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

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	26 February 2020	**Time:**	9am

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dr 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, Acting Executive Director Strategy, Investment and Transformation and other Executives as necessary

Next Meeting Date:	22 April 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**

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

Item

1. Apologies

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

3. **MINUTES AND MATTERS ARISING**
- 3.1 Minutes (draft): 23 October 2019

4. **EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION REPORT**

5. **DECISIONS**

6. **DISCUSSION**
- 6.1 Renal Model of Care Update
- 6.2 Mental Health and Addictions Services Map

7. **INFORMATION**
- 7.1 Update on Community Health Forums

8. **GENERAL BUSINESS**

NEXT MEETING: 22 April 2020

Apologies

Interests

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

Dr 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	
Chief Executive Officer, NZ Qualifications Authority	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 *(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	

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	
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		
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			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			

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 Maori Council, Waikato DHB	Non-Pecuniary	None	
Iwi Maori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Member, Te Whakakitenga o Waikato	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None	
Co-Chair, Midlands Iwi Relationship Board, Midlands	Non-Pecuniary	None	
Deputy Chair, River Plan Taskforce, Hamilton City Council	Non-Pecuniary	None	
Maangai Maaori, Community Committee, Hamilton City Council	Non-Pecuniary	None	
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None	
Member, Waikato-Tainui Koiora Strategy Panel	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

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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	
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 *(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	

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	

Note 1: Interests listed in every agenda.

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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	

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	

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	

Note 1: Interests listed in every agenda.

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

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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.

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Minutes
and
Matters Arising

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Community and Public Health Advisory Committee and Disability Support Committee held on 23 October 2019 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
Dr K Poutasi
Mr D Slone
Ms J Small
Ms TP Thompson-Evans (Deputy Chair)
Mr G Tupuhi

In Attendance:
Dr K Snee – CEO (arrived at 9.35am)
Ms V Aitken – Executive Director Mental Health
Mr P Grady – Interim Executive Director Strategy, Funding & Public Health
Mr N Hablous **–** Executive Director CE Office
Ms T Maloney – Executive Director Transformation

The Chair opened the new CPHAC/DSAC membership group by asking everyone to introduce themselves and explain what they considered they could bring to the group.

Dr K Poutasi as Commissioner gave a brief overview of what she would like the members to work towards achieving together.

Points highlighted included:

- Demonstrate a focus on the needs of the individual, and a continuum of care.
- Focus on needs of individual in accessing of services.
- CPHAC and HAC have common membership and will be meeting on the same day so that discussions on relevant issues embrace the perspectives of both and lead to coherent decisions.
- Transform how things are done within budget.
- Need to create less plans but work towards implementing the ones we have.
- Need to address Waikato DHB deficit.

ITEM 1: APOLOGIES

Apologies from Mr K Whelan, Crown Monitor were received.

Resolved
THAT
The apologies were received.

ITEM 2: INTERESTS

2.1. Register of Interests

Gerri Pomeroy
Trustee of My Life My Voice

Rachel Karalus
Chair, Aere Tai Pacific Midland Collective
Member – Waikato Plan Regional Housing Initiative

2.2. Conflicts relating to items on the Agenda

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

ITEM 3: PAPERS FOR DECISION

3.1. Views on matters coming within scope of the committee

Mr N Hablous, Executive Director for CE office, attended for this item.

The Terms of Reference for CPHAC and DSAC were to reflect coherence across the scope of health. Disability is within the brief.

Resolved
THAT
The committee noted the Terms of Reference for both CPHAC and DSAC

3.2. Locality Development Approach

Ms T Maloney, Executive Director of the Transformation Programme attended for this item.

Committee members provided feedback:

- Need to move from plans to actioning issues as quickly as possible.
- How to approach the configuration of services and address inequities.
- Ms R Karalus mentioned that Pacific people not mentioned in plan and a big contingent in Tokoroa. Ms TP Thompson-Evans reassured her that there is a strong focus on Island community and aware of issues and will be working closely with providers such as South Waikato Pacific Islands Community (SWIPC).
- Culture in workplace very important, need correct attitude.
- It was pointed out that rural communities seem to be able to work together better than urban areas – can learn from this.
- Rural areas love their small hospitals and feel more comfortable than in the big 'castle on the hill'.
- Migrant workers and unskilled workers can be the invisible community. They become isolated and we need to be aware they are out there. They may not make many connections within the community, may need to connect with local government and networking.
- Ensure the quality of service is the same in every area.
- Appendix one – local leadership, arrows need to come up above model.
- It was asked if the incentive approach to encourage people to work in rural areas still exists. The DHB could consider this again. The medical

council mandates community attachment for all interns and this could help influence where they may choose to work later on.
- Investment needs to be put into better specialist care in rural hospitals. Working well on the South Island. Specialists are often doubly qualified down there.
- Waiting up to a month for a GP appointment – again possible incentive payment to recruit more GPs.
- Need to be sure that all the community has been identified and no minority has been missed.
- Need a good connection with local government (CHF can pick this up here).

