenson, Clinical Director, Strategy & Funding
- ☐ Mr M ter Beek, Executive Director, Operations and Performance
- ☐ Mr C Cardwell, Executive Director, Facilities and Business
- ☐ Mr P Mayes, Ministry Of Health
- ☐ Minute taker
- ☐ Board Records

Contact Details:
Telephone 07 834 3600
www.waikatodhb.health.nz

Next Meeting Date: 13 June 2018

Meeting of the Community and Public Health Advisory Committee
to be held on Wednesday 11 April 2018, at 1:30pm
Board Room, First Floor, Hockin Building

AGENDA

1 APOLOGIES

2 LATE ITEMS

3 INTERESTS

3.1 Schedule of interests
3.2 Conflicts related to items on the agenda

4 MINUTES AND MATTERS ARISING

4.1 Waikato DHB Health Strategy Committee; 11 October 2017
4.2 Lakes DHB Community & Public Health Advisory Committee and Disability Support Advisory Committee; 19 February 2018
4.3 Bay of Plenty DHB combined Community & Public Health Advisory Committee and Disability Support Advisory Committee; 6 December 2017

5 TERMS OF REFERENCE

5.1 Community and Public Health Advisory Committee
5.2 Disability Services Advisory Committee

6 DISABILITY SERVICES

6.1 Development of a DHB Disability Responsiveness Plan

7 WORKPLAN

7.1 2018 CPHAC Workplan

8 PAPERS FOR ACTION

8.1 Waikato DHB Demographic Model For The 10 Year Health System Plan

9 PAPERS FOR INFORMATION

9.1 Midwifery Workforce
9.2 Waikato DHB Annual Planning Process 2018/19
9.3 Community Health Forum feedback
9.4 Community Pharmacy Services Agreement Consultation

10 GENERAL BUSINESS

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 public excluded	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

12 MINUTES PUBLIC EXCLUDED
Health Strategy Committee held 11 October 2017

RE-ADMITTANCE OF THE PUBLIC

THAT:

(1) The Public Be Re-Admitted.

(2) The Executive be delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.

Apologies

Late Items

Interests

SCHEDULE OF INTERESTS AS UPDATED BY COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEMBERS TO APRIL 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)*
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration 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	

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

Interest	Nature of Interest	Type of Conflict	Mitigating Actions
Director, Ngati Pahauwera Commercial Development Ltd	Pecuniary	None	
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	

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
Deputy Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospital 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, Hospital Advisory , 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, Remuneration 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 Group 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.

Interest	Nature of Interest (Pecuniary/Non-Pecuniary)	Type of Conflict (Actual/Potential/Perceived/None)	Mitigating Actions (Agreed approach to manage Risks)
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 of Previous Meeting/Matters Arising

MEMORANDUM TO THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
11 APRIL 2018

AGENDA ITEM 4

MINUTES COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETINGS

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

- Waikato DHB, Health Strategy Committee; 11 October 2017
- Lakes DHB, Community & Public Health Advisory Committee; 19 February 2018
- Bay of Plenty combined Community & Public Health Advisory & Disability Support Advisory Committee; 6 December 2017.

Recommendation
THAT
The minutes be noted.

CLYDE WADE
CHAIR, COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Health Strategy Committee held on 11 October 2017 commencing at 1.15pm

Present:

Mr C Wade (Chair)
Ms T Hodges (Deputy Chair)
Mr B Simcock
Mr D Slone
Ms S Mariu
Mrs P Mahood
Mr F Mhlanga
Ms C Beavis
Mr J McIntosh
Mr R Vigor-Brown
Mr M Arundel
Ms S Webb

In Attendance:

Ms J Wilson, Executive Director, Strategy & Funding
Mr B Paradine, Executive Director, Waikato Hospital Services
Mr D Wright, Executive Director, Mental Health and Addictions Service
Mr M Spittal, Executive Director, Community and Clinical Services
Mr M ter Beek, Executive Director, Operations and Performance
Mr W Skipage, Strategy and Funding
Mr R Webb, Strategy and Funding
Ms D Nelson, Director Integrated Operations Centre
Ms L Aydon, Executive Director, Public and Organisational Affairs
Ms L Elliott, Executive Director, Maori Health
Mrs MA Gill, Waikato DHB Board member
Ms J Hudson, Strategy and Funding
Ms C Petch, Ministry of Health
Ms AM Ruhe, Ministry of Health
Mr M Gallagher, Waikato DHB Board member
Mr A Leaman, Waikato Times
Ms R Poaneki, Strategy and Funding
Ms B Doube, Strategy and Funding
Ms C Simcock, Waikato DHB
Ms F Dibley-Mason, Strategy and Funding
Mr K McHale, Strategy and Funding
Ms S Christie, Waikato DHB Board member
Ms V Endres, Mental Health
Ms S Baker, HealthShare
Mr C Cardwell, Executive Director, Facilities and Business

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

ITEM 1: APOLOGIES

Apologies from Ms TP Thompson-Evans were received. Apologies from Ms S Webb and Mr D Slone for leaving early at 2.45pm.

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 9 August 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 14 August 2017 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 7 June and 6 September 2017 be noted.

ITEM 5: WORKPLAN

5.1 Support for immigrants and refugees with disabilities
Ms AM Ruhe and Ms C Petch attended for this item from the Ministry of Health.

Of note:

- There is a refugee process which is managed through the Mangere Refugee Resettlement Centre.

- The process was agreed two years ago.
- The Red Cross hold the government contract for supporting refugees upon discharge from this centre.
- A case manager is assigned to each refugee.
- Within the first six weeks of resettlement a refugees health needs are assessed. Once needs are assessed and the settlement area is known (within one of the six areas in New Zealand) the case manager makes with the local areas and paperwork is sent.

Of further interest to the Committee was how trauma is dealt with (including children).

Resolved
THAT
Further information detailing the trauma process is presented to the Committee at a future meeting.

5.2 Younger people in resthomes

Ms AM Ruhe from the Ministry of Health attended for this agenda item.

Of note:

- The Needs Assessment and Service Coordination service (NASC) do assessments of young people with disabilities, with placement in resthomes as a last resort when no other options are available in their local area. NASC will then if necessary make a referral to the Ministry for acceptance or decline.
- Patients with intellectual disabilities following drug addiction are not recognised as an identifiable ongoing trend.
- Those without a significant problem who have both disability and other health needs are being looked at between DSS and with Strategy and Funding, this will be reported back at a later date.

Resolved
THAT
Further information detailing younger people without a significant problem will be reported back to the Committee.

5.3 Interpreter Services at Waikato DHB

For Waikato DHB, the authorised interpreters are:

- I-sign for New Zealand Sign Language
- Decypher Hamilton Multicultural Services Trust Interpreter / Translation Services (HMST)
- Language Line (Departonent of Ethnic Affairs) – Mon/Fri 9am-5pm
- Approved Māori interpreters identified by the Kaumatua Kaunihera strategic group

The Interpreter services are not constrained by budget at the Waikato DHB. Consideration to safety and cultural sensitivity is always given.

Draft guidelines have been sent out for review and the Integrated Operations Centre have provided feedback on these on behalf of Waikato DHB

Resolved
THAT
The Committee received the report.

5.4 Understanding our population profile
Mr M Spittal and Mr R Webb attended for this agenda item. A working group was established with members from Population Health, Finance, and Strategy & Funding in order to develop a Locality Framework.

Resolved
THAT
1) The Committee received the report;
2) Option Two is the preferred default option

ITEM 6: STRATEGY AND FUNDING OVERVIEW REPORT

The Strategy and Funding overview report was submitted for the Committee's information.

Key areas included:

Community Health Fora
Ms B Doube attended for this item to discuss the latest round of Community Health Fora. Key issues identified throughout most of the CHFs included:
- Social isolation of older people;
- Homelessness;
- Intellectual disabilities
- Access to GPs (availability and cost)

The Foodbank in Huntly was empty however it is now overflowing following action resulting from discussions at the Huntly CHF. The issues raised were mostly community issues instead of health specific issues. In further updates an overarching statement would be valuable.

System Level Measures Plan
The two remaining measures went to the Performance Monitoring Committee today for approval.

Resolved
THAT
The Committee received the report.

ITEM 7: PAPERS FOR ACTION

7.1 Draft Suicide Prevention and Postvention Plan
Ms C Simcock, Ms J Hudson and Ms M Neville attended for this agenda item. The Suicide Prevention Postvention Coordinator role has been in place for 18 months and progress would not have happened without the role. The appointment of the correct person has been crucial.

Resolved
THAT
The Committee received the report.

ITEM 8: PAPERS FOR INFORMATION

No items for discussion.

ITEM 9: STRATEGIC PROGRAMME PLANS

9.1 eSPACE
Ms S Baker attended for this agenda item. A presentation was given with the key message "One patient, one record".

Of note:
- The roll out is going as expected, with only one issue to date relating to the performance speed
- Lakes DHB is looking to be brought on board with the Midland Clinical Portal as soon as possible however there is no date set for this to occur.

Resolved
THAT
The Committee noted the presentation.

9.2 Mental Health and Addictions Model of Care
Mr D Wright and MS V Endres attended for this agenda item. A presentation was given.

Resolved
THAT
The Committee noted the presentation.

9.3 SmartHealth
No updated at October meeting.

9.4 Rural Project
No updated at October meeting.

9.5 Women's Health Transformation
No updated at October meeting.

9.6 Elective Services Improvement
No updated at October meeting.

9.7 Patient Flow
Mr M ter Beek attended for this agenda item.

A number of initiatives have been completed and changes made to various parts of the patient flow process. Key learnings for the team have been to ensure there is appropriate support and time available in the services to progress project work quickly. A new project approach

using a 3-day workshop format will be trialled in October. This approach, based on Kaizen, has been recognized to work in other organisations where staff time is at a premium and there is difficulty coordinating multi-disciplinary input in problem solving

The current patient flow system is both a written and electronic process.

Resolved
THAT
The Committee received the paper.

9.8 Medical School
No updated at October meeting.

9.9 CBD Accommodation Project
Mr C Cardwell attended for this agenda item.

All works are on track for a hard fit out to commence in February 2018 with a staged occupancy expected from September 2018.

Of note:

- Update in December, 3D flyby/virtual tour
- Estimated carparks? Onsite over 70, 170 in knox street carpark.

Resolved
THAT
1) The Committee received the report;
2) An update with virtual tour to occur at the December Committee meeting.

9.10 Primary Care Integration
Ms J Wilson spoke to this agenda item. Two workshops were held in August 2017 with a range of health care providers. The workshops were facilitated by Mr G Scott. The summary of feedback was provided to the Waikato Inter Alliance group who agreed that a smaller working group would be established to determine the next steps.

