Community and Public Health Advisory Committee / Disability Support Advisory Committee Agenda

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	23 September 2020	**Time:**	9am

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dame K Poutasi, Commissioner Mr A Connolly, Deputy Commissioner Mr C Paraone, Deputy Commissioner Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Ms T Maloney, Executive Director Strategy, Investment and Transformation Other Executives as necessary

Next Meeting Date:	18 November 2020	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680
	www.waikatodhb.health.nz	

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**
Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Item

2. APOLOGIES

3. INTERESTS
3.1 Schedule of Interests
3.2 Conflicts Related to Items on the Agenda

4. MINUTES AND MATTERS ARISING
4.1 Minutes 24 June 2020

5. MEMBERS EXPERIENCE DURING COVID-19 RESPONSE
The Chair will invite members to contribute their experiences as they relate to Waikato DHB

6. PRESENTATIONS TO BE PROVIDED AT THE MEETING
6.1 Population Health and Equity View of Cancer in the Waikato
6.2 Cancer Services Funding Overview

7. INFORMATION
7.1 Update on Community Health Forums – Round 2

8. GENERAL BUSINESS

NEXT MEETING: 18 November 2020

Apologies

Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO SEPTEMBER 2020

Dame Karen Poutasi

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Daughter, Consultant Hardy Group	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Kapiti Health Advisory Committee	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission	Non-Pecuniary	None	
Southern Partnership Group	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Member, Health Workforce Advisory Board	Non-Pecuniary	None	
Crown Monitor, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Mr Chad Paraone

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

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

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None
Independent Chair, Bay of Plenty Alliance Leadership Team	Non-Pecuniary	None
Independent Chair, Team Rotorua Alliance Leadership Team	Non-Pecuniary	None
Independent Chair, Integrated Community Pharmacy Services Agreement National Review	Non-Pecuniary	None
Strategic Advisor (Maori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None
Maori Health Director, Precision Driven Health	Non-Pecuniary	None
Board member, Sport Auckland	Non-Pecuniary	None
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None

Emeritus Professor Margaret Wilson

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Waikato Health Trust	Non-Pecuniary	None	
Co-Chair, Waikato Plan Leadership Group	Non-Pecuniary	None	

Ms 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)*
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Member, Te Whakakitenga o Waikato	Non-Pecuniary	None	
Co-Chair, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Te Manawa Taki Iwi Relationship Board	Non-Pecuniary	None	
Maangai Maaori, Hamilton City Council	Non-Pecuniary	None	
Community Committee	Non-Pecuniary	None	
Economic Development Committee	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

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

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Hearings & Engagement Committee	Non-Pecuniary	None
Director, Whai Manawa Limited	Non-Pecuniary	None
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None
Member, Waikato-Tainui Koiora Strategy Panel	Non-Pecuniary	None
Maaori Coordination Lead - Waikato Group Emergency Coordination Centre	Non-Pecuniary	None

Dr Paul Malpass

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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	

Mr 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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

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

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Ms Gerri Pomeroy

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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

[a]Mr 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	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

[a] *The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic communities/Department of Internal Affairs).*

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

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr 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	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

Ms Judy Small

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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

Mr Glen Tupuhi

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
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member , Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

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

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Conflicts Related to Items on the Agenda

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Community and Public Health Advisory Committee (Including the Disability Support Advisory Committee Meeting) held on 24 June 2020 commencing at 9 am

Present:
Professor M Wilson (Chair)
Mr A Connolly
Ms R Karalus
Dr P Malpass
Mr J McIntosh
Mr F Mhlanga
Mr C Paraone
Ms G Pomeroy
Dame K Poutasi
Mr D Slone
Ms J Small
Mr G Tupuhi

In Attendance:
Dr K Snee, Chief Executive
Ms T Maloney, Executive Director – Strategy, Investment and Transformation
Ms L Singh, Executive Director – Hospital and Community Services (until 10.25am)
Mr P Grady, Acting General Manager – Strategy and Funding
Mr N Hablous, Company Secretary
Ms N Scott, Clinical Director – Māori Health
Mr N Wilson, Director – Communications

ITEM 2: APOLOGIES

Resolved
THAT
1. The apology from Ms TP Thompson-Evans is accepted; and
2. The apology from Mr F Mhlanga for an early departure at 10am is accepted.

ITEM 3: INTERESTS

3.1 Register of Interests

Ms R Karalus advised that she has recently been appointed as Trustee to the Momentum Community Foundation.

Dr P Malpass advised there are minor amendments required to his interests and he will email the minute secretary with these.