Resolved
THAT
The Committee both noted and gave feedback on the content of the report.

3.3. Mental Health Overview including Waikeria Prison

This item was presented by Mr P Grady (Interim Executive Director Strategy, Funding and Public Health) and Ms V Aitken (Executive Director Mental Health and Addictions).

Committee members provided feedback:

- Acute demand is very high and need to shift this trend, there has been clear messages as to what has to change.
- Community does not feel supported and many want to be able to care for their loved ones at home or close to home.
- Request For Proposal (RFP) for 'Integrated Primary Mental Health and Addiction Services' is going out on 24 October 2019.
- Be aware that what was a dual diagnosis can become a triple diagnosis for the ageing population including Dementia.
- Prevention is key. Drinking and smoking in pregnancy has a big impact on the child. Can normally pin point the children in a classroom whose mother has drunk and smoked during her pregnancy. Also consider second hand smoking.
- Current service deliveries re-think. Need to support mental wellbeing and have a more integrated system.
- Locality approach – most accessible services are located in and around Hamilton. In a crisis, need services closer to area and be able to deal with problem before it happens.
- Drive resilience in family wellbeing, get families working together.
- Addictions funding is small. Addiction has been acknowledged as a health issue. Not enough qualified people to deal with the issues so need to support those that are.
- Responsiveness with alcohol and drug needs a complete new approach. Methamphetamine is a good example. Alcohol and drug court is part of the solution.
- Workforce not sufficiently prepared. Universities need to look at the curriculum and change accordingly.
- Fetal Alcohol Syndrome is 3% of births and up to 25% of the prison population.

Resolved
THAT
The Committee noted and provided comment on this report.

ITEM 4: PAPERS FOR INFORMATION

4.1. Brief Overview of the CHF, IMC and Consumer Council

Mr Greg Morton (Senior Planning and Engagement Manager) and Ms Norma Taute (Community Engagement Co-Ordinator) from Strategy and Funding joined the meeting for this discussion.

Community Health Forums (CHF)

- Helps connectedness within the community and good relationship building.
- Each CHF meeting is very different by locality and that can be challenging.
- Need to recognise that we can do these better and always looking for ideas to put forward.
- The first CHF for this round is in Raglan on the 5 November and they continue until 26 November in Ruapehu.
- Still require more Chairs for five of the eight CHF.
- This is a good way of strengthening ties and links with the local community, providers, local government and police.

Consumer Council and Iwi Maori Council (IMC)

- These meetings are set up for specific purposes.
- Consumer Council has had good representation from the Commissioners.
- Consumer processes have improved over time. Good having a plan but needs more implementations, and deliverables.
- IMC want to get more Maori involved in different walks of life.
- How do we bring the information together and ensure it gets to the right people?

Resolved
THAT
The Committee noted and provided feedback on this report.

ITEM 5: GENERAL BUSINESS

5.1. There were no general business items raised at this meeting.
If you have any items you wish to raise, do not wait until the next meeting, bring them to the Chair's attention.

ITEM 6: DATE OF NEXT MEETING

6.1. February 2020 – Updates between meetings so do not lose continuity.

Chairperson: Margaret Wilson

Date: 23 October 2019

Meeting Closed: 11am

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
26 FEBRUARY 2020

AGENDA ITEM 4

STRATEGY, INVESTMENT AND TRANSFORMATION REPORT

Purpose
The purpose of this report is to provide the context and focus for the CPHAC/DSAC and HAC schedule for the remainder of the 2020 calendar year.

Recommendations
It is recommended that the Committee:
1. Note the overview of the Transformation Programme.
2. Note the focus for CPHAC/DSAC and HAC over the next 10 months which will profile model of care development across the system.

TANYA MALONEY
EXECUTIVE DIRECTOR – STRATEGY, INVESTMENT & TRANSFORMATION (ACTING)

REPORT DETAIL

Background

This is the first report to the Community and Public Health and Disability Support Advisory Committees (CPHAC/DSAC) for 2020. The report sets out the context and the focus for the CPHAC/DSAC and also for the Hospital Advisory Committee (HAC) which run consecutively with a linked agenda.

Today's report provides the background to the DHB's Transformation programme and an overview of the programme work streams.

The paper then outlines the proposed approach to the agenda of CPHAC/DSAC and HAC with a focus on the development of new models of care for priority conditions, with a specific aim to address the needs of Māori, Pacific and other communities who currently have poor access to services and/or relatively poor outcomes.

Transformation Programme Overview

The Transformation Programme is the mechanism for implementing the priority initiatives of Te Korowai Waiora, the Waikato Health System Plan. It also incorporates many of the actions required to address the recommendations of the Resource Review that was completed in June 2019.