Resolved
THAT
The Committee noted the content of the report.

ITEM 10: PRIORITY PROGRAMME PLANS

No updated at the October meeting.

ITEM 11: GENERAL BUSINESS

There were no general business items raised.

ITEM 12: DATE OF NEXT MEETING

13 December 2017

MINUTES OF A MEETING OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
HELD MONDAY 19th FEBRUARY 2019
LIBRARY TAUPO HOSPITAL, KOTARE STREET, TAUPO

Meeting:	**[143]**
Present:	L Thurston (Chair), W Webber, D Shaw, M Raukawa-Tait, D Epp, J Morreau, B Edlin, P Mahood and A Pedersen
In Attendance:	C Rankin, B Bayne, R Dunham, K Evison, M Ranclaud, K Stone, N Grant and B E Harris (Board Secretariat)

1.0		**MEETING CONDUCT**
		The Chair welcomed everyone to the first meeting for the year with special acknowledgement to K Stone (CEO) and who will be the RAPHS representative on CPHAC, replacing M Davies.
1.1		Apologies: Doctors Phil Shoemack and Jim Miller, J Hanvey, S Wilkie and P Tangitu **Resolution:** THAT the apologies be received. **L Thurston : P Mahood** 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	Terms of Reference for Lakes DHB Community and Public Health Advisory Committee

2.0	**SIGNIFICANT ISSUES**
2.1	Alliance Leadership team – System Level Measure Plan : 3 Priorities Points noted from discussion were:-

- In summary, holding integration work group meetings with Board and others in the community to assist alliance to be effective and efficient.
- Needed to have more transparency and be as optimal as possible.
- Alliance activity to be visible at CPHAC with one of the key drivers being the need to be a two way process.
- Work programme for 2018 and activity would be useful for alliance members i.e. matters that add value to the community – schedule of topics or focus for the year.
- Reports on progress alliance activity be provided to CPHAC
- Generate guidance and conversation to ensure everything is working together rather than separately.
- Alliance work plan discussed at Team Rotorua Alliance meeting last week.
- Need guidance on where to focus energy to get expected outcome.
- Values and principles are contained in the alliance document.
- Whanau Ora, RAPHS and DHB is a vehicle in terms of integration work group for discussions and reporting to the CPHAC meetings.
- Some of the topics suggested for focusing on were:-
  - Mental health

- Equity
- Acute demand
- Child health

2.2 **Primary Health**

2.2.1 Pinnacle MHN Report July-September 2017

B Bayne spoke to the above report, the highlights of which he noted were:-

- Work across the DHBs particularly programmes carried out in Taupo and Turangi.
- Development of a good relationship with Tuwharetoa Health – triaging and considering referrals and best approaches.
- Decline in immunisation in Turangi.
- Met with local Tuwharetoa representatives to consider an action plan.
- DHBs working with community pharmacy reps for new style of contracts to replace pharmacy services delivered into the community.
- Gives option to look at local need and work more in clinical pharmacy space.
- Working with M Ranclaud on model of care design, a significant piece of work.
- B Bayne to look at Maori Women's Refuge Clinic and possibility of operating comprehensively through the Lakes region.
- Taranaki interested in extended care schemes.

Resolution:

THAT the Pinnacle MHN report July-September be received.

B Bayne : J Morreau

CARRIED

2.2.2 RAPHS report

K Stone spoke to the report prepared by M Watson. It was noted:-

- RAPHS membership had changed and that K Stone was pleased to be the representative on CPHAC.
- K Stone was keen to lift the visibility of RAPHS and obtain feedback.
- RAPHS strategy and behind the scenes development.
- Existing work in collaboration with Rotorua Mental health Service.
- Investigating synergies clinically driven by D Malone.

N Grant arrived at this point (1.15pm)

- Identified 90% of clients didn't have a GP.
- 14% of ED patients were people who didn't have a GP.
- Working with Whanau Ora partner on different issues and how to connect to share information and therefore avoid inefficiencies.

Resolution:

THAT the RAPHS report be received.

K Stone : D Shaw

CARRIED

2.3 **Mental Health**

2.3.1 Establishing the Government Inquiry into Mental Health & Addiction

The above paper from the Offices of the Ministry of Health and Ministry of Internal Affairs was provided for members' information.

2.3.2 Inquiry into Mental health and Addiction Terms of Reference

The background is that Government had committed to setting up an inquiry into mental health as part of its first 100 days' work programme. The catalyst for the inquiry had been widespread concern about mental health services within the mental health sector and the broader community.

In discussion, members noted there was no information on feedback and that by the end of

the year, timeframes would be tight. The expectation was that teams visiting DHBs would talk to a range of people within the sectors and communities.

2.3.3 2018.02.07 RFP Outcome

The letter dated 7th February 2018 regarding the RFP Outcome – Hauora Taiohi Community Alcohol and other Drug Services, Southern Lakes was received and information contained therein noted.

2.3.4 Substance Abuse Compulsory Assessment and Treatment Legislation update

This item was deferred for a future meeting of the Community and Public Health Advisory Committee.

2.3.5 Mauri Ora - Future mental health and addiction requirements update

M Ranclaud advised that a Lakes Mental Health and Addictions Facility Development Governance group had been established to oversee this project with the needs of tangata whaiora and whanau at the forefront of service development as a new model of care is being designed to guide the facility development.

Resolution:

THAT the information be received.

L Thurston : D Epp

CARRIED

2.4 **Maori Health**

2.4.1 Rauora Stakeholder update

The above item was provided for the information of members.

2.4.2 Kia Ora Hauora Q2 report and Hauora Maori Training Fund

Brief discussion occurred on this item with a query as to how much input was placed into the school sector which had a huge need for growth. The question was asked if this related to influencing school children's choice of career and encouraging students into science? The meeting was advised that students are encouraged to study science under the programme and that page 137 4.1 Workstream TOW : "Supporting Science Achievement" Covered this matter.

It was requested that Lianne Kohere be invited to report on Kia Ora Hauora at the next CPHAC meeting.

2.5 **Public Health**

2.5.1 Toi Te Ora Public Health Service

2.5.1.1 Public Health Services report

2.5.1.2 Public Health Medical officer report

2.5.1.3 Healthy Policies : Issue 3 January 2018

W Webber asked whether the Board should be concerned about the Trendly data presented at the Board meeting held on 16th February 2018 which showed immunisation (influenza) data for Lakes sitting at only 32% for Maori and 34% for non-Maori.

Points that followed included:-

- There are significant strains of flu and Lakes should be concerned across the board regarding protection.
- Timing of vaccine is unknown and its coverage. Would include challenging demographics as well.
- Important to get target right. New vaccine delayed – campaigns starting in March.
- Records are maintained in quality plans from both Pinnacle and RAPHS.
- Reduction in harm from alcohol (Toi Te Ora).
- Alcohol reform initiatives of previous government.

- Law Commission report on alcohol – only a fraction of initiatives were implemented.

Issues were discussed with Rotorua Lakes Council but legislation was inadequate for council to make changes.

It was agreed that K Rex take the matter (reduction in harm from alcohol) up with Toi Te Ora to lead the way with Lakes DHB in support.
Resolution:
THAT the above reports and Healthy Policies update be received.
M Raukawa-Tait : L Thurston
CARRIED

3.0	**SECRETARIAL**
3.1	Minutes of Community and Public Health Advisory Committee meeting 16th October 2017 **Resolution:** THAT the minutes of the Community and Public Health Advisory Committee meeting of 16th October 2017 be confirmed as a true and accurate record. **W Webber : D Epp** CARRIED
3.2	Matters Arising: Excellent presentation by Steve Goodin, TTO Public Health
3.3	Schedule of Tasks - Pinnacle MHN presentation be held 9th April 2018 - Update on vaccinations – K Rex. Request primary care to provide early data - 9th April 2018 - Media campaign "stop/quit smoking and community initiatives this year – P King - 11th June 2018 - Immunisation – S Wilkie and J Hanvey – 9th April 2018 - Childhood Smokefree – J Hanvey/K Rex/K Evison - 9th April 2018 - CPHAC new Work Plan driven by K Evison and K Rex
3.4	Copy of presentation slides on drinking water to ensure it is safe: Noted

4.0	**REPORTS**
4.1	Community representative reports **A Pedersen** - Over the last few months have had six deaths on the Marae (three young Maori men) from massive heart attacks under the age of 60 years. Still working on what can be done. - Would like to see gaps between Maori and non-Maori.

5.0	**INFORMATION AND CORRESPONDENCE :**
5.1	NZ Diabetes and Obesity Research Review
5.2	NZ Women's Health Research Review
5.3	Respiratory Research Review The above information was received. **Resolution:** THAT the committee move into Public Excluded at 2.15pm **L Thurston J Morreau** CARRIED

SCHEDULE OF TASKS FROM THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

19th FEBRUARY 2018

Agenda Item	Action	Responsibility of	Timeframe
PRESENTATIONS			
Pinnacle MHN	Source one or two mixed media speakers for a future meeting.	B Bayne	9th April 2018
Media campaign "stop/quit smoking and community initiatives this year	Presentation by Lakes DHB	Pip King	11th June 2018
ITEMS			
Immunisation	J Hanvey and S Wilkie work together to bring a strategy forward.	J Hanvey/S Wilkie	9th April 2018
Childhood Smokefree	That a conversation be held on this matter	J Hanvey/K Rex & K Evison	9th April 2018
Flu Vaccinations	Primary care to provide early data	K Rex	9th April 2018
CPHAC new Work Plan		K Evison & K Rex	
Substance Abuse Compulsory Assessment and Treatment Legislation update	Item deferred for a future meeting of CPHAC.		
Reduction in harm from alcohol	That this matter be taken up with Toi Te Ora to lead the way with Lakes DHB in support.	K Rex	as convenient

MINUTES OF THE DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
HELD IN THE TAUPO HOSPITAL LIBRARY MONDAY 19th FEBRUARY 2018 AT 10.00AM

MEETING:	**[No. 139]**
PRESENT:	M Raukawa-Tait (Chair), D Shaw, D Epp, P Mahood, B Edlin, C Cockburn, M Barnett, S Westbrook and D Sorrenson
IN ATTENDANCE:	L Thurston, W Webber, R Dunham, V Russell, M Ranclaud, and B E Harris (Board Secretariat)
ABSENT:	Kim Kaukau

DRAFT

1.0	**MEETING CONDUCT** *(Agenda Item 1.0)*
	The Chair welcomed everyone to the meeting and gave a brief update on the recovery of both R Vigor-Brown and his wife, Sharon. M Barnett was welcomed as a new member and outlined her experience working with people with long term impairment supported by MOH DSS.
1.1	**Apologies** *(Agenda Item 1.1)* : R Vigor-Brown, S Burns, J Horton, M Watson, P Tangitu **Resolution:** THAT the apologies be received. **P Mahood : B Edlin** 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** : Nil
1.5	**The NZ Disability Strategy : 15 Objectives** The Chair noted the wide ranging principles of objectives
1.6	Presentation on Disability including HDC Disability Responsiveness training DVD Making it Easy to Do the Right Thing The presentation on Disability Overview to DSAC was given by V Russell which highlighted the following:- ➢ NZ Disability Strategy ➢ Current Models of Disability ➢ Language - Which words should be used? DSAC committee approximately 10 years ago recommended the use of the HDC DVD for all DHB staff and with the purchase of equipment copies of the DVD were made available in all units. Current staff and all new staff were required to view the DVD as part of improving responsiveness to disability.

