

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



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	24 June 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 and other Executives as necessary		

Next Meeting Date:	26 August 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**

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 (draft): 26 February 2020

5. MEMBERS EXPERIENCE DURING COVID-19 RESPONSE

The Chair will invite members to contribute their experiences as they relate to Waikato DHB

6. DISCUSSION

- 6.1 Diabetes Profile and Service Provision
- 6.2 Rural Locality Development
- 6.3 Waikato Plan: Mental Health and Wellbeing Approach

7. INFORMATION

- 7.1 Next round of Community Health Forums

8. GENERAL BUSINESS

NEXT MEETING: 26 August 2020

Community and Public Health Advisory Committee / Disability Support Advisory Committee

Apologies for 24 June 2020

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

Dame Karen Poutasi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	

Mr Andrew Connolly

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	
Member, Community and Public Health and Disability and Support Advisory	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.

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

Ms Te Pora Thompson-Evans

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	
Hearings & Engagement Committee	Non-Pecuniary	None	

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Director, Whai Manawa Limited
 Director/Shareholder, 7 Eight 12 Limited
 Director/Shareholder, Haua Innovation Group Holdings Limited
 Member, Waikato-Tainui Koiora Strategy Panel
 Maaori Coordination Lead - Waikato Group Emergency Coordination Centre

Non-Pecuniary None
 Non-Pecuniary None
 Non-Pecuniary None
 Non-Pecuniary None
 Non-Pecuniary None

Dr Paul Malpass

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	
Son employed by Bayer Pharmaceuticals	Non-Pecuniary	None	
Daughter registered nurse employed by Tuwharetoa Health	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	

Mr John McIntosh

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	

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Ms Gerri Pomeroy

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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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	

^aMr Fungai Mhlanga

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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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Mr David Slone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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	

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Community and Public Health Advisory Committee / Disability Support Advisory Committee

Conflicts Related to Items on the Agenda 24 June 2020

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Community and Public Health Advisory Committee
(Including the Disability Support Advisory Committee
Meeting) held on 26 February 2020 commencing at 9 am

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

In Attendance: Dr K Snee – CEO
Ms T Maloney – Acting ED Strategy, Investment and Transformation
Mr P Grady – Acting General Manager Strategy, Funding and Public Health

ITEM 1: APOLOGIES

Resolved
THAT

The apology from Ms TP Thompson-Evans for late arrival is accepted.

ITEM 2: INTERESTS

2.1. Register of Interests

There were no changes made to the Interests register.

2.2. Conflicts relating to items on the Agenda

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

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1. Waikato DHB Community and Public Health and Advisory Committee: 23 October 2019

Resolved
THAT

The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 23 October 2019 are confirmed as a true and correct record.

3.2. Matters Arising

In conjunction with matters arising members were invited to advise the committee of any personal matters of interest related to the work of the Committee.

Ms R Karalus – Hamilton City Council's Community and Services Committee had unanimously approved a land designation change for part of Hinemoa Park and an agreement to lease to K'aute Pasifika for the development of a Pan Pacific Community Hub. The Hub will provide a place where people from all walks of life can be supported utilising Pacific models of care. It will include GP services and an early learning centre as well as a large open fale style community space for community groups.

Mr G Tupuhi – The Minister of Justice had approved an Adult Drug Court for Hamilton. This will hopefully help reduce prison numbers.

Mr J McIntosh – Life Unlimited and Enrich Plus, two large Waikato based disability providers, have joined their support services together. The new structure is called Enrich Life and provides financial, communications, HR and administration services to smaller disability providers throughout the region. It is hoped that these services will enhance the way smaller organisations deliver services to the community.

Dr Paul Malpass – Drugs continue to be a major problem in rural areas with resulting harm. Mental Health and addiction services have a crucial role to play.

Mr F Mhlanga – Coronavirus (COVID 19) is impacting on migrants, in particular Chinese migrants. Issues include use of transport and potential for abuse. March 15th will be a year since Christchurch terrorism attack. The Muslim community needs to be supported.

Resolved THAT

The updates from around the table are noted.

ITEM 4: EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION REPORT

4.1. Strategy, Investment and Transformation Report

The Acting Executive Director Strategy, Investment and Transformation provided an overview of the Transformation Programme.

It was noted that:

- The work in rural localities is useful but the problems with primary care need to be addressed urgently given it can take up to three weeks to see a GP in Taumarunui and large numbers of GPs across the district are retiring.
- Local services – irrespective of their organisational ownership – should work together to build capacity.
- Locality work should take account of changing professional roles and technology.
- Waikato DHB should work closely with adjacent DHBs at its geographical boundaries.

- Actions to achieve equity in regard to Pacifica should be included.

**Resolved
THAT**

- 1) The Committee notes the overview of the Transformation Programme
- 2) The Committee notes that the focus of CPHAC and HAC over the next ten months will be on the model of care development across the system.

ITEM 5: DECISIONS

There were no decision papers for this meeting.

ITEM 6: DISCUSSION

6.1. Renal Model of Care Update

Ms Maree Munro (Programme Lead – Models of Care) and Dr Andrew Henderson (Clinical Director Renal Services) presented an overview of work to develop the renal model of care.

Members provided feedback:

- In Taumarunui (and rural areas) some people don't even realise they are sick or heading in that direction. We need to identify people at risk so they are able to access care early.
- Current settings are based on the same treatment for everyone but this doesn't necessarily correlate to being the best treatment for everyone. This was acknowledged.
- It would be useful to know if primary care referral patterns are driving inequities in treatment.

**Resolved
THAT**

The Committee notes the content of this report including:

- The model of care framework for use across all conditions and specialties
- The inequities in outcomes for Māori
- The Renal Service Model of Care development work.

The Deputy Chair arrived at 10.05am

6.2. Mental Health and Addictions Services Map

The Acting General Manager Strategy Funding and Public Health attended and spoke to his presentation on the Mental Health and Addictions system.

It was noted that to the extent the presentation accurately described the system:

- The Māori focus needed to be enhanced;
- Fetal alcohol spectrum disorder needed to be addressed; and
- Mental Health and intellectual disability (dual diagnosis) needed to be addressed.

**Resolved
THAT**

The Committee notes the Mental Health and Addictions Service Map presentation

ITEM 7: INFORMATION

7.1. Update on Community Health Forums (CHF)

It was recognised that:

- There was benefit in retaining a Hamilton CHF;
- Comment at the CHFs indicated community mental health is the highest priority;
- The reinvigoration of the CHFs was in large part attributable to the role of the Commissioner and deputies, especially Deputy Commissioner Wilson;
- It would be useful for some meetings to occur on a marae;
- There might be potential to 'piggy-back' off the work of councils and especially the Hamilton City Council as they engage well with their communities;
- There could be value in complementing the CHFs with technology-based engagement with younger people; and
- There was merit in engaging opportunistically with communities through events such as Waka Ama and Tainui Games, and through facilities such as the Pan Pacific Community Hub.

**Resolved
THAT**

The Committee notes:

- 1) The actions being taken to improve Community Health Forums; and
- 2) The summary of community feedback received in the eight CHFs held in November 2019.

ITEM 8: GENERAL BUSINESS

There was no General Business to discuss

ITEM 9: DATE OF NEXT MEETING

9.1. 22 April 2020

Chairperson: Prof Margaret Wilson

Date: 26 February 2020

Meeting Closed: 10.45 am

Community and Public Health Advisory Committee / Disability Support Advisory Committee

Matters Arising from Minutes 26 February 2020

Community and Public Health Advisory Committee / Disability Support Advisory Committee

Members Experience During COVID-19 Response

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

24 JUNE 2020

AGENDA ITEM 6.1

DIABETES PROFILE AND SERVICE PROVISION

Purpose

The purpose of this report is to provide information about diabetes prevalence and an overview of Diabetes Services across primary, community and secondary care.

Recommendations

It is recommended that the Committee note that a presentation will be provided to the Committee that will outline:

1. The prevalence of diabetes in the Waikato;
2. The inequities in outcomes for Māori with diabetes;
3. The allocation of funding for diabetes services;
4. The continuum of diabetes services; and
5. The proposed next steps for Model of Care development.

TANYA MALONEY
EXECUTIVE DIRECTOR – STRATEGY, INVESTMENT & TRANSFORMATION

and

LEENA SINGH
EXECUTIVE DIRECTOR – HOSPITAL AND COMMUNITY SERVICES

Background

There are an estimated 22,000 people living with diabetes in the Waikato. A relatively small number of these (about 1,200) have Type 1 disease and the proportion of Māori within this cohort reflects the overall population ethnicity profile. Māori are however disproportionately affected by Type 2 diabetes and have poorer outcomes for Type 1 and 2 diabetes.

Despite being a preventable condition, diabetes is one of the major causes of death for Māori ¹. Outcomes for the 5,370 Māori living with Diabetes Mellitus in the Waikato are consistently poorer than for Non Māori:

- Diabetes is the cause of kidney failure in 70% of Māori patients with kidney failure
- 75% of Māori living with diabetes have sub optimal levels of Hba1C which puts them at high risk of complications including blindness, amputation and renal failure

¹ <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/major-causes-death>

- Māori aged 45+ are five times more likely to have a hospital stay than non-Māori with Type 2 diabetes²

It is critical that we improve the care and management of patients with Type 2 diabetes. The latest data shows that only 36% of Type 2 diabetics in Waikato have their condition well managed³. Further, only 25% of Māori diabetics and 34% of Pacific diabetics have their diabetes well managed.

Current Diabetes services are delivered by multiple providers across primary, community and secondary care. While there are a variety of services for whānau to access, there is significant potential to enhance the approach to care for Māori and Pacific people with Type 2 diabetes. Indeed, it is critical that we do so.