The programme overview is provided as Appendix one. The work has been organised into five distinct but linked programmes as follows:

- End to end models of care development (including clinical services plans)
- Locality development
- Whānau focused services
- Operational improvement
- Corporate (including organisational structure, governance and financial management).

The Transformation Programme was established in September 2019 with the appointment of an Executive Director to provide leadership to this body of work. It is important to note that the Transformation Programme is owned by the executive team as a whole, and incorporates improvement and innovation across the DHB and the wider health system.

The tangible progress since September has been somewhat limited due to numerous changes in the executive team and the time it has taken to recruit appropriate staff to lead the Transformation Programme work streams. Furthermore, many of the work streams are complex and require a planned approach to design and implementation, and require significant involvement of Iwi, communities, consumers, clinicians and provider organisations. However, the programme also incorporate a number of 'Just Do It' initiatives; such initiatives lend themselves to immediate action, and can be implemented without complex project planning (although will still require a sound methodology to ensure successful implementation).

There are now programme leads in place for the Locality Development and Models of Care work streams, thus I anticipate seeing significant progress in this work over the next few months.

Focus for CPHAC/DSAC and HAC

There is a significant programme of work underway to develop models of care for priority conditions that address the patient and whanau need across the system of care.

In the current configuration of services, there is a siloed approach to the planning and provision of primary, secondary and tertiary care. Thus, care is fragmented across the system rather than a seamless end to end care journey from prevention to end of life care.

To support the development of end to end care, a Model of Care framework is required to:

- define best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event
- ensure patients & whānau get the right care at the right time, by the right team, in the right place and;
- achieve equitable outcomes.

The draft framework of Model of Care development is attached as Appendix two.

The conditions/specialties that have been prioritised for model of care development are those conditions for which there is considerable inequity in access and outcomes. The priority conditions are as follows:

- Diabetes
- Renal disease
- Cardiovascular disease
- Cancer
- Mental health and addictions.

We have also prioritised the First 1000 Days, which is a priority due to the importance of ensuring a healthy start in life for all pepi and tamariki.

The intention is to provide an overview of each model of care at the CPHAC/DSAC and HAC meetings during 2020. The overview will include the current service provision, summary of outcomes and areas of inequity and the proposed service spectrum for the future.

The presentation today will focus on Renal Model of Care development.

Equity

Te Korowai Waiora, which forms the basis of the Transformation Programme, describes a future health system that is founded on partnership with Māori, focuses on responding to the needs of whanau and provides a stepped care continuum that allows access to care in the community wherever possible. At its heart is the commitment to improving Māori health and eliminating inequity

Efficiency

The Operational Improvement and Corporate work-streams have a strong focus on improving efficiency.

Quality and Risk

The model of care and locality development work is aimed at improving quality of service delivery through improving access to appropriate care. All changes aimed at improving equity are inherently focused on improving quality.