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

4.1 Waikato DHB Community and Public Health and Advisory Committee: 26 February 2020

Resolved
THAT
The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 26 February 2020 are confirmed as a true and correct record.

4.2 Matters Arising

Nil

ITEM 5: MEMBERS EXPERIENCE DURING COVID-19 RESPONSE

Committee members were invited to share their experience during the COVID19 lockdown and response. The aim is to discuss experiences during this period, with a view to integrating them into the recovery moving forward.

It was noted that the Simpson report has since been released, which has a strong focus on community outcomes.

Members provided feedback:

- Dame K Poutasi – we were able to do things differently and we need to "bank" the changes. There has been good feedback received on the mobile CBACs, particularly for rural areas.
- Dr K Snee – relationship building has been fast tracked and transformed, particularly with iwi.
- Ms G Pomeroy – there have been virtual meetings, coffee sessions on line, and work to keep people well connected. People are saying they felt more included during lockdown as there were no barriers to participation. The digital divide still a problem.
  Person to person support was withdrawn around the country during the pandemic due to the risks associated with a support person entering persons home. Enabling Good Lives, an individualised way of supporting the disabled person, may help mitigate the challenges this presents.
  Remote phone, video and email to stay connected with medical practitioners was extremely helpful. This will be essential going forward, and likely to be cross agency.
- Mr D Slone – the digital divide is still an issue. There isn't the acceptance that some people don't have that technology, and the more we rely on technology based services, the more may leave some people behind. Mr Slone questioned whether there had been any negative feedback on the mental health outreach management due to no face to face contact with clients. This work is starting to be picked up in the Community Health Forums. Congratulations were asked to be passed on by Dr Snee to the wider DHB team on their response to the pandemic.
- Dr P Malpass – also agreed with the digital divide. There is a concern with those who don't have access or capability with technology. More concerning is that the Civil Defence situation needs radio communication from DHBs to those communities that do not have technology available to them, for whatever reason. This was not recognised early on in the crisis. Dr Malpass congratulated the DHB on the handling of testing in his rural area. GPs have since become

overwhelmed with recent testing requests and this information has been passed on to relevant DHB personnel.

- Mr F Mhlanga – from an ethnic community perspective, the information flow worked really well. At all stages of the pandemic there were clear and simple messages, as well as provision of different languages. The availability of interpreters was useful.
- Ms J Small – she advised that she is also a disability advisor to Hamilton City Council. During the response the community development team worked with all communities around access to food and ensured food parcels were made up and frozen meals delivered. The demand escalated within a few days and is still not back to normal levels, with a particularly high demand for frozen meals. The community was grateful the total mobility scheme was made available free of charge until 30 June.
  Shopping was a big issue for many disabled people as they were not aware of how to shop online buying and needed to organise someone to go to the shops for them. There were also many delays with shopping delivery times.
  Telephone consultations with GPs worked well but there would be concern if this became the norm for doctors and health visits. People with communication disabilities may be disadvantaged by these types of consultations.
- Mr J McIntosh – there was a feeling of isolation for older people, especially with disabilities and fear of the unknown affected a lot of older people. Technology helped overcome some of those feelings, where it was available. It is important to think about the anticipation, fear and trepidation coming out of this pandemic period.
- Professor M Wilson – it was her experience that vulnerable people were assumed to be somehow contagious by some people and denied access to some supermarkets. Taking into account the older person's voice is important, and should not always be associated with disability.
- Mr G Tupuhi – there was duplication of work with main stream services delivering to families, as well as iwi delivering to families. Deliveries were made to anyone who had need, in a non judgemental way, however this relied on the integrity of those receiving the service. Overall, it was better to over service than under service.
- Ms R Karalus – it was fortunate that funders said resource could be redeployed to where the need was. A small core group delivered approximately $250,000 worth of care packages to families. People's needs were more basic than just needing internet or technology. In collaboration with a pharmacy, medication was delivered to those that couldn't travel. A nurse was administering flu vaccinations to those who needed them. There were partnerships with New World, Gilmours and Fresh Choice. The DHB freed up barriers that would normally be there that enabled flexibility, eg flu vaccinations and PPE. Relationships were built quicker than they otherwise may have been. A marked increase in anxiety amongst children, adolescent and elderly has been noticed. Communities need to adapt to using technology so that it bridges the divide; however face to face is the most effective way of establishing connection and rapport with people. Schools are seeing an increase in anxiety and behavioural problems across the board, not just in deprived areas. Not all of this is COVID-19 related and much of it is pre existing.
- Mr C Paraone – there have been many silver linings due to COVID-19. It is the responsibility of the DHB and committee to translate that into practice going forward. We should be operating under a model of high trust, low bureaucracy, go and do it. Locality models are important.
- Mr A Connolly – there has been a lot of discussion at Counties Manukau DHB around deprived populations and how valuable face to face consultations are for them. Patients are starting to be asked what they would like to do. Reprioritisation of waiting lists has taken place over the phone for those waiting to be seen, starting with those who have waited the longest. Some need has

been reprioritised due to the conversations, where some patients were no longer requiring to be seen. We cannot allow opportunities to be lost, inequities have gotten worse and doctors are desperate to know what the solutions are.