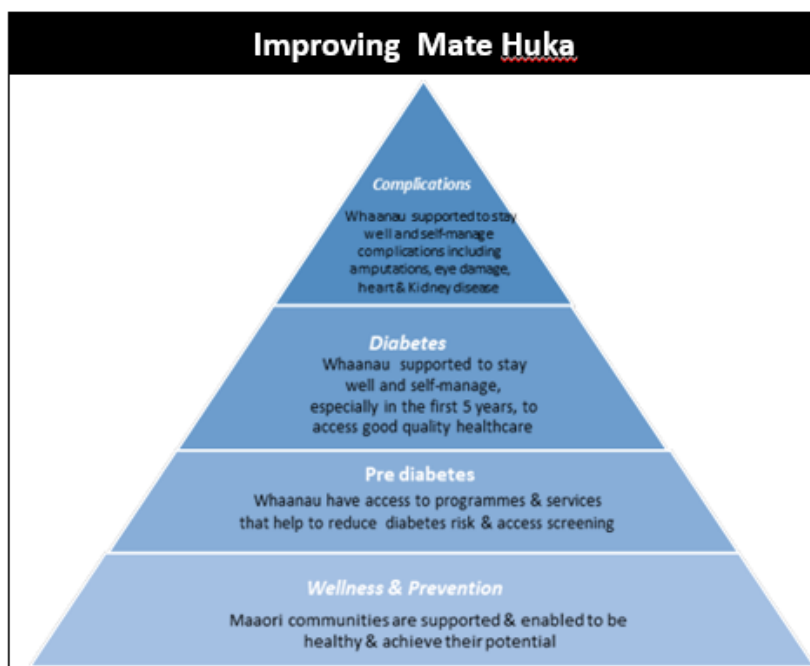
The current funding and delivery models need to re-focus to improve equity and meet the needs of whānau and local communities.

Improving Mate Huka – A framework

Improving Mate Huka (Diabetes) is a framework that is currently under development by Māori clinicians to guide the radical improvement of diabetes for Māori in the Waikato

The framework depicts a common progression of diabetes in the format of a Maunga (Mountain) as demonstrated below, from wellness through to complications. While the progression of diabetes is not definite (not everyone who has pre diabetes will progress to diabetes and complications) the model signposts potential opportunities reduce the number of Māori whānau with diabetes and also improve quality of life for those living with diabetes.

A partnered, cross sectoral approach is critical to ensure sustainable improvements at the base of the Maunga as Māori communities are influenced by many social determinants. Therefore effective partnership with Iwi to co-design and develop solutions is the critical first step to improving diabetes for Māori.



³ “Well managed is determined by the HbA1C test result

Equity

Mana Whakahaere (Article 1)

Māori leadership in place and will be expanded across the spectrum as the model is developed and refined.

Mana Motuhake (Article 2)

Commitment to co design and development of solutions with Māori and for Māori.

Mana Tāngata (Article 3)

Equity for Māori is priority. Equity focused monitoring and evaluation will also prioritised.

Mana Māori (Declaration/Article 4)

Improving Mate Huka (Diabetes) is a framework that is currently under development by Māori clinicians to guide the radical improvement of diabetes with Iwi for Māori in the Waikato.

Efficiency

An enhanced diabetes model of care delivering holistic, timely and proactive care earlier will improve outcomes for whānau and the system

Quality and Risk

By refocusing and enhancing the current model of care it will provide the opportunity to provide better quality and targeted services.

Strategy

The approach will align with the principles of Te Tiritii o Waitangi; tino rangatiratanga, equity, active protection, partnership and options.

It will also ensure alignment with the key national, regional and local Waikato DHB strategies and in particular with our health system plan to achieve the vision for good health and wellbeing in the Waikato.

Appendix 1:

Waikato Diabetes Services



phillcouper.aminus3.com

Waikato Diabetes Services



Diabetes in the Waikato

Total Diabetics
24,588*

26% Māori
5% Pacific People
69% Other ethnicities

Approx 1,200 Type 1
Diabetics

- **5.5% of Waikato Population**
- **78% of Māori** with diabetes in the Waikato have controlled diabetes compared to 79% of Pacific and 88% of others
- **22% of Māori** with diabetes in the Waikato have suboptimal control and are at higher risk of complications compared to 21% of Pacific and 12% of others
- **75% of Māori** with *Type 2 diabetes* in the Waikato have suboptimal control and are at higher risk of complications compared to 66% of Pacific and 60% of others
- **Māori** have poorer outcomes for both Type 1 and 2 diabetes.

Diabetes by locality

Locality	North Ruapehu	Waitomo	North Waikato	Hamilton	Matamata-Piako	Thames Coromandel	South Waikato
Total Population	8,407	19,657	22,663	160,911	35,677	48,137	24,068
% Māori	43%	36%	32%	21%	17%	20%	35%
Population with Diabetes	504	1,174	1,360	9,655	2,141	2,888	1,444
Māori with Diabetes	217	423	435	2,027	364	578	491

Data from WDHB Locality Reports & Statistics NZ have been used to estimate numbers

Funding for Diabetes Services

NGO's	\$651,905
PHO's	\$2,403,094
Provider	\$4,354,696
Total	\$7,409,695

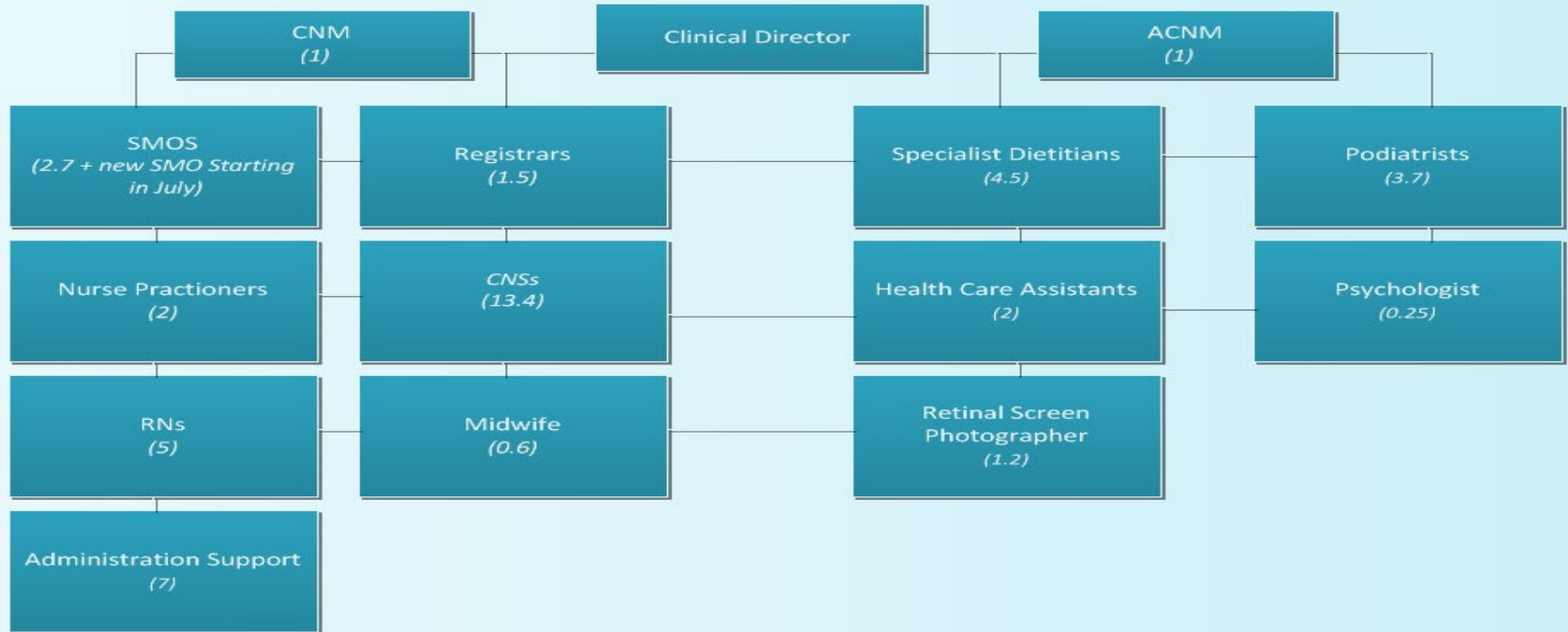
Primary / community service provision

- Support patients with the management of Type 2 diabetes via general practice services
- Additional funded services are:
 - Community podiatry services
 - Medicine management
 - Koroua and Kuia support services & co-ordination.
 - Whanau ora
- Supported by Long Term Condition programmes
 - Kimi ora wellness me (Te Kohao)
 - Taikina te Tangata LTC programme (NHC)
 - Manawanui Whai Ora Kaitiaki LTC programme (HPHO)