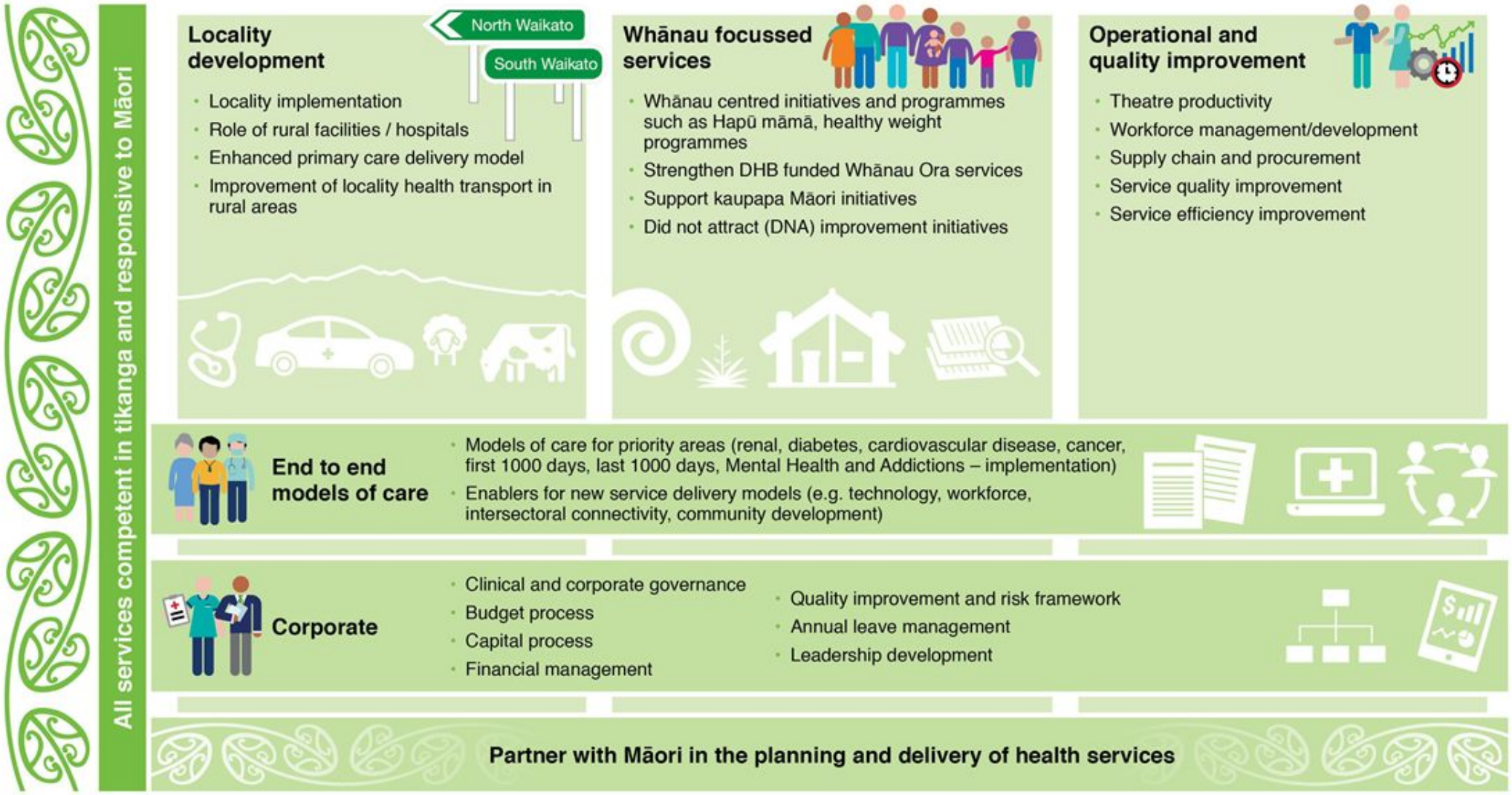
Strategy

Delivery of the Transformation Programme will enable implementation of the DHB's strategic directions as outlined in the HSP. The programme will have a strong focus on the goal to *enhance the connectedness and sustainability of specialist care* through the Operational Improvement work streams. Furthermore, the Locality Development work stream will be the mechanism for implementing many of the other goals of Te Korowai Waiora.

APPENDICES

Appendix 1: The Transformation Programme overview
Appendix 2: The draft framework of Model of Care development

Transformation programme



Framework **Model of care**

Strategic context

- Treaty of Waitangi
- Waitangi Tribunal Claim – Wai 2575
- He Korowai Oranga (New Zealand's Māori Health Strategy)
- National Strategic Approach to planned care
- Midland Regional Services Plan
- Waikato DHB strategic imperatives
- Iwi Māori Health Strategy, Ki te Taumata o Pae Ora
- Waikato Health System Plan, Te Korowai Waiora
- Mental Health and Addictions, Te Pae Tawhiti

Principles

- Whānau wellbeing is achieved
- Equity for Māori and other high need populations
- Co-designed in partnership with communities
- Tailored to need
- Actively focused on outcomes and experience within a safe, quality environment
- Sets the vision and influences future planning

End to end care components

Component of care

- Health promotion
- Prevention
- Early detection
- Supported self care and management
- Treatment and support
- End of life care

Whānau, iwi and community wellbeing

Setting of care

- Community care setting
- Specialist care setting

All services competent in tikanga and responsive to Māori

Enablers

- Governance and leadership
- Quality and safety
- Technology and information
- Commissioning
- Workforce
- Enhanced primary and community care
- Intersectoral connectivity
- Community development / enablement

Decisions

Discussion

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
26 FEBRUARY 2020

AGENDA ITEM 6.1

RENAL MODEL OF CARE UPDATE

REPORT SUMMARY

Purpose
The purpose of this report is to provide a progress update on Model of Care development for Renal Services.

Recommendations
It is recommended that the committee:

1) Note the content of this report including:
   - The model of care framework for use across all conditions and specialties
   - The inequities in outcomes for Māori and the NZ European population
   - The Renal Service Model of Care development work.
2) Note the attached slides that will be presented at the committee meeting.

TANYA MALONEY
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT & TRANSFORMATION (ACTING)

REPORT DETAIL

Background

The Waikato Health System Plan, Te Korowai Waiora signalled the need for the health system to work as one and created a vision for good health and wellbeing in the Waikato.

In the current configuration of services, there is a siloed approach to the planning and provision of primary, secondary and tertiary care. Thus, care is fragmented across the system rather than a seamless end to end care journey from prevention to end of life care.

To support the development of end to end care, a Model of Care approach is required to:

- define best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event
- ensure patients & whānau get the right care at the right time, by the right team, in the right place and;
- achieve equitable outcomes.

Regional Renal Services

The regional renal service provides tertiary level treatment of end stage kidney failure for Waikato DHB, Lakes DHB, Tarawhiti DHB and BoP DHB. The service is based at Waikato hospital with satellite dialysis units at Rotorua, Gisborne, Whakatane and Tauranga.