Disability responsiveness training continues to be included in nursing staff orientation. The Professional Development Unit team record staff participation.

2.0 WORKPLAN : DISABILITY SUPPORT ADVISORY COMMITTEE

Disability Work Plan

From the meeting's discussion it was noted that:-

- Current Work Plan is outdated and needs review of how Disability Strategy objectives are being met by Lakes DHB and a cross sector approach to what are the current service gaps, how best to meet those by involving a wider group of people and organisations.
- Any action plan needs to prioritise the key areas where a difference can be made for people who live with an impairment.
- Access to health and support services, affordable easy access housing, employment, financial support and education
- Important to design systems / processes by putting the person at the centre and involving them in the solutions.
- Palmerston North has a one stop shop working across sectors to avoid having to go to various agencies for services.

2.1 ~ Disability Support Services

2.1.1 Health Passport update - HDC tool is more relevant to people at home who need ongoing support as they can describe their needs and preferences. Often they require assistance of others. Would be useful for hospital staff if information is made available during the hospital event. Some concern is that staff may not have time to read it.

2.1.2 Disability Awareness Training update
G Lees to provide an update on current training programme to the next meeting.

2.1.3 2018 Rotorua Access Meetings Schedule
2.1.4 Rotorua Access Group Terms of Reference
2.1.5 Rotorua Access Group Contacts
Items 2.1.3 to 2.1.5 were noted for the information of members.

2.2 ~ Health of Older People

2.2.1 Health of Older People & Disabilities update
2.2.2 2017/18 Q2 Infographic Lakes & Midland on Frailty - highlighted for Lakes

- 1/3rd of population is at risk of hospital or residential care.
- 24% of informal carers are unable to cope in their caring activities.
- 55% older people reported a major life stress in the previous 90 days.
- 15% have cognitive difficulties with every day decisions.
- 97% have no documented Advance Care Plan.
- 70% had not seen a dentist in more than 12 months.

2.3 ~ Cancer Services - update

- Bowel Screening Programme Implementation planning progressing.
- Palliative Care Strategy Planning being worked on.
- Faster Cancer Treatment – Q2 report reveals Lakes DHB has met the target for people. Referrals by GPs being a high suspicion of cancer being treated within 62 days of referral – 96.3%.
- Patients receiving cancer treatment within 31 days from diagnosis - 90.6%.

3.0 SECRETARIAL

DRAFT

3.1 Minutes of previous meeting 13th November 2017
Amendments:
(a) That P Mahood be entered as an apology
(b) page 27 item 4.1 C Cockburn – delete "whereas one at Waikato is suitable".
Resolution:
THAT the minutes of the previous DSAC meeting held 13th November 2017 be approved as correct and accurate record subject to the above amendments.
B Edlin : C Cockburn
CARRIED

3.2 Matters Arising : Nil

3.3 Schedule of Tasks
- Toi Te Ora presentation to be arranged.
- Delete Work Plan, MoH DSS Carer Support, Community-based geriatric services & Taupo Medical Centre

3.4 Review of DSAC Terms of Reference
Resolution:
THAT the Disability Support Advisory Committee Terms of Reference be approved.
P Mahood : D Epp
CARRIED

4.0 REPORTS

4.1 RAPHS Q2 report 2017/18 relating to DSAC
Resolution:
THAT the RAPHS Q2 report 2017/18 be received.
B Edlin : M Barnett
CARRIED

4.2 Community representative reports
C Cockburn
- Taupo Community Health Forum – meeting held 8 December 2017.
- Disability Advisory Group to the COO – met 14 December 2017 to discuss hospital Disability Support Needs form and "alerts" system overview. New wheelchair accessible weighing scales now available at Taupo Hospital.
- Disability Equipment Expo 2018 at Claudelands Event Centre 1 March 2018.
- Access Taupo Committee – Met 29th November with next meeting planned for 21st February.
- Helping selectively mute children speak – new treatment available for children affected with Selective Mutism.
- Safe and Sound Protocol treatment for children.
- Molemap Service to track skin changes and are the most effective way to detect skin cancers in its early stages.
- P Addict Clinic in Taupo – Weekly workshops held at Taupo Baptist Church.
- Wilson Home Trust – supports children and adults under 22 years who have physical disabilities in the upper half of the North Island including Taupo.
- Smoking Cessation Drug Trial run by the University of Auckland with participants who must identify as Maori or be whanau of Maori and smoke cigarettes daily.
- Stands for Chemo patients – wigs supply for chemotherapy patients sponsored by local hairdresser and Taupo Cancer Support group.

DRAFT

M Barnett

- Introduced herself to group and works with Imagine Better, MOH DSS contracted service supporting disabled people to plan more inclusive lives.
- outlined value of disabled people being consulted as part of understanding when there are gaps in services and the solutions.
- Current issues discussed included, high cost of transport, limited disability-friendly rental housing, disabled people living costs are higher than most, MSD benefit service becoming more dependent on electronic processes will reduce engagement for people who need their services.

S Westbrook

- Reporoa hui with Mental Health Foundation.
- Looking at new resource around suicide to support young people.
- Te Roopu Hauora o Te Arawa hui held week of 12th February – positive meeting.
- On board around cervical screening endorsing and promoting with iwi advert on television. Ngati Tarawhai had 100% from that screening.
- Good initiative in having mobile cervical screening unit at Te Matatini competitions.

5.0 INFORMATION AND CORRESPONDENCE

5.1 Letter 11.01.18 of appointment to DSAC : Mary Barnett
The Chair reiterated the committee's welcome to M Barnett as a DSAC community representative.

Resolution:
THAT the meeting move into Public Excluded at 12.05pm
M Raukawa-Tait : D Shaw
CARRIED

6.0 PUBLIC EXCLUDED

6.1 Confidential minutes of DSAC meeting held 13th November 2017
Discussion related to the community representative on DSAC.
Resolution:
THAT the meeting approve the confidential minutes of the DSAC meeting held 13th November 2017.
D Shaw : C Cockburn
CARRIED

Karakia Whakamutunga/Closing

The meeting concluded at 12.05pm.

Chair ……………………………………………………. Dated 7th May 2018
M Raukawa-Tait - Chair

DRAFT

LAKES DHB SCHEDULE OF TASKS : DISABILITY SUPPORT ADVISORY GROUP
19th February 2018

Item	Action	Responsibility	Time Frame
PRESENTATIONS			
Toi Te Ora	"Health for All" presentation on buildings and designing a city around it	V Russell/J Hanvey	2018
TASKS			
Performance of DSAC	THAT measurement of the DSAC Committee's performance as a committee be considered by members and reported to the Chair or CE.	DSAC	As soon as convenient
Disability Awareness Training	That an update on progress be submitted to DSAC at its next meeting.	G Lees	7th May 2018
Health Passport	An update to be provided to the next DSAC meeting.	G Lees	7th May 2018
Business card idea and 0800 number with a practice resource pack	Report to be provided to the May DSAC meeting.	M Watson	7th May 2018

DRAFT

Minutes

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

Venue: 889 Cameron Road, Tauranga
Date and Time: 6 December 2017 at 10.30 am

Board: Bev Edlin (Chair), Geoff Esterman, Judy Turner, Marion Guy, Ron Scott, Sally Webb, Anna Rolleston, Mark Arundel, Margaret Williams (Runanga Rep), Maryanne Gill, (Waikato DHB rep) Janine Horton (Lakes DHB rep), Paul Curry (Disability Rep), Punohu McCausland (Runanga Chair)

Attendees: Helen Mason (Chief Executive), Simon Everitt (GMPF), Hugh Lees (Medical Director), Janet Hanvey (Business Manager, Toi Te Ora)

Item No.	Item	Action
1	**Apologies** There were no apologies.	
2	**Interests Register** The Committee was asked if there were any conflicts in relation to the items on the agenda.	
3	**Minutes of Previous Meeting** It was noted that Judy Turner was recorded as both attending and an apology. Judy was an apology for the 6 September meeting. **Resolved** that subject to the above, the minutes of the meeting held on 6 September 2017 be confirmed as a true and correct record. Moved: R Scott Seconded: M Guy	
4	**Matters Arising** There were no matters arising.	
5	**Review of** 5.1 Workplan	

UNCONFIRMED

UNCONFIRMED

Item No.	Item	Action
6	**Presentation** Drinking Water Steve Goodin, Drinking Water Assessor, Toi Te Ora Steve gave an outline of how water supply and treatment works, together with Public Health's role in monitoring and working closely with Councils. He presented information on the different Bay of Plenty region areas, treatment systems and site specific issues. Points Raised: • TCC – rapidly growing population and the need for new water sources. • WBOPDC – more spread out, more options. All sourced from secure bores. New bores, new technology. Risks - growing population, infill and development around bores. • Whakatane DC owns and operates 8 water supplies. UV treatment at most except for Murupara and Rangitaiki. All chlorinated except for Murupara. The April 2017 civil emergency caused problems due to the water intake site being flooded. • Kawerau DC owns and operates 1 water supply. UV installed in 2007 but still non-compliant. Water is not chlorinated which could lead to occasional E coli contamination. • Opotiki DC owns and operates 3 water supplies. Really good supplies, mixture of chlorination, secure bore water and filtration/UV. All water supplies chlorinated. A Committee member queried whether there are any difficulties of health and territorial authorities working together on water quality. Steve advised that he and Toi Te Ora have a collaborative relationship with Bay of Plenty Territorial Authorities in a positive and advisory manner. The Committee thanked Steve for his presentation and wished him well for his impending retirement.	
7	***Reports for noting:*** ***Strategic Objective 1: Empower our population to live healthy lives*** 7.1 Reducing Tobacco The paper forwarded provided an overall picture of all of the reducing tobacco related activity across the BOP both funded by the BOPDHB and also the MOH (this was an action from the November Board meeting). Noted there is a current lack of policy clarity around Smokefree 2025 and whether this is still the goal of the current Government / Ministry of Health.	