Diabetes secondary care services

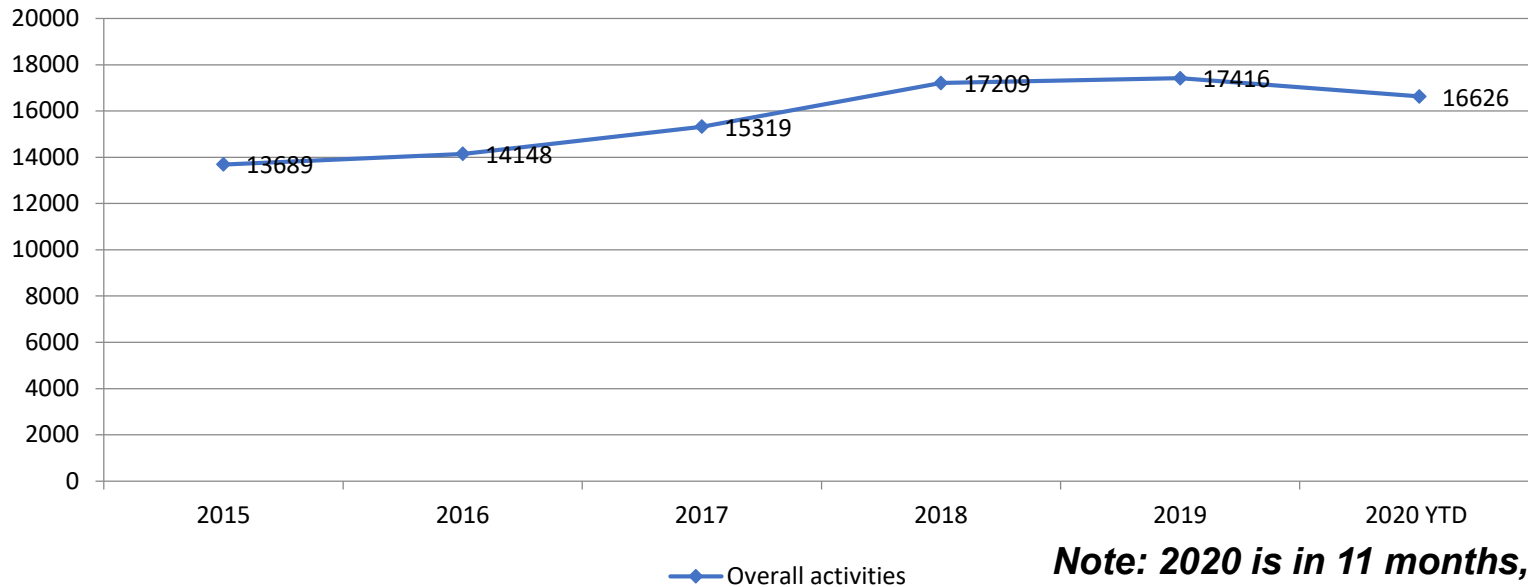
SMO & Nurse Practitioner Clinics		CNS Clinics Hamilton & surrounds General Practice	CNS Clinics in Rural General Practice
Hamilton	Te Kuiti	Clarence Street, Hamilton Hillcrest Medical Centre Te Awamutu medical centre Mahoe medical centre Cambridge Health & Community centre Dallas clinic Morrinsville Medical centre Huntly	Waihi health centre Waihi Family doctors Paeroa Medical Centre Whangamata Medical Centre Te Korowai Hauora o Hauraki Otorohanga Medical Centre Pauanui Medical Centre Tairua Medical Centre Health Te Aroha Mercury Bay Medical Centre Coromandel Family Health Centre Putaruru / Tirau Family Doctors
Thames	Tokoroa		
CNS Clinics Rural Hospitals			
Thames	Tokoroa		
Taumarunui	Pohlen		
Te Kuiti	Rhoda Read		
Diabetic Retinal Screening Service			
Provide a Waikato-wide Mobile Screening service Local Paterson Burn Optometry in Tokoroa, with screening and optometry review.			

Who is in the team? – Collaborative Multidisciplinary Team



Historical growth in diabetes presentations

Overall activities : FY2015 – 2020 YTD



Note: 2020 is in 11 months, not 12 months data

Who are our patients & what does the service do?

Those requiring specialist care are directly managed by the Diabetes Service:

- Adults (≥ 15 y/o) with type 1 diabetes, “a-pancreatic”, most monogenic causes (lifelong follow up)
- Youth and young adults (age 15-25y/o) with diabetes
- Those at risk of requiring dialysis
- Diabetes in pregnancy (DiP)
- High risk feet with active lesions
- Those requiring complicated insulin regimens in special cases (ie: high-dose steroid therapy, tube feeds or parenteral nutrition)
- Obesity with comorbidities requiring medical management with weight loss
- Provision of retinal screening services for Waikato
- Inpatients requiring education for safe discharge or difficult glycaemic control with timely immediate post-discharge follow up for appropriate patients.

In addition, the service:

- Provides level 700 and 800 Diabetes Courses in collaboration with Wintec
- Collaborates with PHOs in developing and contributing to diabetes education programme to GP practices
- Coordinates and plans care through the Waikato Collaborative Diabetes Service Network (Pinnacle, Hauraki, S&F, Waikato Diabetes Service)
- Provides a Duty Nurse (CNS) Phone Advice Service (weekdays/office hours)
- Provides On Call Diabetes CNS Support Service (0800 number)

Multidisciplinary Clinics – Successes

- Youth & Young Adult (YAYA) specialist clinic. Established a Multi-Disciplinary Team day for this cohort of patients, which enabled them to see all the clinicians on the same day. Since 2018 the following improvements have been made:
 - 10% decrease in DNA rate through active engagement with this patient group
 - Improved mental health
 - Disordered eating: ~50% reduction in young adults (was ~30%)
 - Serious diabetes specific emotional distress: ~25% reduction (was ~20%)
- Multidisciplinary High Risk Foot Clinic (Podiatrist, Registrar, RN, Vascular Surgeon and Orthotist), with additional dietician support since 2019, enabling:
 - Earlier access to vascular intervention: 33% to 71%
 - 12% improvement in HBA1c
 - Mortality decreased from 18% to 7%.


Successes with insulin pump therapy

- Insulin pump therapy has a significant beneficial impact on the management of type 1/”a-pancreatic” diabetes. PHARMAC funds insulin pump therapy (with set criteria).
- Waikato has the highest number of patients successfully placed onto and maintained on insulin pump therapy (~310 current patients plus ~50 who moved out of area).

Ratonga a Iwi: Effective & Efficient Care & Services

Innovations in efficiencies

- Personnel working at the top of their scope of practice:
 - Prescribing CNSs
 - Nurse practitioners
 - Dietitians prescribing prandial insulin
 - Enabled by SMO supervision/oversight



- Live within our means
- Achieve and maintain a sustainable workforce
- Redesign services to be effective and efficient without compromising the care delivered
- Enable a culture of innovation to achieve excellence in health and care services

- Maximise the use of Technology:
 - Patient assessment software available to patient and clinician (ex. glucose and insulin management software)
 - Enables remote & flexible patient/clinician contact

Comparisons with other DHBs

Number of people on the Virtual Diabetes Register (VDR) Dec 2010 - 2018 by DHB of domicile

DHB of domicile	2010	2011	2012	2013	2014	2015	2016	2017	2018	2018/19 projected	% diabetics per DHB pop in 2018
Auckland	18,573	19,647	20,657	21,718	22,836	23,867	24,508	24,586	25,050	545,640	5%
Bay of Plenty	9,507	9,917	10,241	10,433	10,537	10,330	10,391	10,722	11,169	238,380	5%
Canterbury	18,103	18,706	19,467	20,075	20,664	21,261	21,959	22,531	23,344	567,870	4%
Capital and Coast	9,393	10,788	11,899	12,436	12,805	13,119	13,350	13,370	13,823	318,040	4%
Counties Manukau	27,845	29,877	32,092	34,430	36,927	39,007	40,266	41,256	42,867	563,210	8%
Hawke's Bay	6,797	7,080	7,494	7,865	8,025	8,181	8,370	8,572	8,836	165,160	5%
Hutt Valley	5,812	6,575	7,211	7,467	7,699	7,866	7,903	7,885	8,126	149,680	5%
Lakes	4,340	4,547	4,793	4,928	5,178	5,430	5,589	5,677	5,676	110,410	5%
MidCentral	6,814	7,453	7,797	7,953	8,120	8,331	8,446	8,719	9,066	178,820	5%
Nelson Marlborough	5,282	5,577	5,686	5,786	5,933	6,022	6,080	6,075	6,089	150,770	4%
Northland	8,515	8,908	9,605	10,425	10,734	10,844	10,952	11,115	11,319	179,370	6%
South Canterbury	2,763	2,862	2,969	3,016	3,040	3,107	3,150	3,165	3,155	60,220	5%
Southern	12,002	12,672	13,206	13,525	13,578	13,804	14,146	14,355	14,854	329,890	5%
Tairāwhiti	2,621	2,919	3,098	3,241	3,357	3,444	3,388	3,349	3,349	49,050	7%
Taranaki	6,205	6,347	6,510	6,597	6,659	6,767	6,781	6,804	6,977	120,050	6%
Waikato	16,548	17,396	18,125	18,895	19,637	20,406	20,998	21,767	22,800	419,890	5%
Waikato growth		848	729	770	742	769	592	769	1,033		
Wairarapa	1,919	2,075	2,198	2,218	2,228	2,223	2,199	2,205	2,305	44,905	5%
Waitemata	20,296	22,136	23,651	24,959	25,908	27,020	27,796	28,173	29,131	628,970	5%
West Coast	1,195	1,226	1,213	1,204	1,192	1,254	1,305	1,404	1,467	32,410	5%
Whanganui	3,045	3,255	3,420	3,471	3,533	3,616	3,744	3,837	3,981	64,550	6%
Unknown/Unassigned	285	272	259	224	200	174	142	113	96		
NZ	187,860	200,235	211,591	220,866	228,790	236,073	241,463	245,680	253,480	4,917,285	5%
NZ growth		12,375	11,356	9275	7924	7283	5390	4217	7800		
Waikato growth as proportion of NZ growth		7%	6%	8%	9%	11%	11%	18%	13%		

Type 1 Diabetes in Waikato

Retrospective Review

- P. Allen (CNS), M. Leydon (Dietitian), Drs R. Paul & J. Tamatea
- N=1194 type 1 DM: 13.5% Maori, 26% on insulin pumps
- Māori were younger, in lower SE areas, and with shorter disease duration