Outreach clinics are held at each DHB and clinic volumes are based on a contracted number of clinics per annum.

Kidney failure is more prevalent in Māori and Pacifica peoples. This difference is present even when adjusting for the higher rates of diabetes in Māori and Pacifica populations. Māori who have diabetes are 8.5 times more likely to develop diabetic kidney disease and up to 46 times more likely to develop end stage kidney disease than NZ European patients. It is therefore important to look at equity of outcomes as a marker of service quality and utilise the data to consider changes in how care is provided to our at risk populations.

Current State

Current Renal services provided via a multi-disciplinary approach are:

- Haemodialysis
- Home dialysis
- In patient service (16 beds)
- Assisted care dialysis
- Outpatient clinics
- Transplants and other procedures
- Kaitiaki support.

A review of all relevant data on renal treatment for the 2018 calendar year has shown the following:

Key findings are:

1. Of the 124 new patients starting Renal Replacement Therapy during 2018 57% identified as Māori compared to the regional Māori population of 26.6% Māori[1]. This is consistent with national figures.
2. The cause of kidney failure in 70% of Māori patients is diabetes (DM). This compares with 20% of NZE patients with kidney failure having diabetes as the cause.
3. Disease severity as measured by proteinuria at the time of referral to the renal service is significantly higher for Māori irrespective of the underlying cause of kidney failure. This predicts a steeper decline in kidney function towards RRT.
4. Time from renal service referral to RRT is significantly shorter for Māori compared with NZE.
5. Within the renal service pathway less Māori are referred to specialist nursing and education pathways at the right time point compared with NZE.
6. Māori patients are significantly younger when starting dialysis at 58yrs compared with NZE at 68yrs.
7. 24% of Māori patients are current smokers compared with 8% on NZE
8. Rates of COPD for Māori are significantly higher at 57% than for NZE at 29% and are probably reflective of greater smoking exposure
9. DNA rates for Renal services 18/19 FY are 13% Māori and 6% non-Māori
10. Transplant listing rates are comparable for Māori and non-Māori
11. Live donor transplantation rates are lower for Māori than non-Māori.

The findings above and previous research data on kidney disease in Māori indicate that to improve outcomes for Māori there is need for a multimodal approach across the healthcare/ community continuum.

[1] DHB profiles 2018

Limited work has been focused on the primary care aspect of the patient journey, and although some initial projects have been flagged, further work is required to identify, test and measure all the service improvement opportunities to improve equity and health outcomes for Māori patients with chronic kidney disease.

Problem Statement

Māori have twice the rate of dialysis requiring kidney disease than non-Māori and dialysis numbers continue to grow. A whole of system approach across primary, community, secondary & tertiary care is required to achieve equity and delay the onset of kidney failure for the Waikato population.

Model of Care Development

1. Work has begun on a Renal Model of Care (Waikato) to provide an approach for end to end care across the system (primary, community, secondary and tertiary care) incorporating:
    - Prevention
    - Early Detection
    - Supported self-care & management
    - Treatment and support
    - End of life care.

2. A broad data analysis is required to gain an understanding of the volumes of patients with early markers of chronic kidney disease and uncontrolled diabetes in the community combined with the secondary data and further analysis, improvement opportunities will be identified to implement or test and measure.

3. An engagement strategy to break down the current siloed approach and ensure all stakeholders can share their knowledge and experience to build the model and achieve the desired outcomes.

4. A co-design process with all stakeholders including patients and whanau to understand the current patient journey, the challenges and opportunities to feed into the future end to end model of care.

5. In the short term two pieces of work have been identified to implement in the Tokoroa Locality:
    - New outpatient clinic utilising current resources to begin in Tokoroa Hospital which will bring the Renal Service closer to home for patients in the service living in this area
    - Testing a collaborative model of care between specialist renal nurses and primary care clinicians in Tokoroa to improve the effectiveness and management of risk factors for progression of Chronic Kidney Disease (CKD)

Equity

The objectives of the Renal Model of Care are specifically to address the inequities that exist for Māori.

Efficiency

Not applicable.

Quality and Risk

Appropriate quality improvement and risk mitigation will be built into the implementation plans.