- Margaret – Simpson report well worth reading.

ACTIONS:

- Minute secretary to send online version of Simpson report to the committee.
- Next agenda – Committee members impressions of Simpson report.

Resolved
THAT
The updates from around the table are noted.

ITEM 6: DISCUSSION

6.1 Diabetes Profile and Service Provision

A presentation was given by Ms L Singh and Mr P Grady on the Waikato Diabetes Services.

Key points to note:

- Most of those with diabetes are well controlled.
- Those uncontrolled are significantly Māori and Pacific people. This can result in a shorter life span and presentation to secondary services with complications.
- Rates are comparable with other DHBs.
- Around 18% of all inpatient beds are occupied by diabetic patients at any one time.
- Focus on meeting Māori and Pacific needs and reducing DNAs.
- Co-designing an approach to diabetes with Iwi.

Members provided feedback:

- Dr P Malpass – inequity needs to be considered seriously. Access to health care is marginal for some rural communities. A single point of entry divides people. The whole issue of inequity is about what you can afford and this needs to be addressed as a DHB.
- Mr C Paraone – none of this is new and it is imperative to act on that knowledge. Statements on the last side resonate around co development, building of capability and independence. The model shifts from delivering care for an episode of care and check up, to building capacity and knowledge in the family to take control. We haven't been able to implement models that achieve that. The Simpson report focusses on being able to deliver in a different way. There is opportunity to act now.
- Mr A Connolly – there is a need to provide physical places in rural communities where the technology exists without co payments so a patient can get to a facility to link in. It is noted there is no CNS role south of Tokoroa. People in poverty don't have the technology. Cost savings could be enormous if the upfront cost of providing technology is offset against the cost of long term treatment. This is an opportunity that cannot be missed.
- Ms J Small – education is needed for people in a low risk class of diabetes around what realities could be for them and what symptoms to look out for.
- Mr D Slone – diabetes management is more around relationship than clinical. Ongoing support and facilities should be in place for targeted communities, as this will also impact on other areas, eg obesity.

Resolved

THAT
The Committee notes the content of this report including:

- The prevalence of diabetes in the Waikato;
- The inequities in outcomes for Maori with diabetes;
- The allocation of funding for diabetes services;
- The continuum of diabetes services; and
- The proposed next steps for Model of Care development.

6.2 Rural Locality Development

Report noted. Committee members are invited to send any comments on the report to Ms Maloney.

Resolved
THAT
The Committee notes the content of this report including:

- The services that will be provided in all localities;
- The specific population needs of the DHBs rural localities;
- The formative view of the gaps in service provision in rural localities;
- Provide feedback on the assessment of the adequacy of the services in particular localities and gaps the Committee members have encountered; and
- The next steps for locality development.

6.3 Waikato Plan: Mental Health and Wellbeing Approach

Report noted. Committee members are invited to send any comments on the report to Ms Maloney.

Resolved
THAT
The Committee notes the content of this report including the proposed joint initiatives.

ITEM 7: DISCUSSION

7.1 Next Round of Community Health Forums

Report noted. Committee members are invited to send any comments on the DHB review to Professor Wilson.

Resolved
THAT
The Committee notes the dates for the June/July 2020 Community Health Forums.

ITEM 8: GENERAL BUSINESS

There was no General Business to discuss

ITEM 9: DATE OF NEXT MEETING

9.1 **26 August 2020**

Chairperson: Professor Margaret Wilson

Date: 23 June 2020

Meeting Closed: 10.32 am

Matters Arising from Minutes

Members Experience
During COVID19 Response

Presentations

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
23 SEPTEMBER 2020

AGENDA ITEM 7.1

UPDATE ON COMMUNITY HEALTH FORUMS: ROUND 2

Purpose

The purpose of this report is to update Community and Public Health Advisory Committee on key feedback from the June/July Community Health Forums (Round 2), which had a particular focus on COVID-19 local community experiences.