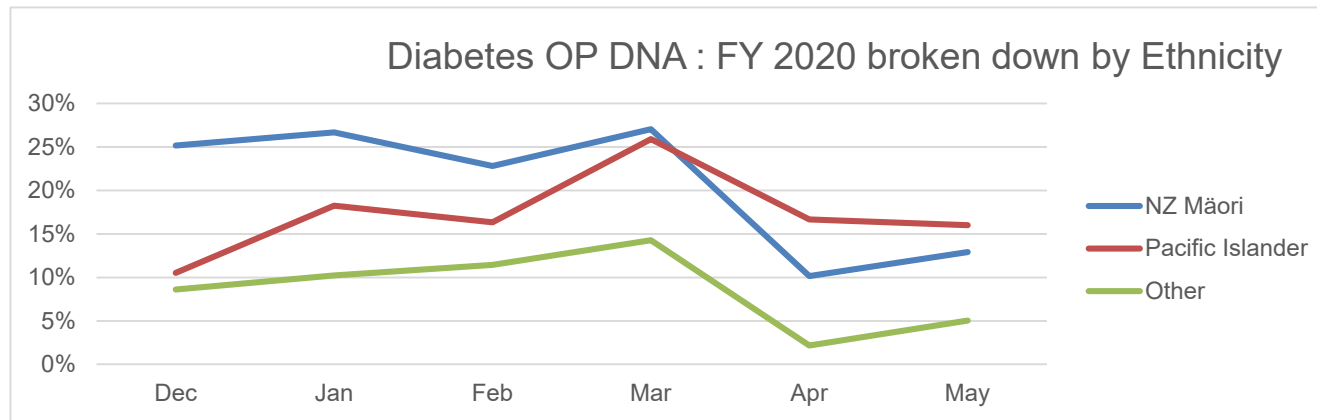
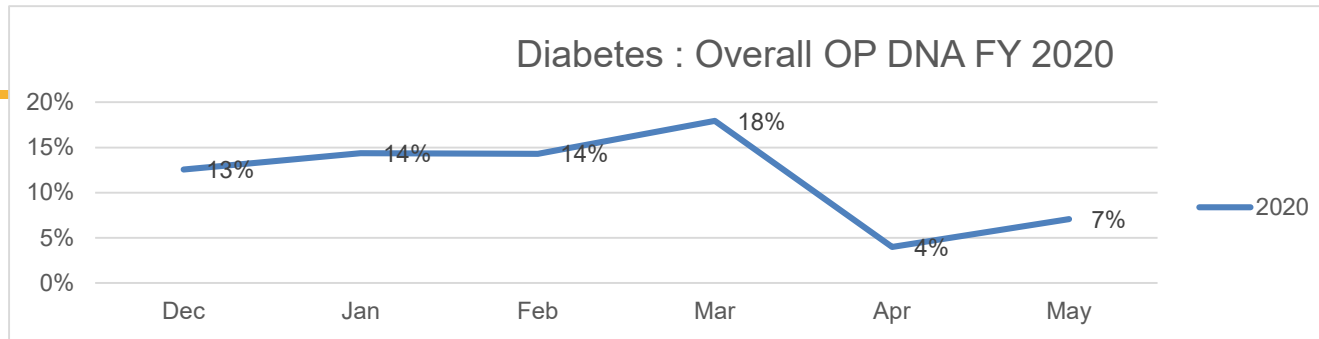
	non-Māori (n=1052)	Māori (n=142)	p
Female gender (%)	514 (48.9%)	76 (53.5%)	0.297
Median age (range)	45 (15-93)	34.5 (15-77)	<0.0005
Median NZDep13 (range)	6 (1-10)	8 (1-10)	<0.0005
Reside in Hamilton	615 (59.2%)	81 (63.8%)	0.320
Duration of diabetes	19yrs (0-77)	13yrs (0-52)	<0.0005

What opportunities exist to better meet the needs of Māori and any early wins

- Active engagement with the Māori health equity leadership group
- Progress the work to reduce DNAs
- Improve support to in-patients with Diabetes
- Reform the whole of system and invest in prevention and particularly pre diabetic checks to tackle type 2 Diabetes

Diabetes : OP DNA Rate over the last 6 months

Target :
10%



Diabetes in Waikato & international risk factors

- 5.5 % of the Waikato population, but approximately 18% of inpatient beds
 - >60% of End Stage Renal Disease in-centre dialysis from diabetes
 - ~15% referred to eye clinic annually from the retinal screening programme
 - International evidence shows that patients with Diabetes are:
 - 2X higher risk of heart failure and failure heart admission
 - 1.2-1.3X increased risk of developing cancer (per age group) & cancer treatment regimens promote development of diabetes...
- ...there is no reason to suggest this is not true for our local patients

Inpatient Diabetes Management Improvement Plan

- About 18% of inpatients have diabetes (coded) with a high representation of Māori and Pacific Islanders
- Inpatient diabetes consult service being created:
 - SMO to commence in July 2020, with CNS support
- Plans:
 - Need further development of inpatient guidelines to aid management in collaboration with other secondary services... *being developed*
 - User-friendly charting (glucose, carbs, ketones, insulins)... *being developed*
 - Education tools (web-based junior doctors handbook & animation videos)
 - Tools to raise awareness of diabetes management for hospital teams

Next steps:

Specialist Care

- Greater collaboration with Renal services
- Work on addressing DNA rates
- Greater investigation of Equity needs and establishment of pilot projects
- building on the Whānau centred support programmes: WHĀ and WHRAP

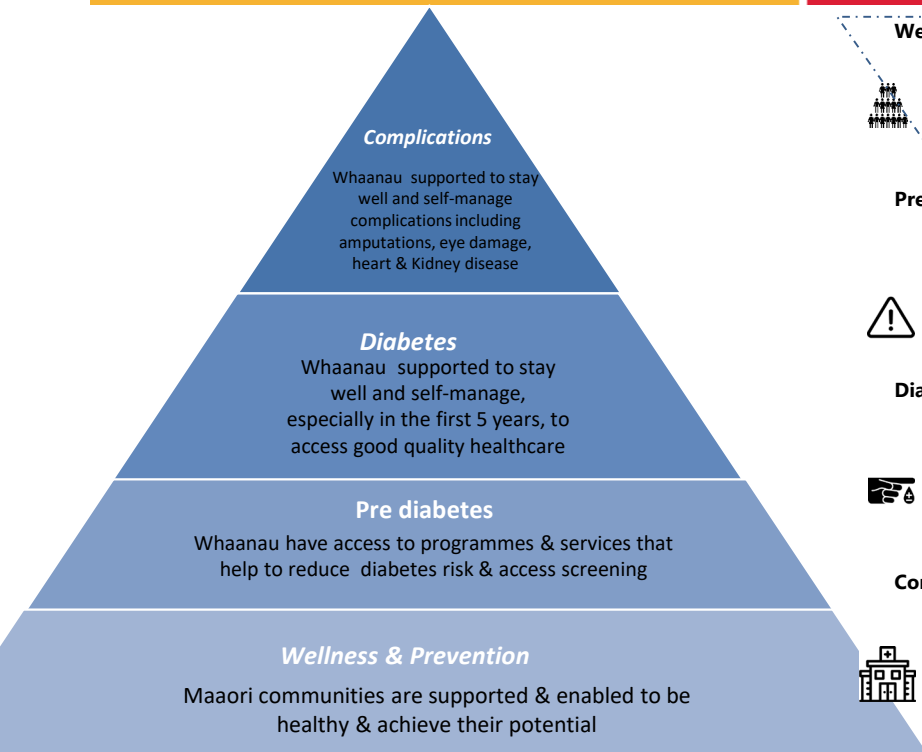
System Development

- Waikato iwi have expressed an interest in working with the DHB to improve outcomes for Māori with diabetes
- We will co-design an approach which will build on improving diabetes outcomes

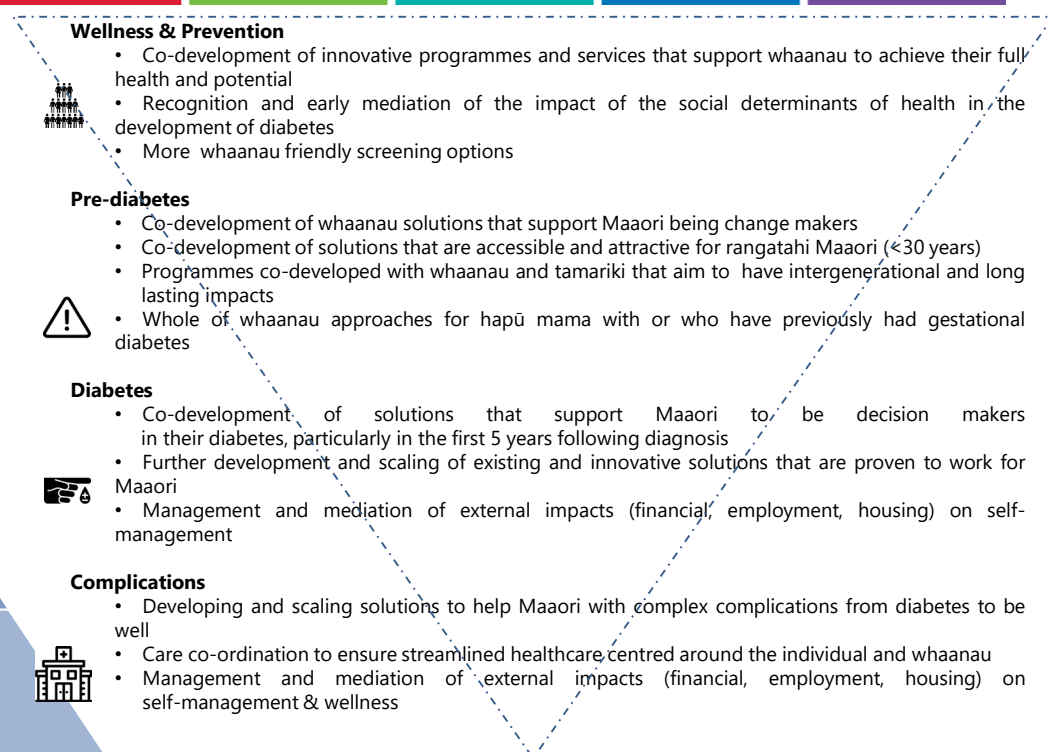
RADICALLY IMPROVING MATE HUKA FOR MAAORI IN THE WAIKATO

Meaningful partnership with Maaori whaanau, hapū, iwi, communities and organisations is critical to reduce the incidence of diabetes and its complications among Maaori

Mate Huka – Diabetes framework



Areas of Opportunity



AGENDA ITEM 6.2

RURAL LOCALITY DEVELOPMENT

Purpose

The purpose of this report is to provide an overview of the approach to locality service development across the Waikato, and to identify specific areas of development required in the rural localities.