Strategy

The Renal Model of Care will 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

Appendix 1: Renal Model of Care Presentation

Renal Model of Care

Dr Andrew Henderson, Renal Physician and Clinical Director, Midland Regional Renal Service
Maree Munro, Programme Lead, Transformation Programme

Waikato District Health Board

Framework **Model of care**

Strategic context

- Treaty of Waitangi
- Waitangi Tribunal Claim – Wai 2575
- He Korowai Oranga (New Zealand's Māori Health Strategy)
- National Strategic Approach to planned care
- Midland Regional Services Plan
- Waikato DHB strategic imperatives
- Iwi Māori Health Strategy, Ki te Taumata o Pae Ora
- Waikato Health System Plan, Te Korowai Waiora
- Mental Health and Addictions, Te Pae Tawhiti

Principles

- Whānau wellbeing is achieved
- Equity for Māori and other high need populations
- Co-designed in partnership with communities
- Tailored to need
- Actively focused on outcomes and experience within a safe, quality environment
- Sets the vision and influences future planning

End to end care components

Component of care

- Health promotion
- Prevention
- Early detection
- Supported self care and management
- Treatment and support
- End of life care

Whānau, iwi and community wellbeing

Setting of care

- Community care setting
- Specialist care setting

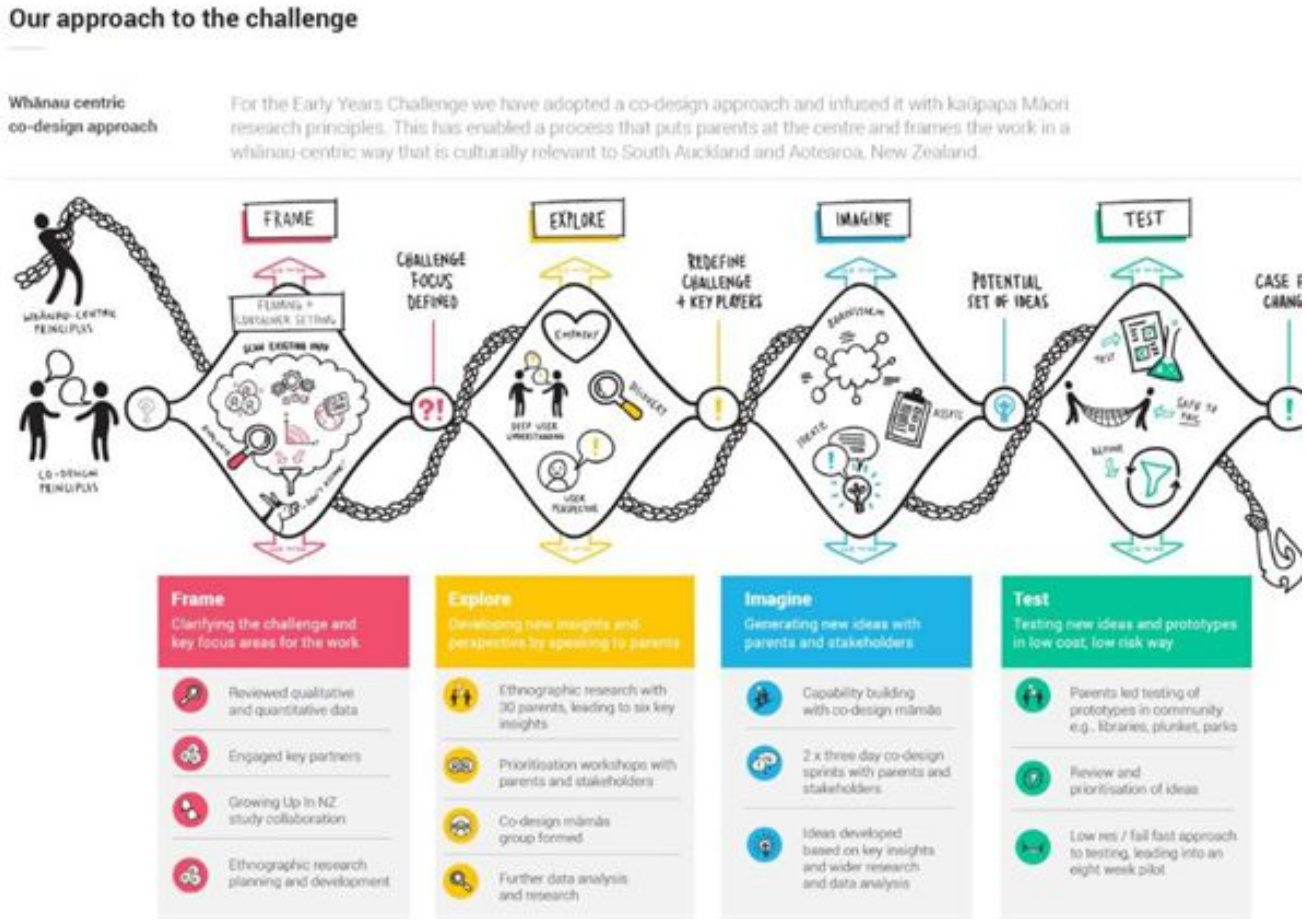
All services competent in tikanga and responsive to Māori

Enablers

- Governance and leadership
- Quality and safety
- Technology and information
- Commissioning
- Workforce
- Enhanced primary and community care
- Intersectoral connectivity
- Community development / enablement