Item No.	Item	Action
	Comment was made regarding potential legalisation of Marijuana for medical purposes and where this fits. GMPF noted the ongoing high rates of smoking in Maori, Pregnant Maori mothers and people with Mental Illness. 7.2 <u>Health in all Policies Update(HIAP)</u> GMPF noted and congratulated the Board for its efforts to develop and strengthen relationships across different Government Agencies as part of the HIAP in the past two years and that this is now starting to pay dividends. Paper provided a brief update of work to date and projected work in the next 12 months of the HIAP group. ***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 <u>Planning and Funding / Toi Te Ora Aug – Sept 2017 Report</u> A query was raised on immunisation rates and GPs' ability to influence. GMPF advised that a mini pilot had been undertaken by a local GP to engage with decliners and have direct contact with parents. It is a difficult issue with slow progress even with direct GP involvement. The Committee noted the reports.	
8	**General Business** 8.1 <u>Draft 2018-2019 CPHAC/DSAC Work Plan</u> GMPF requested advice of Committee Members on any aspects not included in the 2018-2019 workplan. Members gave the following suggestions: • Explore how IT takes into account people with disabilities or special needs. • Transformational change around Disability issues which picks up NASC and the interfaces between health and disability. • Mobility Issues. • People with Disabilities living longer and how the health system will manage. • Homelessness. GMPF mentioned importance of the DHB, through the Committee, progressing disability issues. Comment was made on ensuring that people with disabilities are included in health matters, not sitting outside.	

UNCONFIRMED

Item No.	Item	Action
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: Primary Care Think Piece 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 Simon Everitt Janet Hanvey Hugh Lees **Resolved** that the Committee move into confidential. Moved: R Scott Seconded: P Curry	
9	**Next Meeting –** Wednesday 4 April 2018	

The meeting closed at 11.30 am

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

UNCONFIRMED

Terms of Reference

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
11 APRIL 2018

AGENDA ITEM 5

TERMS OF REFERENCE

The following items are included for information:

- Community and Public Health Advisory Committee Terms of Reference;
- Disability Services Advisory Committee Terms of Reference.

Recommendation
THAT
The documents be received.

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

TERMS OF REFERENCE

COMMUNITY & PUBLIC HEALTH COMMITTEE TERMS OF REFERENCE

1) In accordance with the NZ Public Health and Disability Act, the Board shall establish a Community & Public Health Advisory Committee whose members and chairperson shall be as determined by the Board from time to time.

2) None of the Committees of the Board have delegated authority and all have an advisory role to the Board. The Committee's scope of action outlined below should be read with this important qualification in mind. This advisory role will normally be discharged by way of the Board adopting the Committee's minutes but other forms of reporting/advising may occur from time to time.

3) The function of the Community & Public Health Advisory Committee shall be to consider and advise the Board on:

   a) The needs of the population;

   b) Any factors that may adversely affect the health status of the population;

   c) Priorities for use of health funding across both externally funded services and services delivered by Waikato DHB, including decisions on the adoption or otherwise of particular technologies, procedures and degrees of complexity associated with services delivered by Waikato DHB;

   d) The initiation, monitoring and termination of contracts by which health funding is delivered including related procurement processes;

   e) The monitoring of externally funded providers to ensure probity and effectiveness;

   f) Strategic planning processes for Waikato DHB;

   g) Its findings on detailed investigation of particular problems, challenges or issues coming within the Committee's scope;

   h) Issues that the Committee is directed by the Board to examine including mitigation of particular risks;

   i) Progress in implementing specific programmes and projects; and

   j) When opportunities to advocate and make submissions on matters coming within the scope of the Committee should be taken up, and on the content of such advocacy/submissions.

4) The Committee's advice may not be inconsistent with the New Zealand Health strategy.

5) The Community and Public Health Advisory Committee shall hold meetings as frequently as the Board considers necessary. Six meetings are normally held annually.

DISABILITY SUPPORT ADVISORY COMMITTEE TERMS OF REFERENCE

1) In accordance with the NZ Public Health and Disability Act, the Board shall establish a Disability Support Advisory Committee whose members and chairperson shall be as determined by the Board from time to time.

2) None of the Committees of the Board have delegated authority and all have an advisory role to the Board. The Committee's scope of action outlined below should be read with this important qualification in mind. This advisory role will normally be discharged by way of the Board adopting the Committee's minutes but other forms of reporting/advising may occur from time to time.

3) The function of the Disability Support Advisory Committee shall be to consider and advise the Board on:

   a) The disability support needs of the population;

   a) The priorities for use, of the disability support funding agreed by the Board to be within the Committees scope;

   b) Practical improvements the Waikato DHB could make across the breadth of its activities to promote the inclusion and participation in society, and maximise the independence of people with disabilities;

   c) Its findings on detailed investigation of particular problems, challenges, or issues coming within the Committee's scope;

   d) Issues that the Committee is directed by the Board to examine, including mitigation of particular risks;

   e) Progress in implementing specific programmes and projects; and

   f) When opportunities to advocate and make submissions on matters coming within the scope of the Committee should be taken up, and on the content of such advocacy/submissions.

4) The Committee's advice may not be inconsistent with the New Zealand disability strategy.

5) The Disability Support Advisory Committee shall hold meetings as frequently as the Board considers necessary. This will be determined by work flow (see the note below)

NOTE: DSAC will convene for items within scope as listed on the CPHAC agenda and the membership will be the same for both committees. There will be no formality associated with this transition.

Disability Services

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

11 APRIL 2018

AGENDA ITEM 6.0

DEVELOPMENT OF A DHB DISABILITY RESPONSIVENESS PLAN

Purpose	1) For information

Introduction
An individual's disability is most acutely experienced when the environment and services around them are not configured appropriately to address their needs.

Over the last 12 months, Waikato DHB has been undertaking work in respect to a disability priority programme. This work has been very valuable in identifying areas across the DHB where service performance, access and appropriateness can be improved for those who experience the effects of disability in using the DHB's services.

Waikato DHB is an outlier compared to other DHBs in not having a disability responsiveness plan. With significant information captured through the priority programme work, Strategy and Funding will be leading the development of such a plan over the next 8 months.

Development of a Disability Responsiveness Plan
It is proposed that Strategy and Funding will establish a working group in late April to develop a Terms of Reference for the development of a Disability Responsiveness Plan, to be completed by the end of December 2018.

The Terms of Reference will be brought to the June Community and Public Health Advisory Committee (CPHAC) meeting for endorsement.

This plan will focus on a number of key areas of disability responsiveness, including but not limited to:

- Physical accessibility;
- Service appropriateness;
- Tools and information to improve disability responsiveness to clinical services;
- Staff training and development; and
- Linkages to other social services.

The plan will look at needs across the care continuum and establish a three year action plan.

The plan will become a key mechanism for CPHAC to track the DHB's progress in creating an organisation that is well configured to meet the needs of our disabled client groups.

The working group will utilise the skills and expertise both within the organisation and outside. We will be drawing heavily on the advice of our consumer council, and will engage

with other DHBs who have developed disability responsiveness plans in the last few years, to incorporate their learnings.

The timing of the Disability Responsiveness Strategy's development is aligned with that of the DHB's 10 year health system plan. This will ensure we can engage with the disability community effectively, and ensure our future system of health service delivery is aligned to their needs, and that it will continue to improve outcomes for them over the next decade.

Recommendation
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

TANYA MALONEY
EXECUTIVE DIRECTOR STRATEGY AND FUNDING

Workplan

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

11 APRIL 2018

AGENDA ITEM 7.0

2018 CPHAC WORKPLAN

Purpose	1) For assessment and input

Introduction
The Community and Public Health Advisory Committee (CPHAC) considers the health needs of our wider communities, together with a mix of plans, proposals, and initiatives developed to improve the health and well-being of our population.

CPHAC incorporates the Disability Support Advisory Committee (DSAC) and therefore also considers and advises on the needs of the disabled population and the DHB's service responsiveness to this group.

Developing a CPHAC Work Programme
At the April CPHAC meeting, the Executive Director of Strategy and Funding will outline a proposed set of areas of focus for 2018/19 and engage in an active discussion about a work programme calendar with Committee members.

In general the work programme will ensure appropriate coverage across the areas of disability responsiveness, health service improvement, population health needs, and population health improvement.

A final work programme will be agreed at this meeting and disseminated prior to the June CPHAC meeting.

Recommendation
THAT
The Committee notes that a schedule of areas of focus will be discussed and agreed at the meeting, and formulated into a work programme for 2018/2019.

TANYA MALONEY	**WAYNE SKIPAGE**
EXECUTIVE DIRECTOR	**SENIOR PLANNING MANAGER**
STRATEGY AND FUNDING	**STRATEGY AND FUNDING**

Papers for Action

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

11 APRIL 2018

AGENDA ITEM 8.1

WAIKATO DHB DEMOGRAPHIC MODEL FOR THE 10 YEAR HEALTH SYSTEM PLAN

Purpose	1) For approval

Purpose
To inform the 10 Year Health System Plan and its components, a robust and agreed picture of the Waikato DHB population (and the Midland Region at a higher level) is required. This will enable each of the plan components to be based on one best “source of the truth” for population numbers and demographic profiles. The model will also be used across the organisation wherever population metrics are required.

Currently there is some potential for confusion when different population numbers come from different sources or organisations. This approach will help rectify that by building one agreed picture of the DHB population, utilising the best sources of information available. The model will also be able to be updated at agreed intervals as new sources of information are released and the impacts of these are identified (e.g. 2018 Census results).

Methodology
Current population projections and demographic models do not meet all the DHB’s requirements. Various parts of the DHB and other external agencies hold pieces of information to inform different parts of this picture. For example the WISE model used by Councils to inform their plans and the Waikato Plan based on Territorial Local Authority – which does not match the Waikato DHB boundaries.

Therefore a small group led by Regan Webb (Strategy and Funding), involving Strategy and Funding analysts, public health analysts and NIDEA with oversight from Gary Jackson (EY), Polly Atatoa-Carr (NIDEA), and Public Health Specialist from the DHB’s Public Health Unit has been formed to complete this piece of work.

The group first met on Fri 23rd February to refine the methodology outlined in this paper and to perform a stocktake and cross-matching exercise of the information sources each of the participants has access to.

Please see Appendix One for a detailed definition of requirements and methodology.

Due to the tight timeframes required to meet the expectations of the 10 Year Health System Plan this work will be undertaken in two phases. Phase one will only be based on developing the initial model requirements in Appendix One. Following that a phase two cycle of development will be implemented to:

- Explore the possibility of a health needs index to weight need in localities at an ethnicity level relative to each other;
- Develop a “health population” using PHO registers, pharmacies, laboratories, hospital, and emergency department data etc to build an accurate picture of people in the DHB.