Recommendations

It is recommended that the Committee:

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

TANYA MALONEY

EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION

APPENDICES

Appendix 1:

Locality Investment Matrix

SUPPORTING DOCUMENTS

None

BACKGROUND

This paper provides a formative description of the locality service requirements across the Waikato district. It notes the services that are required in all rural localities and, according to the locality demographic profiles, outlines the services required in specific localities. This includes commentary on the gaps in service provision by locality. Further detailed planning will be required to determine how we prioritise changes to address the identified gaps.

This paper is focused on the rural localities and does not address the need in the greater Hamilton locality; Hamilton is relatively well served compared to the rest of the Waikato district and as part of locality development we are likely to reallocate resource (physical or virtual) from the Hamilton base.

DISCUSSION

DHBs are required to provide a range of health services which are broadly defined under the operational policy framework (OPF) and the service coverage schedules. The OPF outlines the types of services that need to be available and minimum requirements in terms of distance to travel for certain services. The DHB is required to attest to meeting the OPF requirements as part of the annual planning and statement of intent processes.

A number of specialist services are appropriately centralised and delivered from the Hamilton base due to the degree of specialisation, clinical risk and the volume of cases required to deliver the service.

The focus of this paper is on the more generalist services; primary, community and intermediary services that should be provided close to home. However, the paper also addresses the need for specialist services to be provided in localities where there is a high level need and/or of local demand.

A locality service matrix is provided as Appendix 1. This matrix shows the services currently provided in each locality, services currently under development in each locality and the services we are considering for future locality provision. This matrix is in draft and will be updated as we progress the locality development work programme.

SERVICES REQUIRED IN ALL LOCALITIES

In every locality we would expect a minimum level of service to be accessible to the community. These services could be considered components of enhanced primary and community care services. They include:

- General Practice
- Community Pharmacy
- Community Laboratory/accessible community radiology
- Urgent and Emergency Care (after hours)
- Maternity/Primary birthing and midwifery service

- Community outpatient services
- Physiotherapy/Podiatry/Occupational Therapy
- Mental Health and addictions support and treatment
- District Nursing/Allied Health
- School Based Health Services
- Iwi based services such as health funded whānau ora services

In addition, there are a range of intermediary services and specialist services which could be provided in rural localities such as:

- Some specialist and diagnostic services
- Non-sterile procedures
- Minor injury units
- Specialist outreach
- Day procedures – sterile theatres

Irrespective of the location of face to face service delivery, all communities should be able to access specialist services when required. Technology and telehealth will be an important enabler for the expansion of specialist services to our rural communities.

SERVICE GAPS ACROSS ALL RURAL LOCALITIES

The following two sections on service gaps are incomplete and outline only a few of the services access problems. The challenge in determining service gaps is that we cannot accurately measure unmet need. The closer we work with our communities, the more information we will have about unmet need and service gaps.

Enhanced Primary Care

One of our three PHOs has been working to establish the 'Health Care Home' (HCH) model and whilst there have been promising outcomes from some HCHs, there has been limited uptake across practices. All localities would benefit from an enhanced primary care model. This may include the District Nursing and/or Allied health services being linked to primary care to serve high need patients. Whilst there are communities where the model works well, the coverage is not consistent and is dependent on variables, including changes in both the district nursing service and general practice.

Whānau Ora Health Services

Whānau ora health services may help to address the gap in supporting people with long term conditions where traditional general practice is struggling to meet the demand and address equity. Such approaches will broaden the range of supports available for the high need populations, including a high proportion of Māori and Pacific people.

Community Mental Health and Addictions Services

There are large gaps in primary mental health and addiction services in the localities, which were identified in the Lets Talk hui and the service mapping as part of the model of care development. There is a need for more localised crisis services and clinical support functions and for growth in primary mental health services.

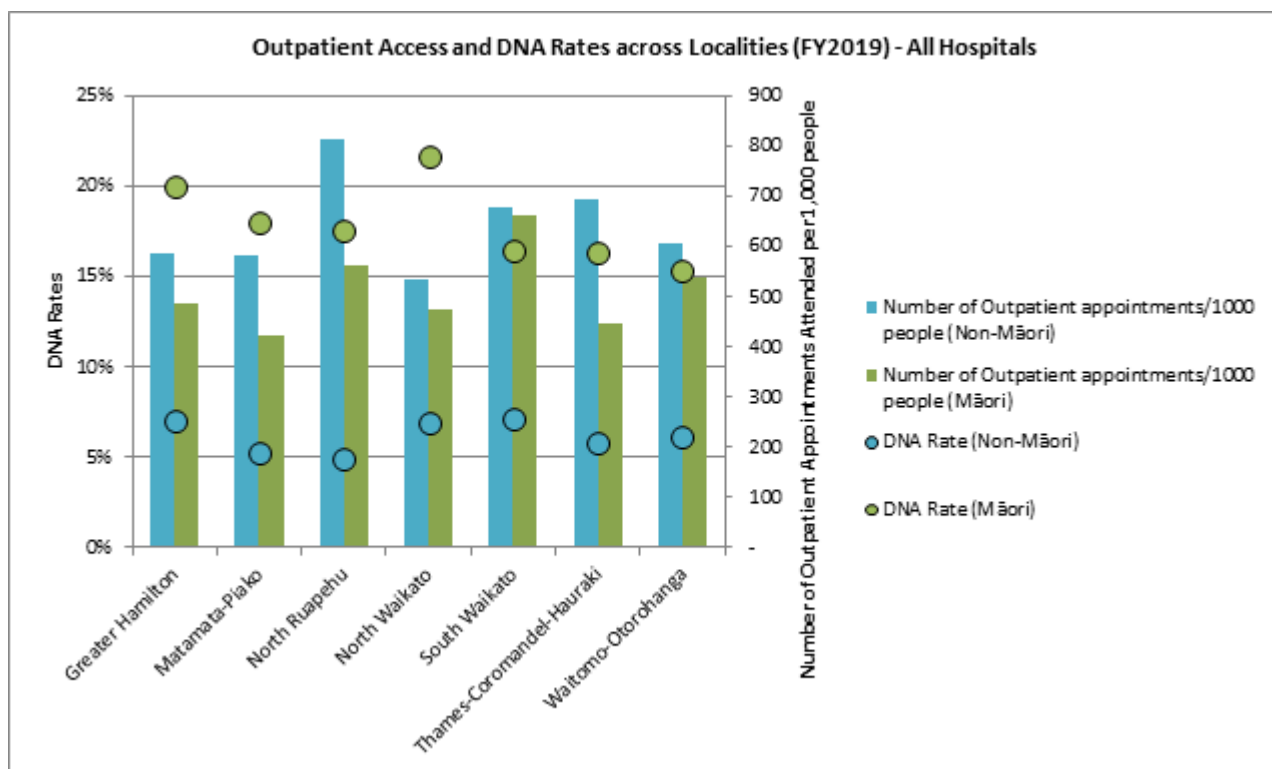
End of Life Care

The provision of palliative, hospice and end of life care is not consistent across the localities, and whilst some components of care are available in all localities, much of the hospice and palliative care service is based in Hamilton.

Specialist Outpatient Appointments

The graph below shows the rates of access to specialist outpatient clinics per 1,000 population. Despite the fact that many specialist services are centralised in Hamilton, the access rates for specialist appointments are fairly similar across the localities. However, the rates of outpatient appointments for Māori and Non-Māori vary drastically with Māori experiencing inequity of access in most localities. Interestingly, this is not the case in South Waikato where non-Māori and Māori have similar rates of access. However, given the higher prevalence of illness for Māori, and poorer health outcomes, we would ideally see higher access rates for Māori than non-Māori.

The high Māori DNA rates across all localities indicate that we need to drastically change the way we deliver services to ensure health for Māori.



LOCALITY-SPECIFIC SERVICE GAPS

Locality profiles have been developed for each area that outline demographic profile, service utilisation and health outcomes. A summary of the key characteristics of each locality is provided below with a summary of the specific locality service gaps that need to be addressed. At this stage, we do not have a definitive list of service gaps in each locality. The tentative list of service gaps for each locality shown below is based on a comparison of service utilisation and health need with the existing local service provision, community feedback at various forums over the last two years and provider reports. A more definitive assessment of service gaps will be developed during the locality development process.

South Waikato

Profile overview

- 6% of Waikato DHB population
- 34% of population are Māori
- 64% of population live in areas of high deprivation
- Relatively high mortality rates
- High rates of emergency department use and hospitalisation and high disparity between Māori and Non-Māori
- GP workforce is well below national rates per population
- Highest rates of acute admissions for general surgery, oncology and urology in the DHB

Service gaps

There is a need for additional GP led after hours and urgent care coverage. Although there are existing arrangements for GP cover of after-hours and urgent care, these operate for limited hours out of the emergency department and are sensitive to the low levels of GP cover.

There is a need to improve access to renal services, as evidenced by high renal service DNA rates for this community.

A recent development for South Waikato is the mobile surgical bus, which will visit Tokoroa every few months and enable better access to some surgical procedures.

North Ruapehu

Profile overview

- 2% of Waikato DHB population
- 43% of population are Māori
- 59% of population live in areas of high deprivation
- Relatively high mortality rates
- High rates of emergency department use and hospitalisation with high disparity between Māori and Non-Māori
- Highest rate of mental health admissions in the DHB after greater Hamilton
- Highest rates of acute admissions for general medicine, orthopaedic surgery and otorhinolaryngology (ENT) in the DHB
- Low rates of access to laboratory tests
- GP workforce is well below national rates per population

Service gaps

A number of the service gaps for North Ruapehu are similar in nature to those experienced in South Waikato. However, the more remote nature of Taumarunui means there is a greater distance to travel for non local services.

There is insufficient GP led after hours and urgent care coverage.