Recommendations

It is recommended that the Committee note that:

1) The second round of Community Health Forums was held in June/July 2020;
2) A number of issues were raised related to participants experience of COVID-19 including:
   - Local community leadership and responsiveness
   - Lack of connectivity and changing communications
   - Mental health and wellbeing including ongoing anxiety and isolation for some groups;
   - Primary and community healthcare response and ongoing impacts; and
3) The next round of Community Health Forums will commence in October 2020.

TANYA MALONEY
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION

APPENDICES

Appendix 1:
Community Health Forums Schedule (October 2020; Round 3) as at 20 August 2020

REPORT DETAIL

The Community Health Forums (CHF) are an important communication mechanism for the Waikato DHB to engage with its communities. They also provide information for the Community and Public Health Advisory Committee, and Disability Advisory Committee (the Committee) to inform discussion and deliberations.

This report provides an update on key CHF themes from the June/July 2020 forums associated with local COVID-19 experiences and impacts. It includes details for the upcoming round of CHFs in October/November.

June/July CHF (Round 2): Locations and key COVID-19 feedback themes

The second round of CHF were facilitated in the following areas (date):

- Hamilton East (22 June)
- Rāhui Pōkeka (Huntly) (25 June)
- Meremere (25 June)
- Taumarunui (30 June)
- Matamata (3 July)
- Otorohanga (6 July)
- Tokoroa (7 July)
- Coromandel (9 July)
- Raglan (16 July)

Discussion of local COVID-19 experiences and impacts was a focus for the June/July CHF round. Key feedback themes identified by CHF participants associated with COVID-19 impacts are noted below.

- Lack of connectivity:

  Participants at many of the CHFs identified examples of community members unable to connect to essential services or support due to one or more of the following: a lack of internet access, no smart phone, limited or no access to data, overloaded phone lines, no local community papers, or inappropriate communications medium, for example, no use of Instagram or Tik Tok to support COVID-19 response communications for rangatahi/youth.

  Key population groups identified by CHF participants as experiencing lack of connectivity included: low socio-economic households (in particular those without access to the internet or mobile devices), older people and rangatahi/youth.

- Mental health and wellbeing –ongoing anxiety:

  Anxiety during the COVID-19 response and ongoing anxiety related to uncertainty and COVID socio-economic impacts was a key theme from CHF participants' feedback, for example income and/or housing insecurity. Older CHF participants expressed ongoing anxiety related to the uncertainty of ongoing COVID-19 impact, and what the potential impact of COVID-19 on the health system.

  Primary care practice participants noted that patient anxiety levels are higher than normal as a result of COVID-19.

  Prolonged social distancing and household isolation also created anxiety for population groups, including for Māori, Pacific, youth and older people.

- Local community leadership, response and impacts:

  Iwi Māori's capability to identify and stand up effective initiatives to respond to, and meet their members' needs was raised at many CHF. The way DHB partnered with Māori to uphold Treaty of Waitangi obligations in very practical ways during the COVID-19 response was also noted and supported.

  Central government, local government, NGOs and local community members all stepped up to demonstrate local leadership, identify local needs and respond accordingly. Many rural communities were very well supported by local organisations during the COVID response.

  Many local communities spoke of strong support in terms of donated food and other supplies, and systems to distribute these. In one case however, the local distribution stopped when restrictions eased as volunteers had to return to work. CHF attendees noted varied response to the lockdown, from an appreciation of the quieter and slower pace, to feelings of loneliness and isolation.

- Gaps and isolation:

  Participants at many CHF identified population groups or community members who experienced greater isolation during the COVID-19 response. This was due to a range of things including lack of connectivity, lack of transport and/or poor access to essential services e.g. food shopping.

  Meremere CHF participants noted that their community set up and coordinated a door to door grocery supplies service (donated goods) but this was only available during level four and three of COVID-19 lockdown. As a further illustration, Meremere has no local community transport service.

  At about half of the CHF, it was noted that foodbanks were expanded to meet COVID-19 response requirements, and many are still experiencing high local community demand. This is expected to continue for the foreseeable future (and participants noted that this could grow further once government wage-related subsidies cease).

- Changing communications and understanding:

  There was strong feedback from CHF participants on the local community challenges associated with changing COVID-19 response communications and expectations, with these sometimes changing daily.

  There was mixed feedback from CHF participants on DHB communications during the COVID response. DHB communications, including communications to assure providers about ongoing funding security, were appreciated by providers, and reassuring for their staff. However, communication with primary care practices was not always clear, for example Matamata Community Based Assessment Centre initiation and set up expectations.