Output

1. An interactive data model that can to be used by other workstreams and parts of the organisation for their population and demographics requirements;
2. A population profile document that can then be used as a section of the 10 Year Plan report.

Timeframe

- Phase one model available for use in May 2018
- 1st draft of population numbers to be presented at Board meeting in May 2018
- Phase two development to begin in June 2018

Recommendation
THAT
The Committee notes the content of this report and endorsed the proposed methodology for creating a Waikato DHB population model.

TANYA MALONEY	**REGAN WEBB**
EXECUTIVE DIRECTOR	**SENIOR FUNDING MANAGER**
STRATEGY & FUNDING	**STRATEGY & FUNDING**

Appendix One – Detailed Requirements and Methodology

<u>Minimum Requirements of the Model:</u>

For the Waikato DHB area:

- five years ago, Current, five year, ten year, and fifteen year projections
- Population modelling by locality (utilising the recently developed sub-DHB Locality Framework – see appendix two), split in combination by:
    - five year age bands (at a total level), and life stage age groups when used in combination with the below factors – this will help to alleviate some concerns of very low numbers in some combinations
    - Sex
    - Ethnicity (Maori/Other, with Pacific available at total level only)
    - Overlaid with the latest NZ Deprivation Index Quintile
- Special areas of interest:
    - Northern corridor
    - Waikeria prison expansion impact

For Midlands Region:

- five years ago, current, five year, ten year, and fifteen year projections
    - Population modelling by DHB, split as above

<u>Known data sources to be incorporated into development:</u>

1. Stats NZ population projections produced for the MoH at a DHB level used in determining DHB funding levels
2. Stats NZ projections at Census Area Unit (CAU) by age and sex (medium projection criteria)
3. Stats NZ subnational projections by age, sex and ethnicity (non prioritised) at Territorial Authority (TA) level (medium projection criteria)
4. WISE (Waikato Integrated Scenario Explorer) model of land area usage commissioned by the Waikato Projections Working Group (used by Councils to complete their Plans ad as a basis for the Waikato Plan)
5. PHO registers, pharms, labs, hospital data sets

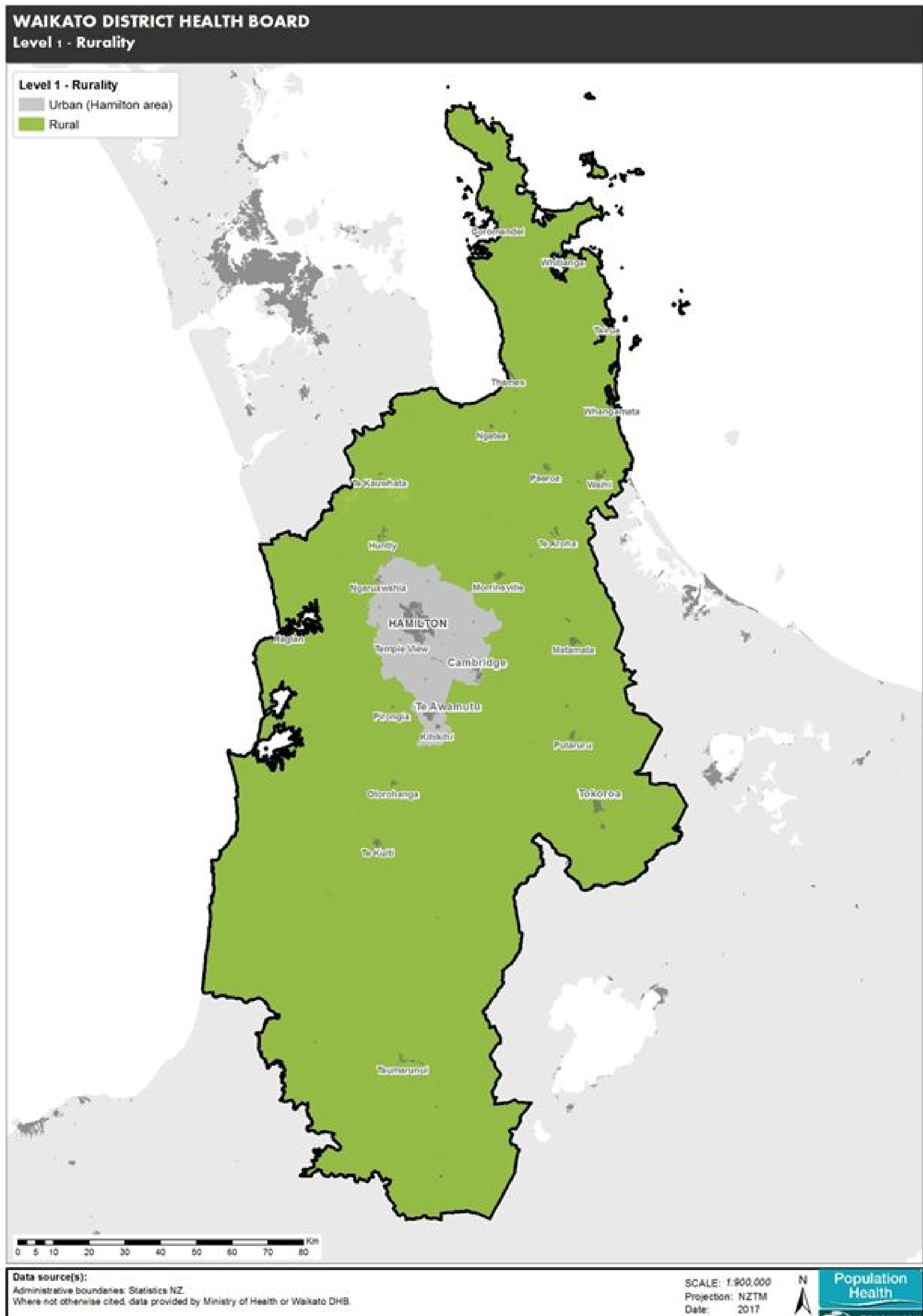
<u>For the population and demographic model:</u>

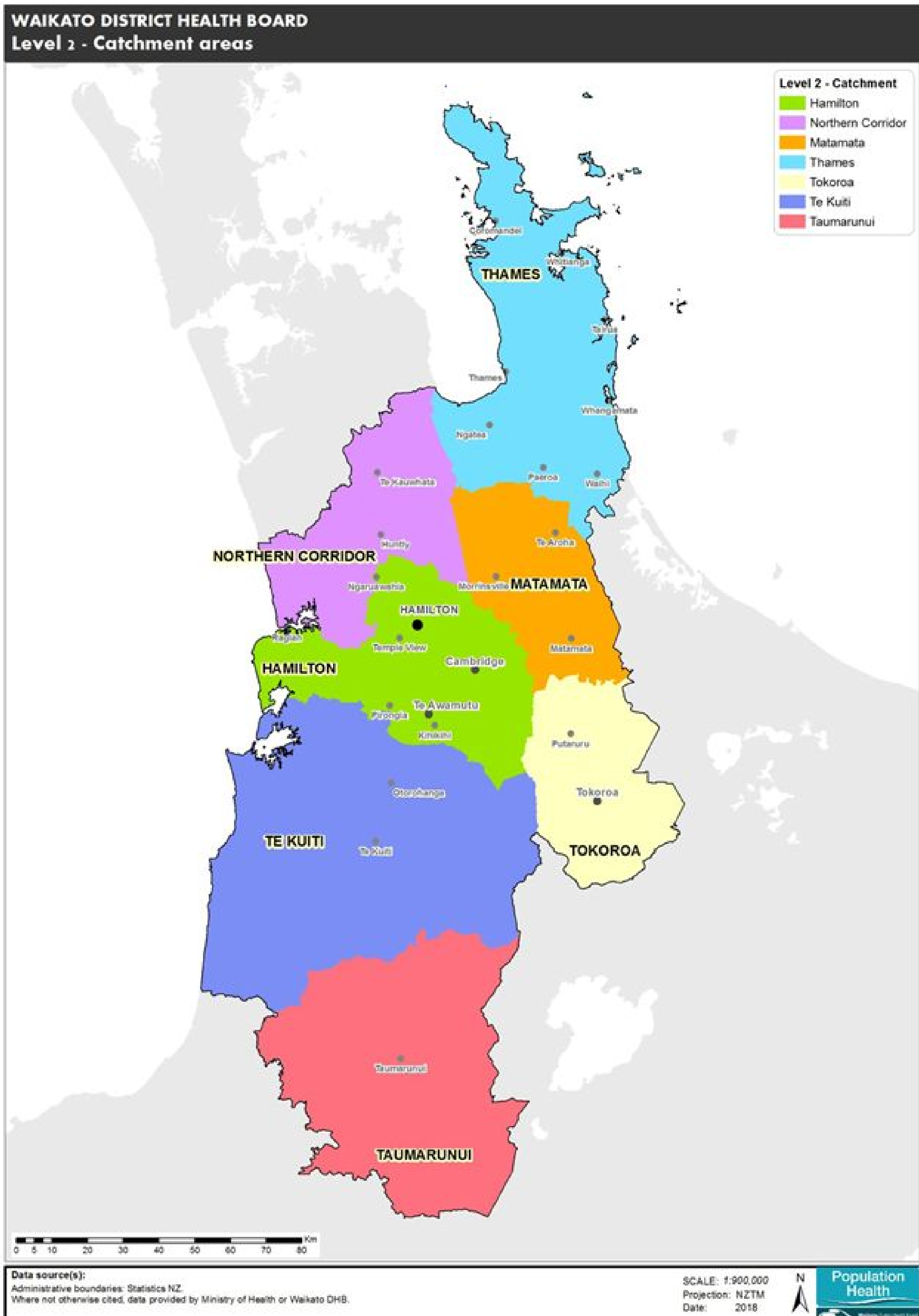
- Base file will be the Stats NZ projections at CAU by age and sex (2 above)
- For each age/sex combination a Maori/Non-Maori split will be applied based on the ethnicity split for the age/sex split within the subnational TLA level file (3 above).
- All age/sex/ethnicity calculations will be rounded to whole people
- Totals for CAUs by ethnicity will have a mathematical factor applied so that the sum of CAU will match the total annual MoH projections (1 above), but not necessarily by age and sex categories
- Increases for high growth areas using the WISE model (e.g. Northern Corridor)