The Mobile Surgical Bus also visits Taumarunui and has been doing so for many years. This has enabled local access for minor procedures.

Waitomo-Otorohanga

Profile overview

- 5% of Waikato DHB population
- 36% of population are Māori
- 41% of population live in areas of high deprivation
- Significant drop in population of -2.5% in the next 10 years
- Highest rates of acute admissions for neonatal specialist care, vascular surgery and ophthalmology in the DHB
- Low rates of childhood immunisations

Service gaps

There is a long standing arrangement in place where the local general practice provides coverage for Te Kuiti Hospital after hours and the weekend. However, as the GPs no longer wish to work weekends and after hours, locum cover is now required. The DHB has increased funding to support this model. The sustainability of this model is questionable and we need to consider clinical nurse specialists or other roles to support this work.

North Waikato

Profile overview

- 6% of Waikato DHB population
- 32% of population are Māori
- 36% of population live in high deprivation
- High population growth rate of 10.5% in next 10 years
- Low access to mental health services
- Highest rates of acute admissions for cardiology, respiratory, plastic surgery, renal, neurology, haematology and maxillofacial surgery in the DHB
- Relatively high rates of access to laboratory tests
- GP workforce is well below national rates per population

Service gaps

There is a need to improve the urgent care provision for the North Waikato population, as the current arrangement requires people to travel to Hamilton for after hours, urgent and emergency care.

North Waikato has the lowest rates of access to specialist outpatient care, thus there is a need to improve access to specialist care, particularly for respiratory, renal and cardiology services.

Matamata-Piako

Profile overview

- 8% of Waikato DHB population
- Relatively low rates of deprivation (11%)
- 17% of population are Māori
- A slightly larger 65+ population than the rest of the DHB
- Lower mortality rates than the rest of the DHB
- Health status of the Matamata locality is generally better than that of other localities
- Lower rates of acute demand usage than the rest of the DHB
- Lowest rate of mental health admissions in the DHB
- One of the higher rates of acute admissions for oncology and haematology in the DHB

- Relatively high outpatient access rates
- GP workforce per capita is the third highest in the DHB, although lower than national rates

Service gaps

The population of Matamata Piako is relatively well served compared to our other rural localities. There are sound after hours care arrangements in place and a number of GP beds. However, there are significant inequities in specialist outpatient access for Māori in Matamata-Piako and there are known challenges with transport to Hamilton based services.

Thames-Coromandel Hauraki

Profile overview

- 11% of Waikato DHB population
- Much larger 65+ population than the rest of the DHB
- Low growth of total population of 1% in the next 10 years (although 65+ expected to grow by 25%)
- Sharp increase in mortality rates from 2013-2016 (age standardised), especially for Māori
- Health status of the locality is generally the same as the rest of the DHB for most indicators
- Similar rates of acute demand usage between Māori and Non Māori
- Very low rates of childhood immunisations
- High rates of access for pharmaceutical items
- One of the higher rates of acute admissions for vascular surgery and ophthalmology in the DHB
- GP workforce per capita is the highest in the DHB, even higher than national rates
- The locality is geographically spread with a range of smaller sized communities and there is a demonstrable demand increase of during the summer months with an influx of holiday makers.

Service gaps

- Whilst there are sound arrangements between Thames Hospital and the GP led after hours and urgent care coverage, there are areas with poor after hours coverage, such as Colville.
- There is a need for more targeted support for the aging population in this locality – this will be addressed through the service changes with implementation of the restorative model.

OTHER OPPORTUNITIES

The locality service matrix identifies services that will be considered for provision in rural localities. In addition, the following developments support locality service provision:

Telemedicine

The increased uptake of telemedicine services has stood out during the response to COVID-19. There has already been agreement to continue funding such services (funding models have previously posed a barrier to such services) and a commitment to expand the services to enable access to locality based specialist services within a financially sustainable model.

Wellness Services

There are a number of organisations interested in establishing community based wellness centres following the introduction of this approach during the COVID-19 response. This is an opportunity that will be explored further with iwi and local providers.

The other area that will be reviewed following the COVID-19 response is the Whānau Hauora Assessment (WHA) programme that provides a coordinated rapid access service for vulnerable whānau with long term conditions and unmet need.

Expanding on the mobile CBACs and mobile wellness centres developed during the COVID-19 response, we will explore the option of primary care services that provide early childhood vaccinations, flu vaccinations, screening services, health improvement/promotion and other wellbeing supports.

APPROACH TO LOCALITY DEVELOPMENT

Locality development has 4 key objectives:

1. To ensure equity of access to health and well-being services
2. To ensure the appropriate service mix in each locality with respect to what is provided locally and what can be accessed through district-wide services, minimising the requirement for travel where possible
3. To introduce or strengthen health-system enablers to ensure the provision of health services into local communities is sustainable. These include rural workforce development, telemedicine and transport.
4. To support communities in the development of their own capacity with respect to community activity that supports good health and well-being.

Next steps

We are planning to fund a locality project manager in each high need rural locality, to be employed by Iwi or an NGO. The purpose of this role is to enable local capacity, with local relationships, to work with the DHB in the coordination and implementation of service changes. This will include addressing the service gaps and implementing locally developed responses.

Locality Leadership groups with Iwi, PHOs, NGOs and other agencies will guide the local system development and advise on areas for reconfiguration and investment.

Action areas:

- Enhanced primary care, including:
 - The Planned Care Initiative – moving hospital services to community
 - District nursing integration with primary care
 - GP-specialist consultation for hospital avoidance
 - Workforce enhancements such as mental health coaches, nurse practitioners, clinical pharmacists
- Addressing inequities for Māori in specialist service access
- Reconfiguring the mix of secondary mental health services for each locality
- Iwi Māori hauora approaches, building on COVID-19 developments and reconfiguration of DHB funded whānau ora services
- Leveraging relationships with councils and other agencies.

Equity

Mana Whakahaere (Article 1)

Local iwi will be involved in the governance and delivery of locality development.

Mana Motuhake (Article 2)

The involvement of Māori health providers will be critical in understanding and responding to local Māori need.

Mana Tāngata (Article 3)

This paper identifies the inequities in access to outpatient services between Māori and non Māori. Addressing this inequity will be a priority for locality development.

The locality approach to developing services has a strong focus on ensuring services are designed and delivered in a way that focuses on closing the equity gap for Māori and other communities experiencing inequities in health access and outcomes.

Mana Māori (Declaration/Article 4)

Matauranga Māori and whanau focused programmes will be prioritised in order to meet the needs of Māori in rural localities.

Efficiency

Having services delivered locally to where people live and are more likely to improve access and reduce DNAs. In addition, the use of technologies such as telemedicine will improve efficiency.

Quality and Risk

Ensuring the right model of service, provided close to peoples home in a joined up way across the health system will improve quality and reduce risk.

Strategy

Te Korowai Waiora provides high level guidance as to how on a locality approach to delivery of services, that are close to where people live. This paper takes the next step in identifying where there are gaps in services delivered in each of the localities.

Services	LOCALITY						
	1	2	3	4	5	6	7
	South Waikato <small>Tirau Putar Tok</small>	Matamata Piako <small>Mata TeA Morrins</small>	TCH <small>Thames Coro Haur</small>	Waitomo Otorohanga <small>Te Kuiti</small>	Nth Ruapehu <small>Taumarunui</small>	Nth Waikato <small>Huntly Te Kauwhata</small>	Hamilton <small>Nga Cam Te Awa Ham</small>

DRAFT: V6: 20/5/2020

PRIMARY & COMMUNITY CARE	Kaupapa Services	✓	✓	✓	✓	✓	✓	✓
	Whanau Ora	✓	✓	✓	✓	✓	✓	✓
	Other Community Services	✓	✓	✓	✓	✓	✓	✓
	School Based Services	✓	✓	✓	✓	✓	✓	✓
	General Practice	✓	✓	✓	✓	✓	✓	✓
	Community Pharmacy	✓	✓	✓	✓	✓	✓	✓
	Lab Collection Centres	✓	✓	✓	✓	✓	✓	✓
	Community Radiology	✓	✓	✓	✓	✓	✓	✓
	GP Led ED			✓	✓	🔒		
	A&E After hours		✓		✓	🔒		✓
	ED Re-Direction	🔒	🔒	🔒	🔒	🔒	🔒	✓
	Primary Birthing LMC	✓	✓	✓	✓	✓	✓	✓
	Retinal Screening	✓	✓	✓	✓	✓	✓	✓
	Physio Podiatry OT	✓	✓	✓	✓	✓	✓	✓
	District Nursing	✓	✓	✓	✓	✓	✓	✓
	Respiratory	🔒	🔒	🔒	🔒	🔒	🔒	✓
	Home & Community Support Services	✓	✓	✓	✓	✓	✓	✓
	Order of St John - Ambulance	✓	✓	✓	✓	✓	✓	✓

INTERMEDIATE CARE PLANNED CARE INITIATIVE	ARRC	✓	✓	✓	✓	✓	✓	✓
	Mental Health & Addictions support & treatment	✓	✓	✓	✓	✓	✓	✓
	GP Beds		✓	✓				
	End of Life (EOL)	✓	✓	✓	✓	✓	✓	✓
	Hospice/Palliative Care	✓	✓	✓	✓	✓	✓	✓
	Skin Lesion Removal	🔒	🔒	🔒	🔒	🔒	🔒	✓
	Minor Operations		✓	✓	🔒	🔒	🔒	✓
	ENT Minor operations							
	Gynaecology Minor Procedure							✓
	Hysteroscopy							✓
	Eye - Argon Laser							✓
	Intraocular injections							✓
	Eye procedures							✓
	Plastic Surgery Minor Procedures							✓
	Urology - Lithotripsy							✓
	Urodynamics							✓
	Musculoskeletal early intervention programme							✓
	Outpatient Clinics	✓	🔒	✓			🔒	🔒
	TeleHealth	🔒	🔒	🔒	🔒	🔒	🔒	🔒

SPECIALIST SERVICES	ED 24/7	✓		✓	✓	✓		✓
	Mobile Surgical Bus	🔒				✓		
	General Medical							✓
	Respiratory	🔒					✓	✓
	Oncology	🔒		✓				✓
	Renal	🔒						✓
	General Surgery	✓						✓
	Colonoscopy	✓				✓		✓
	Cardiology/Thoracic	🔒		🔒			🔒	✓
	Womens	🔒		🔒				✓
	Paediatric	✓		✓				✓
	Neurosurgery							✓
	Plastic & Burns							✓
	Ophthalmology	✓						✓
	Orthopaedics	✓						✓
	Dental	🔒		✓			🔒	✓
	Urology/Vascular							✓

KEY	
✓	In place
✓	In place provided by Lakes DHB
🔒	Underway
🔒	For exploration
🔒	Service in place undergoing review

EQUITY

TE KOROWAI WAIORA

**REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY
SUPPORT ADVISORY COMMITTEE
24 JUNE 2020**

AGENDA ITEM 6.3

WAIKATO PLAN – MENTAL HEALTH AND WELLBEING APPROACH

Purpose

The purpose of this report is to provide an update on Waikato Plan joint activity relating to mental health and wellbeing. This report has been requested by Deputy Commissioner, Professor Wilson, as the DHB lead for the Waikato Plan.