  CHF participants noted that national communications and key messages for the COVID-19 response were delivered in a manner that was clear. However, some participants noted that some populations groups struggled more with understanding due to the way information was presented or language barriers.

- Primary and community health care response and ongoing impacts:

  CHF participants who were part of Māori providers noted the ongoing impact on COVID-19 response on anxiety for their staff and concerns for their own whanau and household. This made their work roles particularly challenging as many of the whānau there are supporting are also experiencing anxiety and require psychosocial support, along with health needs that require support.

  Primary care practices initiated new systems aligned with national COVID-19 protocols to enable access to care set that was safe for consumers and their staff e.g. a rural pharmacy adopted a 'one in, one out' policy. As a further example, a GP practice in Matamata identified that phone based medical consults became the norm during the COVID-19 lockdown and participants at many CHF identified noted that many such approaches will be continued e.g. Diabetes Annual Review, where approximately two thirds of a consumer's review was and continues to be completed via phone, rather than face to face.

To conclude Round two, we trialled Zoom to enable remote access for participants at the South Waikato CHF and found that over a third of participants accessed the forum using this tool.

The schedule for the next round of CHF (October 2020; Round 3) is provided in Appendix 1.

Mana Whakahaere (Article 1)
The IMC Chair and Commissioners are invited to participate and provide governance oversight.

Mana Motuhake (Article 2)
Iwi Māori participation is encouraged and Māori community stakeholder involvement if CHF is growing. Māori are encouraged to speak and share their views on the health system and their experience of it and share on behalf of the whānau they represent.

Mana Tāngata (Article 3)
Māori equity gap(s) are identified at CHF, and the DHB and CHF participants are challenged to take practical and systematic steps to help address these at local and District levels. This includes inequitable access to health care, culturally appropriate practice, and holistic wellbeing.

Mana Māori (Declaration/Article 4)
Matauranga Māori, knowledge and practices inform CHF planning and facilitation. Key examples of strategies to support this include encouraging the appointment of co-chairs for each Forum, and opening and closing CHF with a karakia.

Efficiency
The main efficiency benefits are through having community connection to future service design to ensure they are aligned to local consumer and community need. This will also support locality development to be effective and efficient at local and district levels.

Quality and Risk
CHF often highlight areas of risk and issues of consumer quality of care. They are an important feedback mechanism for the DHB to act on and improve services as a result of some of the issues raised by the community.

Strategy
CHF are aligned to the DHBs strategic direction and goals within Te Korowai Waiora and will be one of the key mechanisms moving forward to implementation of the strategy.

Community Health Forum Schedule October/November 2020 (as at 01 September 2020)

Round 3

Day	Date	LOCALITY	LOCATION	TIMES	VENUE
Tuesday	6th October 2020	North Waikato	Ngaruawahia	1.30 pm – 3.30 pm	Ngaruawahia Community House, 13 Galileo St Ngaruawahia
Tuesday	6th October 2020	North Waikato	Rāhui Pōkeka	10.00am – 12.00 pm	St Pauls Church Hall /Friendship House 55 William St, RAAHUI POOKEKA/HUNTLY
Thursday	8th October 2020	Greater Hamilton	Raglan	12.30 am –2.30 pm	Raglan Arts Centre 5 Stewart St, RAGLAN
Monday	12th October 2020	Greater Hamilton	Hamilton West	10.00 am – 12.00 pm	Western Community Centre 46 Hyde Ave HAMILTON
Tuesday	13th October 2020	South Waikato	Tokoroa	12.00 pm – 2.00 pm	Tokoroa Event Centre Mossop Rd TOKOROA
Monday	19th October 2020	Waitomo/Otorohanga	Te Kuiti	12.00 - 2.00 pm	Te Kuiti Hospital 24 Ailsa St TE KUITI
Friday	23rd October 2020	Matamata-Piako	Te Aroha	12.00 – 2.00 pm	Silver Fern Farms Events Centre 44 Stanley Avenue, TE AROHA
Thursday	22th October 2020	Thames-Coromandel / Hauraki	Paeroa	12.00 pm – 2.00 pm	Paeroa War Memorial Hall Normanby Rd PAEROA
Tuesday	27th October	North Ruapehu*	Taumarunui	10.00 am – 12.00 pm –(Nga Kaumatua community hui) 12.30 -1.30 pm (CHF)	Senior Citizen's Room, 14 Morero Place, TAUMARUNUI

***Please Note:** in Taumarunui our Community Health Forum meeting will follow a community public meeting (Nga Kaumatua o te Mauri Atawhai) which Waikato DHB also attends. Then we will provide an extra session after lunch for up to discuss health matters.

General Business