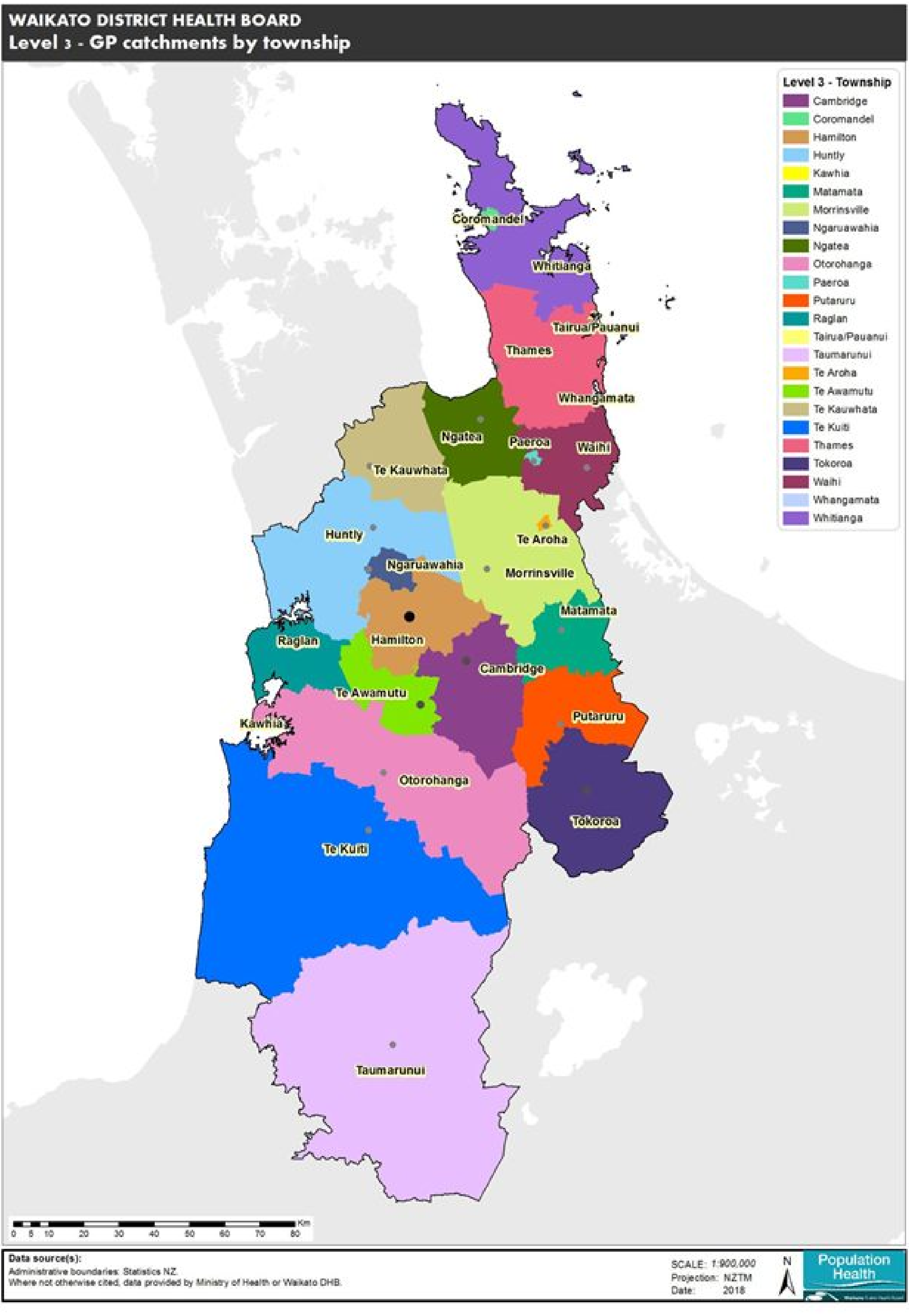
Weakness/limitations:

- Stats NZ subnational projections by age, sex and ethnicity do not include prioritised ethnicity. Therefore, the sum of all counted ethnicities is greater than the population as a whole as people have the ability to list multiple ethnicities. The projections for Maori are broadly in line with the MoH projections at a DHB level. All other ethnicities are over stated compared with the prioritised ethnicity data. The most robust approach is to present a Maori and Non-Maori split of the population, though this has clear limitations for visibility of other ethnicities when combining with other dimensions.
- Applying a TLA wide ethnicity profile to each CAU within the TLA does not reflect the true distribution of ethnicities within communities. The result is that at a CAU level there will be some significant differences in projected ethnicity makeup. The projections become more reliable as CAU are combined into larger geographical groupings. This will be mitigated by using our locality framework.

Appendix Two – Locality Framework




WAIKATO DISTRICT HEALTH BOARD
Level 2 - Catchment areas
Level 2 - Catchment
Hamilton
Northern Corridor
Matamata
Thames
Tokoroa
Te Kuiti
Taumarunui
THAMES
NORTHERN CORRIDOR
MATAMATA
HAMILTON
TOKOROA
TE KUITI
TAUMARUNUI
Cambridge
Te Awamutu
Tokoroa
Data source(s):
Administrative boundaries: Statistics NZ.
Where not otherwise cited, data provided by Ministry of Health or Waikato DHB.
SCALE: 1:900,000
Projection: NZTM
Date: 2018
Population Health


WAIKATO DISTRICT HEALTH BOARD
Level 3 - GP catchments by township
Level 3 - Township
Cambridge
Coromandel
Hamilton
Huntly
Kawhia
Matamata
Morrinsville
Ngaruawahia
Ngatea
Otorohanga
Paeroa
Putaruru
Raglan
Tairua/Pauanui
Taumarunui
Te Aroha
Te Awamutu
Te Kauwhata
Te Kuiti
Thames
Tokoroa
Waihi
Whangamata
Whitianga
Coromandel
Whitianga
Tairua/Pauanui
Thames
Whangamata
Ngatea
Paeroa
Waihi
Te Kauwhata
Huntly
Te Aroha
Ngaruawahia
Morrinsville
Matamata
Raglan
Hamilton
Cambridge
Te Awamutu
Putaruru
Kawhia
Otorohanga
Tokoroa
Te Kuiti
Taumarunui
Km
0 5 10 20 30 40 50 60 70 80
Data source(s):
Administrative boundaries: Statistics NZ.
Where not otherwise cited, data provided by Ministry of Health or Waikato DHB.
SCALE: 1:900,000
Projection: NZTM
Date: 2018
N
Population Health

Papers for Information

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

11 APRIL 2018

AGENDA ITEM 9.1

MIDWIFERY WORKFORCE WAIKATO DHB

Purpose	1) For information

Background
Attracting midwives to work in the tertiary maternity setting has been a long term challenge, and the Waikato DHB has experienced vacancy rates of between 12 and 18 FTE for at least the last 7 years. Midwifery, and the Waikato DHB maternity service, has been under attack by the media in recent years and this has added to our challenge in the recruitment and retention of midwives. The Women's Health Service has recently undergone a Transformation Project and regained registrar training with RANZCOG. A focus on changing the culture of the service has seen a number of positive improvements in making the service a good place to work. Anecdotal feedback from many midwives, both employed ('core') and Lead Maternity Carers (LMCs - midwives working as self-employed practitioners in the community) is that the 'feel' and culture is noticeably better. In 2017 we had managed to recruit more midwives and had reduced our vacancy rate to close to zero. We subsequently managed to successfully submit a business case to increase our staffing in Delivery Suite and Women's Assessment Unit (WAU) by a further 14.6 FTE.

Current Situation:
Our current vacancy for midwives is 15.3 FTE. This creates challenges, with roster deficits and skill mix issues (we have recruited high numbers of new graduates in the last 2 years.) E.g. roster deficits in the current 4 week roster period = 22.5 shift deficits.

This is after we have used our casual pool of midwives, as well as requesting permanent staff to work extra shifts or stay on longer (e.g. work 12 hours rather than their planned 8 hour shift). This is the reality of the staffing deficit we work with on a daily basis. There are no midwives available via the hospital 'agency pool'.

The impact is lower staff to patient ratios than is considered safe staffing (by MERAS safe staffing standards). Inductions of labour are regularly significantly delayed (and this creates a very real risk to the women and the organisation). Consequently we experience high levels of complaints and incidents, including SAC 2 reviews in the service. It also means our midwives are in a near constant state of undue workload, which potentially leads to increased turn-over.

We are recruiting nationally and internationally (and securing some staff) but there is a world-wide shortage of midwives.

In addition to our own midwifery vacancy challenges, we are currently being impacted by the shortage of LMC midwives nationally. LMC's are leaving the profession in high numbers as a consequence of wage disputes with the Ministry of Health.

For example, the Thames / Coromandel region has gone from having 12 LMC's four years ago, to having just three LMCs this year. Around 350 women living in this region give birth each year, 120 each year birthing at the Thames Birth Unit. As the 'provider of last resort', the Waikato DHB has an obligation to provide care for women who are unable to find an LMC. We are now receiving reports of women who are unable to find a midwife, who live in very remote communities and have limited transport options. We are now tasked with finding and funding a midwifery workforce in this region. There is also a real shortage of LMC's in the Hamilton city and surrounding rural areas.

Many midwives are choosing to take up short-term contracts in Australia and the Middle East earning significantly more than they can in New Zealand. These midwives are coming from both core and LMC midwives.

In addition to the workforce issues there is increased complexity in maternity with high rates of obesity, women having babies at a much older age than previously, more co-morbidities and pregnancy complications and thus rates of intervention.

Plan moving forward:
What we are doing now:

- We are working with Wintec to provide a good pipeline of new graduates. This has given us some success in the last few years but recruitment to the Bachelor of Midwifery programme is dropping steadily and the numbers joining the programme nationally are significantly less that the numbers of midwives leaving the profession.
- Recruiting actively including overseas candidates.
- Improving the workplace environment, e.g. offering flexibility in shift patterns (including 12 hour shifts) and improving the culture of the workplace by addressing negative behaviour and bullying, and increasing the visibility of senior midwife managers – for example, we have instigated an open-office time every week in the unit for midwives to drop by and discuss any topic etc.
- Providing post graduate study funded by Health Workforce NZ and supported by the DHB.
- Increased the hours of Midwifery Educational support within the practice setting.
- Providing a supported learning environment for the Midwifery First Year of Practice Programme.

What we need to do:
Nationally we need to promote midwifery as a profession to be an amazing and rewarding career. We need to get good news stories out in order to counter-balance the negativity and 'crisis' message that has been created by the media.

Locally, we need to continue our recruitment drive.

We need to complete the current Assignment and Workload Manager (AWM) assessment of actual staffing needs for maternity and women's health wards as we believe that the current staffing matrix is inadequate. Mothers and babies have traditionally been counted as one patient when staffing levels have been calculated. This is unrealistic as many of the babies have high needs with regard to feeding difficulties and observations such as blood glucose monitoring. In addition the mothers of these babies are frequently unwell or recovering from surgery or difficult births and cannot independently care for their babies. The AWM validation process will enable us to assess and, if necessary, correct our staffing matrix.