Recommendations

It is recommended that the Committee note the content of this report, including the proposed joint initiatives.

**TANYA MALONEY
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION**

APPENDICES

Appendix 1:

List of community mental health and wellbeing support services contacts and links

REPORT DETAIL

Background

The [Waikato Plan](#) is the joint overarching strategic plan for the Waikato region. It was developed by the region's leaders to address the challenges the region faces and provides an action plan to support the integrated development of the region for the next 30 years. Deputy Commissioner Margaret Wilson is the current Waikato DHB representative on the Waikato Plan Leadership Committee.

In June 2018, the Waikato Plan Leadership Committee agreed to focus on the implementation of the independent review of the Waikato Plan and priority actions for 2018. The agreed priority actions included:

- The development of a regional housing stock profile (via the Regional Housing Initiative);
- Establishment of a project focussed on youth and employment; and
- Improve understanding of mental health and wellbeing across the region.

In addition, the “Waikato Wellbeing Project” (United Nations Sustainable Development Goals) was added to the priorities in March 2019.

Waikato DHB agreed to lead the Waikato Plan priority action to coordinate improved understanding of mental health and wellbeing across the Waikato region.

Discussion

The impact of COVID-19 has reinforced the need for a focus on mental health, wellbeing/oranga, psychosocial support, and where possible, strengthening linkages to other Waikato Plan priorities such as housing response and recovery. This work must be grounded in equity and ensure responsiveness for Māori and for other population groups who experience inequitable outcomes or have unique needs.

Three areas of focus have been proposed for joint action with iwi and across sectors to promote and support better understanding of community mental health and wellbeing. The aim is to improve access to information and support, and ultimately improved mental health and addictions and equity outcomes. These are summarised below.

1. A mental health and wellbeing online support portal initiative

[Healthpoint](#) is a national on-line web-based ‘health services directory’ which provides up-to-date information about healthcare providers, referral expectations, services offered and common treatments. Waikato DHB has identified an opportunity to refine this website for the Waikato to include:

- Improved search functions (e.g. by age group, iwi boundary, no/low cost services);
- Additional features such as links to self-help and community mental health and wellbeing services/support tools (see Attachment 1); and
- Promotion of local community events associated with mental health and wellbeing/oranga.

Purpose:

- To equip people to look after their own mental wellbeing and help people access a range of mental health and addictions self-help strategies and tailored tools;
- To ensure groups with specific needs are met – Māori, Pacific, youth, rural and those with disabilities; and
- To promote awareness of the available mental health and addiction services.

2. Workplace wellbeing initiative

A range of tools are available for organisations to support the wellbeing of their staff. The [‘Work Well’](#) programme delivered by the Public Health Unit and our own Workplace Wellbeing webpage on the DHB Intranet are examples of workplace wellbeing initiatives. The intention is to provide information on such tools and advice to help organisations support staff. This will be particularly relevant as staff return to work following the COVID-19 lockdown.

Purpose:

- To support organisations to promote and support staff wellbeing/oranga;
- To enable organisational leaders and staff to have a better understanding of mental health and wellbeing/oranga protective factors –examples include a sense of autonomy and control, a secure sense of identity and being equipped with coping strategies; and
- To support organisations to develop their own workplace wellbeing webpages/information – making links to with established services and providers.

3. Rural housing and mental health and wellbeing support

We have established relationships with Kainga Ora (former Housing New Zealand) and started joint work to support improved housing and health for those with respiratory illness and mental health. Within central Hamilton there is a joint housing initiative called 'The People's Project' which supports those without a home to find emergency and longer-term housing (including those with mental health conditions). The impact of COVID-19 has highlighted that such an option does not exist in rural Waikato despite rural communities having similar needs.

We propose to develop 'Joint Rural Housing Support' pilots in partnership with Iwi/MSD/Kainga Ora /NGO's within one or more of the following geographic localities:

- North Waikato
- South Waikato
- North Ruapehu
- Waitomo/Otorohanga

Purpose:

- To identify opportunities for joint housing and mental health and wellbeing networks in rural Waikato;
- To eliminate inequities focused on Māori, Pacific, youth and those living with disabilities in rural localities; and
- To improve health outcomes and housing security, options and quality in rural areas.

The Waikato Plan Leadership Group will meet in May/June to consider and agree on these proposed joint initiatives, and determine roles, responsibilities, associated processes and resource to support implementation.

Equity

<p><i>Mana Whakahaere (Article 1)</i></p> <ul style="list-style-type: none">• The Waikato Plan Leadership Committee (Governance of Waikato Plan) has a co-chairs structure (Māori/non-Māori) and includes representation from Waikato iwi.	<p><i>Mana Motuhake (Article 2)</i></p> <ul style="list-style-type: none">• The proposed geographic focus areas are those that have the highest proportion of high deprivation and Māori population i.e. North Waikato, South Waikato, North Ruapehu, and Waitomo/Otorohanga localities.
<p><i>Mana Tāngata (Article 3)</i></p> <ul style="list-style-type: none">• Māori are 1.6 times more likely to be hospitalised than non-Maori (All mental health hospitalisation rates) (Waikato DHB, 2018)• Proposal to engage and work alongside Māori providers and other sectors, where appropriate, on appropriate approaches and actions in key rural localities for the three focus areas	<p><i>Mana Māori (Declaration/Article 4)</i></p> <ul style="list-style-type: none">• The proposed housing and mental health initiative will seek advice from Whare Ora on Mātauranga Māori (Māori knowledge including frameworks, research, and models of care) and how these could influence the planning and delivery of the joint service(s).

Efficiency

Working together to improve understanding of mental health and wellbeing across sectors, and at a locality level is an efficient and effective way to stay connected, share information, and keep checking that activities are aligned.

Quality and Risk

Working together to improve understanding of mental health and wellbeing, and at regional and local levels will help improve quality and reduce risk.

Strategy

Te Korowai Waiora, the Waikato DHB Mental Health Services Model of Care 'Healthcare System' Summary and Me Korero Tatau – 'Let's Talk' Summary document, provide high level guidance on how to improve understanding of mental health and wellbeing, and access to appropriate services and support.

Attachment 1:**List of community mental health and wellbeing support services contacts and links**

List of useful services, websites and 0800 numbers	
Click on hyperlinks below to access WEBSITES the service	Overview
General Mental Health	
Need to talk? Free call or text 1737	24/7 talk with a trained counsellor
Samaritans – 0800 726 666	Phones are operated by volunteers from community for the community
Lifeline Aotearoa – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)	Lifeline Aotearoa - helpline and text line provides 24/7, confidential support from qualified counsellors and trained volunteers
Kidsline - 0800 54 37 54 (0800 KIDSLINE)	Kidsline is available 24/7 however when kids ring between 4pm – 9pm Monday – Friday they will speak to a Kidsline Buddy – a specially trained year 12 and 13 volunteers *Branch of Lifeline Aotearoa
Mental Health Crisis / Suicide	
Waikato DHB 0800 505050 Crisis Assessment Team	Available 24 hours a day, 7 days a week
Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)	Available 24 hours a day, 7 days a week and is operated by highly trained and experienced telephone counsellors who have undergone advanced suicide prevention training. *Branch of Lifeline Aotearoa
General Health	
Healthline – 0800 611 116	Staffed by experienced team that includes nurses, paramedics and health advisors - provide information on health information and advice on care
Depression-specific	
Depression Helpline – 0800 111 757 or free text 4202	24/7 Helpline - Trained counsellors can talk with about how you are feeling or ask any questions
www.depression.org.nz – includes The Journal online help service	
SPARX.org.nz	Online e-therapy tool provided by the University of Auckland that helps young people learn skills to deal with feeling down, depressed or stressed
Sexuality or gender identity	
OUTLine NZ – 0800 688 5463 (OUTLINE)	Provides confidential telephone support
Depression Helpline – 0800 111 757 or free text	Provides specific area on LGBTI - 24/7 Helpline -