Waikato District Health Board

Approach to co-design



Ref: The Southern Initiative

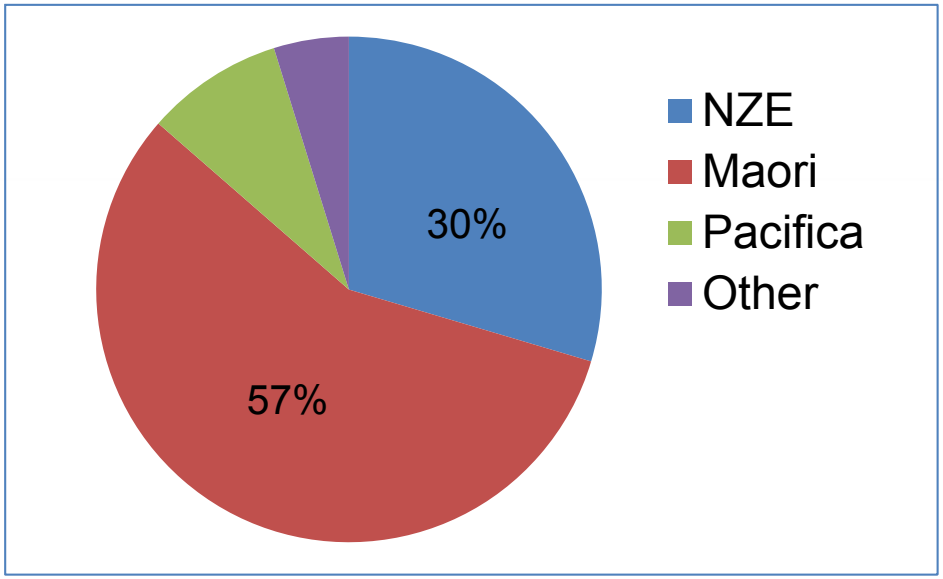
Waikato District Health Board

Renal Data

From the ANZ renal registry (ANZDATA) which collects data on all patients receiving renal replacement therapy (RRT) for the 2018 calendar year and retrospective data from Clinical Workstation, departmental databases and regional laboratory results systems

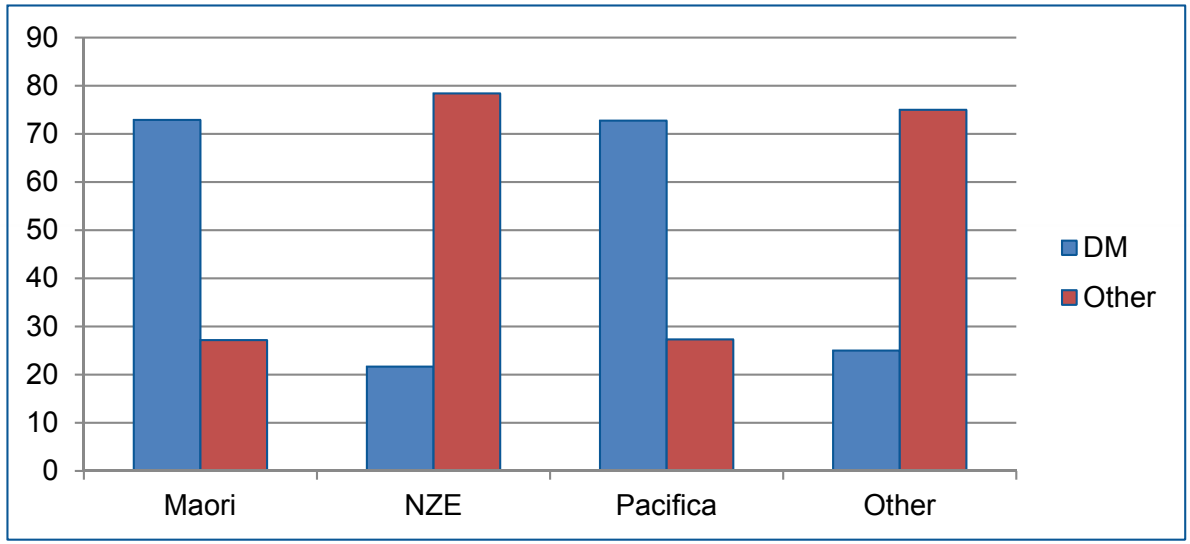
Baseline characteristics

- 124 new patients started Renal Replacement Therapy (RRT) at Waikato.
- 57% are Māori
- This compares with a regional population which is 26.6% Māori (DHB profiles 2018).
- Therefore Māori are overrepresented in RRT numbers by a factor of 2.



Cause of kidney failure

- The predominant cause of kidney failure in Māori is diabetes (DM) which is different to NZ European patients. ($p<0.05$)



Starting dialysis

- Māori patients are significantly younger when they start dialysis compared with NZE.
- Although rates of CAD and PVD are similar it should be noted that the Māori patient group is 10 years younger and would be expected to have a lower rate of CAD and PVD if health outcomes were equal between groups.