Commence discussions with Wintec around graduate entry to the Bachelor of Midwifery that would allow a significantly shortened programme. This could follow a similar pattern to the graduate entry to the Bachelor of Nursing programme about to be launched.

With regard to the LMC staffing crisis, particularly in Thames, we need to reinforce the current workforce at the Thames Birthing Unit to enable them to provide antenatal and primary birth care to women who do not have a LMC. We need to consider putting in a Waikato DHB midwifery caseloading team to provide full maternity care for women in the region. In addition we should look at ways of supporting the remaining LMC workforce as this is likely to be the most cost effective way to provide midwifery care in the region.

Recommendation
THAT
The Committee provides comment on the attached report.

SUE HAYWARD
CHIEF NURSING & MIDWIFERY OFFICER

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
11 APRIL 2018

AGENDA ITEM 9.2

WAIKATO DHB ANNUAL PLANNING PROCESS 2018/19

Purpose	1) For information

Introduction
This paper relates to the Waikato DHB planning process for the development of the 1 July 2018 – 30 June 2019 Annual Plan. It covers the following areas:
- Background;
- Planning process (national, regional and local); and
- Indicative timeframes.

Purpose
To provide a summary of the annual planning process to be used to complete the 2018/19 iteration of the Waikato DHB Annual Plan.

Background
Each DHB has a statutory responsibility to prepare:
- an Annual Plan for approval by the Minister of Health (Section 38 of the New Zealand Public Health and Disability Act 2000) – providing accountability to the Minister of Health;
- a Statement of Performance Expectations (Section 149C of the Crown Entities Act 2004 as amended by the Crown Entities Amendment Act 2013) – providing accountability to Parliament and the public annually;
- a Statement of Intent (Section 139 of the CE Act) – providing accountability to Parliament and the public at least triennially.

As in 2017/18, the statutory responsibilities are able to be met by a single document, referred to as the Annual Plan, with the Statement of Performance Expectations sitting within the appendices. The plan covers national, regional (including sub regional), and local priorities; as well as short and medium term (i.e. three years) accountability requirements.

Waikato DHB is also expected to produce a Public Health Plan and participate in the development of a Midland DHB Regional Services Plan for the 2018/19 period. For the purposes of this paper, the phrase 'accountability plans' will be used when referring to this grouping of plans.

Planning Process
National
With a new Government in place, there have been delays to the signing off of the 2017/18 Annual Plan, and no planning package or budget for 2018/19 has as yet been received. The

DHB has moved forward in developing its 2018/19 plan based on the 2017/18 template. An anticipated timeline has been put together in terms od submitting our 2018/19 draft.

In the absence of any advised changes we have applied the same priorities as 2017/18 at this stage.

Government Priority Area	Government Planning Priority	Objective
Maternal and Child Health	Unintended Teenage Pregnancies	Reduce unintended teenage pregnancies
	Healthy Mums and Babies	Achieve 80% of pregnant women are registered with a Lead Maternity Carer in the first trimester by 2019
	Keeping Kids Healthy	Achieve 15% reduction in hospital admission rates for children 0 – 12 years by 2019
	Immunisation	Achieve 95% of 8 month olds are fully immunised Achieve 95% of 2 year olds are fully immunised 95% of 4 year olds are fully immunised
	Supporting Vulnerable Children	Contribute to reduction in assaults on children
	Child Health	Support the national work to improve the health outcomes for children, young people and their family's service by Oranga Tamariki (Ministry of Children).
	Childhood Obesity Plan	Progress DHB-led initiatives from the childhood obesity Plan
	Raising Healthy Kids	95% of obese children identified in the *Before School Check* programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle intervention
Mental Health	Prime Ministers Youth Mental Health Project	Deliver on the Prime Ministers Youth Mental Health project
	Mental Health	Improve the quality of mental health services
Prevention and screening	Better Help for Smokers to Quit	Maintain 95% hospital patients who smoke are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking Achieve 90% of primary health organisation enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months Achieve 90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking
	Bowel Screening	Contribute development activities for the national bowel screening programme
Acute and elective services	Shorter Stays in Emergency Department	Achieve and maintain 95% of patients will be admitted, discharged or transferred from an emergency department within 6 hours of presentation
	Improved access to elective surgery	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity access to services
Long Term Conditions	Living Well With Diabetes	Implement the actions in the "Living Well with diabetes – A Plan for People at High Risk of or Living with Diabetes 2015 – 2020'.
Disability	Disability Support Services	Support people with a disability when they interact with hospital based services

Aging	Healthy Aging	Where in lead and supporting role, deliver on the actions in the 'Healthy Aging Strategy 2016'
Pharmacy	Pharmacy Action Plan	Implement the national pharmacy contracting arrangements and develop local services once agreed
Integration	Primary Care Integration	Work with alliances and other providers to improve integration with board healthy and disability sector
Quality	Patient Experience	Improve patient experience
Living within our Means	Living within our Means	Manage financials prudently, and in line with the Minister's expectations

Regional
As in previous years, the DHBs across the midland region will be working together in the accountability plan development process. The approach is not about making decisions on specific DHB actions or funding. The approach is about:

- producing regionally consistent documents as appropriate;
- ensuring local DHB accountability plan align with each other and with the Regional Services Plan appropriately;
- enhancing the supportive planning environment and make the most of the regional skill mix, capacity and capability;
- ensuring communication and engagement flows are in place and known;
- ensuring relevant lessons learnt are shared regionally; and
- supporting each DHB to complete accountability plans within prescribed timelines.

Local
A local engagement process has already commenced with the community via our Community Health Forums. Engagement is also planned with our primary care alliance partners via Inter-alliance. This will enable us to engage early in the process to:

- communicate planning expectations for 2018/19 and intentions (where developed);
- ensure alignment / line of sight of proposed actions with Ministry of Health guidance;
- identify any potential areas of concern / pressure points; and
- plan the System Level Measure integration work for 2018/19.

Indicative Timeframe
As mentioned previously, at the time of writing the Ministry of Health have yet to confirm indicative dates for the planning package and process. However work has commenced on:

- Section 1 - Overview of Strategic Priorities
- Section 2 - Delivering on Priorities and Targets
- Section 3 – Service Configuration
- Section 4 – Stewardship.

The following table outlines the indicative planning process activities. The dates are yet to be confirmed.

Annual Planning Process Milestones for 18/19	Indicative Timing
Receive Planning Package	TBC
DHB Technical Planning Workshop at Ministry	TBC
Internal engagement (Iwi Maori Council, Clinical, Advisory Groups)	March/April 2018
External engagement (Community Health Forums, Primary Health Organisations, Clinical, other DHBs)	March/April 2018
Final DHB Planning package released	TBC
Meet with Government Priority Areas to identify activity/targets etc	March/April 2018
GOOD FRIDAY	Friday 30 March 2018
EASTER MONDAY	Monday 2 April 2018
ANZAC DAY	Wednesday 25 April 2018
Final drafts of 'Introduction and Strategic Intentions' and 'Stewardship' modules disseminated regionally	April 2018
First draft Annual Plan to Board	Thursday 26 April 2018
Advise Relationship Managers of proposals for service change.	TBC
Submit draft Annual Plan financial templates to the Ministry.	TBC
Submit Production Plans to the Ministry.	TBC
Submit draft Annual Plan (including Statements of Performance Expectations,) and Regional Service Plan, to the Ministry.	Mid May 2018
First draft Annual Plan shared with external auditors	Late May 2018
Ministry facilitates feedback on draft Annual Plan, Regional Service Plan and, Public Health Unit Annual Plan.	TBC
BUDGET – implementation of any expectations	End May 2018
QUEEN'S BIRTHDAY	Monday 4 June 2018
Submission of final draft Public Health Unit Annual Plan and Regional Service Plan to the Ministry.	Tuesday 30 May 2017
Ministry feedback on final draft Regional Service Plans and Public Health Unit Annual Plans.	Mid June 2018
Submit final System Level Measure Improvement Plans to the Ministry.	Mid June 2018
Submit final Annual Plan financial templates to the Ministry.	TBC
Submit final draft Annual Plan to the Ministry.	Mid June 2018
Ministry feedback on final draft Annual Plan.	TBC
Ongoing resolution of issues with Annual Plan.	TBC
The Minister presents the Statement of Intent and Statement of Performance Expectation components of the Annual Plan, or the complete Annual Plan if we choose not to extract the components, to the House of Representatives.	As soon as practicable
Publish Annual Plan, Statement of Intent and Statement of Performance Expectation as soon as practicable after it has been presented.	As soon as practicable

Recommendation
THAT
The Committee notes the content of the report.

WAYNE SKIPAGE
SENIOR PLANNING MANAGER
STRATEGY AND FUNDING

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
11 APRIL 2018

AGENDA ITEM 9.3

COMMUNITY HEALTH FORUM REPORT ROUND ONE 2018

Purpose	1) For information

Context
The Community Health Forums (CHF) are a key mechanism used by the Waikato DHB to engage with its communities. Through the CHFs, the DHB informs communities about key activities, and provides a platform for members of the public to talk about health concerns in their community. CHFs are forums to engage, but not consult. Waikato DHB supports Community Health Forums in the following geographic areas:

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

Within some of these areas, meeting venues alternate between centres e.g. Matamata-Piako cycles between Morrinsville, Matamata and Te Aroha; Thames Coromandel between Thames and Paeroa, North Waikato between Te Kauwhata, Huntly and Ngaruawahia, Waitomo between Te Kuiti and Otorohanga. This occus at the request of local community members.

A copy of the 2018 Community Health Forum meeting dates, times and venues for the next two CHF rounds is included as Appendix A.

Background
Each Community Health Forum has a locally appointed Chair and regular contact is maintained between the Chairs and Strategy and Funding to either resolve issues immediately or to start a solution process in a timely manner. All of the issues or concerns raised at forum meetings are directed to the appropriate individuals or services (DHB, PHO or other providers). Sometimes the issues relate to the social determinants of health and this may involve engagement with other Government agencies. Updates and feedback are provided at the meetings in the following round to ensure transparency and to share learnings. Immediate feedback is sometimes sought and provided if the issue is urgent or it is deemed necessary to do so.

A Community Health Forum is an open meeting that welcomes all members of the public. There are three meeting rounds per year which are generally in March (R1), July (R2) and November (R3). Attendance numbers at the meetings have increased slightly over the past 12 months and there are plans in place to use some different ways of marketing the CHF to widen our engagement. Historically, the perceived value of community engagement within the DHB was not high, and only one small advert per community was placed in the local newspapers. More recently, the value of engaging with our community has become better recognised. Through additional innovative campaigns we hope to increase engagement to support the community, and reduce inequalities.