4202	Trained counsellors can talk with about how you are feeling or ask any questions.
RainbowYOUTH	09 376 4155 11-5 Mon-Fri
Help for children and young people	
What's Up – 0800 942 8787	For 5–18 year olds. Phone counselling is available Monday to Friday, 12noon–11pm and weekends, 3pm–11pm. Online chat is available from 3pm–10pm 7 days a week, including all public holidays.
Kidsline – 0800 54 37 54 (0800 KIDSLINE)	Kidsline is available 24/7 however when kids ring between 4pm – 9pm Monday – Friday they will speak to a Kidsline Buddy – a specially trained year 12 and 13 volunteers *Branch of Lifeline Aotearoa
Youthline 0800 376 633 – free text 234 or email talk@youthline.co.nz	Free between 8am – midnight - Work collaboratively to provide free, nationwide service.
The Low Down - 0800 111 757 or free text 5626	Section aimed at supporting High School aged children
Help for parents, family and friends	
Commonground	A website hub providing parents, family, whānau and friends with access to information, tools and support to help a young person who is struggling.
EDANZ - 0800 2 EDANZ	Support, practical advice and understanding - to help loved ones recover from an eating disorder
Parent Help – 0800 568 856	For parents/whānau seeking support, advice and practical strategies on all parenting concerns. Anonymous, non-judgemental and confidential.
Family Services 211 Helpline – 0800 211 211	For help finding (and direct transfer to) community based health and social support services in your area.
Skylight – 0800 299 100	For support through trauma, loss and grief; 9am - 5pm weekdays.
Supporting Families New Zealand	For families and whānau supporting a loved one who has a mental illness. Central North Island 0800 555 434 - Monday - Friday 08.30am-5.00pm
Help with Addiction	
Alcohol and Drug Helpline 0800 787 797 or free text 8681	Offer a 24/7 helpline. Also offer 3 specialist services: <ul style="list-style-type: none"> ▪ Māori advice line – 0800 787 798 ▪ Pasifika advice line – 0800 787 799 ▪ Youth advice line – 0800 787 984
Gambling Helpline – 0800 654 655 or Text 8006	Provide help 7 days/week. Also offer 4 specialist counselling services: <ul style="list-style-type: none"> ▪ Māori Gambling Helpline – 0800 654 656 ▪ Vai Lelei Pasifika Gambling Helpline – 0800 654 657 ▪ Gambling Debt Helpline – 0800 654 658 ▪ Youth Gambling Helpline 'In Ya Face' – 0800 654

	659
Quitline Me mutu 0800 778 778 or Text 4006	Free non-judgemental Smoking cessation help – 24/7
Alcoholics Anonymous 0800 229 6757	Free phone service – connect with others from all walks of life to attain and maintain sobriety.
www.kina.org.nz	For Families affected by an addict.
www.livingsober.org.nz	For Addicts
Meth help counselling service 0800 638 443 or Text m3th to 234	Free call number – is NOT 24/7 Concerned about a family members or your own Meth use? We offer a nationwide telephone, text and email counselling service for meth users. We also support family/whanau and others who are impacted by Meth.
Other specialist areas	
Rural Support Trust 0800 787 254	Free and confidential service for rural people and farming families across New Zealand. If more than a cup of tea and a yarn is needed, we can connect with the professionals who can provide further support, including farming or business advice, financial information, health, mental health and counselling services.
Anxiety NZ Trust – 0800 269 4389 (0800 ANXIETY)	24/7 Anxiety Helpline
Seniorline – 0800 725 463	A free information service for older people
0508MUSICHELP	Wellbeing services is 24/7 online, on the phone and in person counselling service fully funded by the NZ Music Foundation and provided free
Vagus Line - Engage Aotearoa 0800 56 76 666	Mon - Fri 10-5pm. Promotes family harmony among Chinese, enhance parenting skills, decrease conflict among family members (couple, parent-child, in-laws) and stop family violence
Sexual assault/rape support	
Rape Crisis – 0800 88 33 00 (For support after rape or sexual assault
Tautoko Mai Sexual Harm Support - 08002BSAFE – 0800 227 233	Free 24/7 If experienced sexual assault – Waikato and Bay of Plenty
Safe to talk 0800 044 334 or Text 4334 Male Survivors Aotearoa 03 377 6747	Free 24/7 Sexual Harm Helpline Enabling the well-being of male survivors of sexual abuse
Family Violence Support Services	
0800 HEYBRO (0800 439 276)	24/7 Helpline for men who feel they're going to harm a loved one or whānau member www.hewakatapu.org.nz/services/0800-hey-bro
Hohou Te Rongo Kahukura - Outing Violence	Is dedicated to building Rainbow communities in Aotearoa New Zealand free of partner and sexual violence.

Are You OK - 0800 456 450	Family Violence - It's not ok - it is ok to ask for help. Open every day of the year - 9am-11pm.
Women's Refuge Crisis line – 0800 733 843 (0800 REFUGE)	For women and their children living with violence, or in fear, in their relationship or family
Shine 0508 744 633	Confidential domestic abuse helpline
Shakti 0800 733 843	For migrant or refugee women living with family violence

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE 24 JUNE 2020

AGENDA ITEM 7.1

UPDATE ON COMMUNITY HEALTH FORUMS

Purpose

The purpose of this report is to update the Committee on dates and venues for the next round of Community Health Forums (CHF).

Recommendations

It is recommended that the Committee note the dates for the June/July CHF.

TANYA MALONEY
EXECUTIVE DIRECTOR – STRATEGY, INVESTMENT & TRANSFORMATION

Background

The 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 (the Committee) to inform discussion and deliberations.

Update on CHF refresh

The participation in CHF is increasing, as is the diversity of attendees. We now have Chairs/Co-Chairs in place for all but two CHF (North Ruapehu, and a Co-Chair vacancy for North Waikato). Local government representation is increasing at the CHF –Hauraki and South Waikato in particular. Progress has been made on a number of agreed CHF refresh changes e.g. remote participation option to help enable increased community participation. Please note that further changes will occur over time, with local community agreement, and as opportunity allows.

We continue to encourage participants to bring along other community members to the next CHF. DHB Communications staff ran a brief survey with participants at some Round 1 CHF to seek feedback on what communications strategies/tools they commonly use. Findings indicate that the DHB website and newsroom was not used by many CHF participants.

The details for the next round of CHF are as follows:

Community Health Forum Schedule 2020 (as at 10 June 2020)

Round 2

Day	Date	LOCALITY	LOCATION	TIMES	VENUE
Monday	22 June	Greater Hamilton	Hamilton East	10.00 am-12.00 pm	Enderley Community Centre, 66 Tennyson Road, HAMILTON
Thursday	25 June 2020	North Waikato	Rāhui Pōkeka	10.00 am – 12.00 pm	St Paul Church Hall, 55 William Street, RAAHUI POOKEKA/HUNTLY
Thursday	25 June 2020	North Waikato	Meremere	1.30-3.30pm	Meremere Hall -21 Heather Green Ave, Meremere
Tuesday	30 June 2020	North Ruapehu*	Taumarunui	11am launch of new bus service; 12.30 -2.30 pm (CHF)	Taumarunui Cosmopolitan Club, 10 Miriama Street, TAUMARUNUI
Friday	3 July 2020	Matamata-Piako	Matamata	12.00 – 2.00 pm	Matamata Memorial Centre, Tainui St, MATAMATA
Monday	6 July 2020	Waitomo/Otorohanga	Otorohanga	12.00 – 2.00 pm	Otorohanga Club, 107 Maniopoto Street, OTOROHANGA
Tuesday	7 July 2020	South Waikato	Tokoroa	12.00 - 2.00 pm	South Waikato Events Centre, 25 Mossop Road, TOKOROA
Thursday	9 July 2020	Thames-Coromandel / Hauraki	Coromandel	11.00 am-1.00 pm	St Johns Centre, 285/345 Tiki Road, COROMANDEL
Thursday	16 July 2020	Greater Hamilton	Raglan	10.00 am – 12.00 pm	Raglan Arts Centre 5 Stewart Street, RAGLAN

***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. However the June Nga Kaumatua o te Mauri Atawhai hui will not proceed. But there will be a blessing and launch of the new Taumarunui-Hamilton bus service.

Round 3

Day	Date	LOCALITY	LOCATION	TIMES	VENUE
Tuesday	6 October 2020	North Waikato	Ngaruawahia	1.30 am – 3.30 pm	Ngaruawahia Community House, 13 Galileo St, NGARUAWAHIA
Thursday	6 October 2020	North Waikato	Rāhui Pōkeka	10.00am – 12.00 pm	Waahi Whaanui (still tbc) 17 Parry St, RAAHUI POOKEKA/HUNTLY
Thursday	8 October 2020	Greater Hamilton	Raglan	12.30 am – 2.30 pm	Raglan Arts Centre 5 Stewart St, RAGLAN
Monday	12 October 2020	Greater Hamilton	Hamilton West	10.00 am – 12.00 pm	Nawton/Dinsdale (Venue still tbc) HAMILTON
Tuesday	13 October 2020	South Waikato	Tokoroa	12.00 pm – 2.00 pm	Tokoroa Hospital Library Room 55 Maraetai Rd, TOKOROA
Monday	19 October 2020	Waitomo/Otorohanga	Te Kuiti	12.00 - 2.00 pm	TE KUITI (Venue still tbc)
Tuesday	20 October 2020	Matamata-Piako	Te Aroha	12.00 – 2.00 pm	Silver Fern Farms Events Centre 44 Stanley Avenue, TE AROHA
Thursday	22 October 2020	Thames-Coromandel / Hauraki	Paeroa	10.00 am – 12.00 pm	PAEROA (Venue still tbc)
Tuesday	27 October	North Ruapehu*	Taumarunui	10.00 am – 12.00 pm –(Nga Kaumatua community hui link) 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 an hour to listen to any health queries you may want to discuss.

Equity

Mana Whakahaere (Article 1)

Maori are activity encouraged to attend CHF's and the venues are at times held on marae or in line with Community Kaumatua meetings.

Mana Motuhake (Article 2)

CHF's reach out into the community and allow enable community stakeholders to talk directly with DHB leaders.

Mana Tāngata (Article 3)

CHF's provide another way of receiving community based information on need and service responses.

Mana Māori (Declaration/Article 4)

CHF's use tikanga in how the meetings are run and provide opportunity to feedback on Matauranga Maori.

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's 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's are aligned to the DHB's strategic direction and goals within Te Korowai Waiora and will be one of the key mechanisms moving forward to implementation of the strategy.

Community and Public Health Advisory Committee / Disability Support Advisory Committee

General Business 24 February 2020