In this round, the Thames-Hauraki meeting was held in Paeroa which attracts fewer members of the public than the Thames meeting. However, each meeting has local membership plus those who are willing and able to travel between venues. Meetings held in Huntly or Ngaruawahia tend to have fewer attendees than the Te Kauwhata meeting. Table 1 below, illustrates a summary of attendance. Please note that some of the DHB staff are members of and work within the local community.

Table 1 CHF Attendance November 2016

Region	Town	DHB staff	PHO staff	Board Members	Others	Total
Thames -Hauraki	Paeroa	8	2	1	8	19
South Waikato	Tokoroa	8	2	1	16	27
Raglan	Raglan	7	2	2	16	27
Hamilton	Hamilton	8	2	2	22	34
North Waikato	Huntly	5	2	1	9	17
Waitomo	Otorohanga	7	1	1	12	21
Matamata Piako	Morrinsville	11	2	1	15	29
Ruapehu	Taumarunui	9	2	2	14	27
						201

At each Community Health Forum there are several standing agenda items which include a DHB update and a Primary Care update (by representatives of Pinnacle Midland Health and Hauraki PHO). The meeting always starts with feedback on actions from previous meetings and a session in which we explore "*what matters to this community?*". It is interesting that over the past 3 years the focus has shifted from a bias towards service quality issues in the Waikato Hospital towards issues related to the social determinants of health and health literacy. Often issues require discussions across agencies and this is facilitated by the Planning Team. In addition to their feedback, forum members will often offer ideas and potential solutions.

Key Themes - What Matters to our Communities in March 2018 (Round 1)

- Housing supply is growing with house prices and rentals becoming more expensive. This is becoming an issue for the elderly as well as for young families.
- Access to renal dialysis – particularly for people in the Waitomo and South Waikato areas. Concerns relate to transport options and to the timing of dialysis appointments.
  - Someone in South Waikato wishes to donate $1m to set up a renal dialysis unit at Tokoroa Hospital and the people of Te Kuiti have requested a meeting with senior DHB staff to discuss their issues.
  - Transport delays and long waiting times before and after dialysis are reported to be and issue and need clarification.
- Access to counselling services

    - Several communities identified the lack of services and were clear that it was to do with funding for services not workforce availability.
    - Access to youth counselling services in local primary, intermediate, and secondary schools appears to be deminishing.
- Community - social isolation and access to non-medical support were identified – and in particular in North Waikato and Raglan.
- The prevalence of “P” in our communities and the impact on mental health and the well-being of families was a concern across the District.
- Access to Rural Pharmacy and after hours GP services.
- Confusion regarding the various “virtual” options being promoted by the DHB and the PHOs (Manage My Health, SmartHealth, Virtual Health and Virtual After Hours GP).
    - The inconsistent language used in relation to these “products” is very confusing for the community.
    - Community members are interested in using Smarthealth – but feel frustrated at the inability to access virtual products due to connectivity issues in rural areas – as demonstrated at several CHF meetings to the team.
    - Inconsistent use of available technology by the Waikato Hospital – there are questions about why some OPD services do not use text reminders.
    - Concern was expressed in respect to timeliness and quality of out-patient appointment letters to aptients and GPS.

Ongoing Issues
For rural communities there are always suggestions for practical improvements to the patient experience. These include:

- improving the timing of appointments based on geographic area to allow for better transport solutions;
- appropriate training for front desk staff to ensure respectful and sensitive interactions;
- transport costs and access to parking spaces and our parking buildings;
- timeliness of discharge letters from Out Patient clinics and the quality of the information; and
- cost of prescriptions.

CHF Chairs
The Chairs of the Community Health Forums play an important role in the communication conduit between the DHB and the community.

Two of our Chairs have resigned due to changes in their personal circumstances. The CHF Chair recruitment process will commence in mid-April. It is a community nomination process with the DHB having the final sign off.

Access to Renal Disalysis – the most significant service issue raised
Concerns about local access to Renal Dialysis has necessitated community meetings in Waitomo and South Waikato in late April. These are intended to ensure both the DHB and communities understand the issues, and to find solutions where appropriate. Similar meetings on previous occasions have had good outcomes as the community appreciated the willingness of the DHB staff to engage with, listen to, and work with the community to address their concerns.

Recommendation
THAT
The Committee notes the report

WAYNE SKIPAGE
SENIOR PLANNING MANAGER, STRATEGY AND FUNDING

Appendix A

2018 CHF SCHEDULE

	Round 1	Round 2	Round 3	Time
North Waikato	March 8th	August 2nd	December 13th	10am – 12 noon
North Waikato Venue	Friendship House, 55 William St Huntly	Aparangi Resthome Te Kauwhata	Friendship House, 55 William St Huntly	
Hamilton	March 7th	August 1st	December 12th	9.30am - 11.30am
Hamilton venue	The Link Fellowship Room TeAroha & River Rd Hamilton	The Link Fellowship Room TeAroha & River Rd Hamilton	The Link Fellowship Room TeAroha & River Rd Hamilton	
Raglan	March 6th	July 24th	December 4th	10am -12 noon
Raglan Venue	Raglan Community House 45 Bow St Raglan	Raglan Community House 45 Bow St Raglan	Raglan Community House 45 Bow St Raglan	
Thames Coromandel	March 1st	July 26th	December 6th	10am -12 noon
Thames - Coromandel venue	Paeroa	Thames Richmond Villas 82 Richmond St Thames	Thames Richmond Villas 82 Richmond St Thames	
Matamata-Piako	March 13th	July 31st	November 27th	2pm – 4pm
Matamata-Piako venue	Senior Citizens Hall 45 Canada St Morrinsville Morrinsville	Matamata RSA 5 Ngaio St Matamata	Te Aroha Mountain View Church 5 Church Rd Te Aroha	
South Waikato	March 5th	August 6th	November 26th	12noon – 2pm
South Waikato venue	Tokoroa Hospital Library Gate 1, Maraetai Rd Tokoroa	Tokoroa Hospital Library Gate 1, Maraetai Rd Tokoroa	Tokoroa Hospital Library Gate 1, Maraetai Rd Tokoroa	
Waitomo	March 12th	July 30th	December 3rd	12noon – 2pm
Waitomo Venue	Otorohanga Kiwi House 20 Alex Telfer Dr Otorohanga	Lyceum Club 4, Hinerangi Street Te Kuiti	Otorohanga Kiwi House 20 Alex Telfer Dr Otorohanga	
Ruapehu	March 14th	August 8th	November 21st	11am – 1pm
Ruapehu venue	Senior Citizens Club Morero Terrace Taumarunui	Senior Citizens Club Morero Terrace Taumarunui	Senior Citizens Club Morero Terrace Taumarunui	

MEMORANDUM TO THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
11 APRIL 2018

AGENDA ITEM 9.4

COMMUNITY PHARMACY SERVICES AGREEMENT CONSULTATION

Purpose	1) For information

Introduction
Waikato DHB currently holds contracts with 77 pharmacies to provide pharmacy services in the community, across the district. These agreements have been nationally negotiated between DHB representatives and representatives nominated by community pharmacy agreement holders. A national and local consultation process runs until 10 April 2018 around a proposed agreement to commence 1 July 2018. This paper provides background to the process, the aims of the new agreement, and the early emergent themes from local meetings.

Background
The Community Pharmacy Services Agreement (CPSA) has been the national contract for community pharmacy services since 2012. The CPSA has been renegotiated for each new contracting period. The current contract ends in June 2018.

It was widely acknowledged through a comprehensive consultation processes that a new approach was required to meet the aims and objectives of the Pharmacy Action Plan 2016-20, allowing for innovation and local service development. National negotiations have resulted in a new draft agreement being created, called the Integrated Pharmacy Services in the Community Agreement (IPSCA).

Aims
The structure of IPSCA has been developed in a similar style to the national Primary Health Organisation and Age Related Residential Care agreements. Both provide for an Evergreen contract period, with separate service schedules sitting under the head agreement. The evergreen nature provides surety of ongoing funding without setting artificial deadlines for annual contract re-negotiations.

IPSCA aims to provide a flexible contracting approach that will allow for service changes and improvement to be negotiated. These changes will be reflected in individual services, negating the need for wholesale re-contracting. IPSCA has been drafted so that there will be no changes in funding or service requirements from day one of the agreement.

Changes will only occur after negotiation and consultation with pharmacists and their representatives. Some services have a requirement for national negotiations, while other will be negotiated and developed locally. This provides greater freedom for DHBs to contract for the service mix required for particular communities to improve health outcomes.

Emerging Themes
A wide range of pharmacy owners have met at DHB arranged meetings around the country (with three meetings in the Waikato), and other meetings arranged by Green Cross Pharmacy and the Pharmacy Guild. The most common and strongly expressed concerns at the DHB meetings are noted below.

The most contentious part of the proposed new agreement is the separation of pharmaceutical supply services and professional advisory services (advice about how and when to take medications). Both services are currently provided by all pharmacies when medications are dispensed, and will be unchanged under IPSCA from 1 July 2018. Significant further work needs to be undertaken before this separation can be implemented. Commitment has been made to work widely to make sure that there is no risk to patient safety.

This separation approach is being investigated to allow for more innovative models of care, such as a ‘hub and spoke’ model, whereby medication is packed centrally and shipped to other providers who would provide the advice that patients need to take their medications safely with the most clinical benefit.

IPSCA has been drafted to allow for the possibility of change over coming years. This has understandably created uncertainty within the pharmacy sector. To mitigate these concerns, there have been joint review processes built into IPSCA so that any changes are co-designed for maximum patient benefit.

Concerns have been expressed over the possibility of disinvestment from community pharmacy as there is no guaranteed annual funding level within IPSCA. Although there is no guarantee for individual businesses, there is no intention of disinvestment, either nationally or locally from community pharmacy services. Within the Waikato our investments will be guided by the 10 year Health Services Plan and Care in the Community plans currently being developed. Community services, including pharmacy, will play a key role in keeping people well, in their communities, and out of hospital.

Next Steps
All feedback from the consultation will inform changes to the final IPSCA, that is offered to pharmacists to sign. For those pharmacists that do not wish to sign the new agreement there will be an offer of a one year extension to the current CPSA, with an expectation of moving to IPSCA by 1 July 2019. Any new pharmacies or pharmacies purchased with CPSA contracts will only be offered an IPSCA.

Additional funding will be allocated for IPSCA agreement holders to support development and more clinical services. Waikato DHB will receive approximately $363k of around $4.1m available nationally for new services.

Recommendation
THAT
The Committee notes this paper

TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

General Business

Date of Next Meeting

13 June 2018