Age

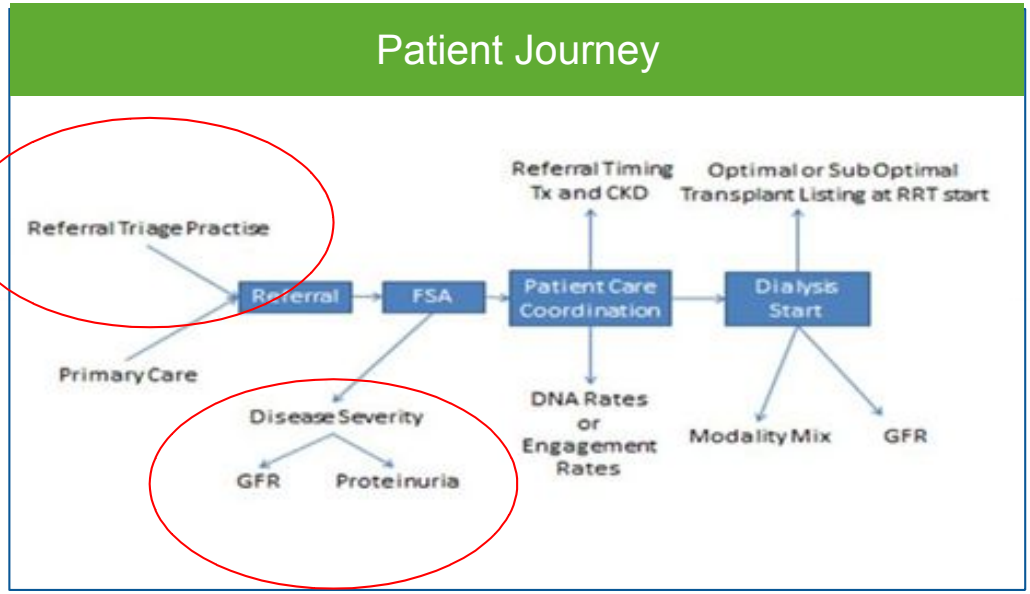
	Māori	NZE	Standard deviation
Age	58.18	68.27	P <0.05

Comorbidity

	Māori	NZE	Standard deviation
Smoking (Current)	24%	8.1%	0.06
Smoking (current or former)	70%	64%	NS
CAD	54%	54%	NS
COPD	57%	29%	0.081
PVD	25%	27%	NS

Measuring Equity

- There are various steps along the pathway where inequity can occur and it is important to measure each step in the pathway to identify if there are points where inequity occurs.
- The first step to consider is disease severity at time of referral to the renal service.
- The second step is to look at the referral into the service and triage processes



Severity

- Disease severity can be measured by looking at level of kidney function at time of referral and by the amount of protein loss from their kidneys at time of referral as this predicts rate of decline of kidney function.
- Proteinuria is linked to an increased rate of decline in kidney function
- Proteinuric renal disease is a feature of diabetic nephropathy but the difference in proteinuria persists when only patients with diabetes are considered.

	Māori	**NZE**	**Standard Deviation**
Mean eGFR	23.6	23.08	NS
Mean Proteinuria (mg/mmol)	578	203	P<0.05
Mean Proteinuria Diabetics	623	258	P<0.05

Rate of progression of kidney disease

- Patients are referred with similar levels of kidney function but due to the observed differences in proteinuria (which can predict rate of decline) there is a difference in time from first specialist appointment to RRT between Māori and NZE.

	Māori	NZE	Standard Deviation
Months between FSA and RRT commencement	24.7 months	46.8 months	P<0.0001

Next Steps:

- Analysis of primary care data to understand burden of chronic kidney disease
- Review and update referral pathways into service
- Engagement strategy across all stakeholders
- Co-design process for end to end model of care with all stakeholders
- Implement Outpatients clinics in Tokoroa
- Test collaborative model of care between primary and secondary in Tokoroa

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
26 FEBRUARY 2020

AGENDA ITEM 6.2

MENTAL HEALTH AND ADDICTIONS SERVICES MAP

Purpose

The purpose of this report is to provide an overview of the Mental Health and Addictions System, in advance of a presentation and discussion to be held at the February CPHAC/DSAC meeting.

Recommendations
It is recommended that the Committee:
1. Note the Mental Health and Addictions Service Map attached as Appendix 1.
2. Consider the Questions included in the slide pack, ahead of the presentation and discussion at the February meeting.

PHILIP GRADY
GENERAL MANAGER – STRATEGY FUNDING AND PUBLIC HEALTH (ACTING)

TANYA MALONEY
EXECUTIVE DIRECTOR – STRATEGY, INVESTMENT & TRANSFORMATION (ACTING)

REPORT DETAIL

Significant development activity is underway in respect to Mental Health and Addictions Services in the Waikato, following the consolidation of the Creating our Futures and Te Pae Tawhiti models of care into a single Mental Health and Addictions Strategic Framework.

A single Mental Health and Addictions Governance Group has been established with representation from across the sector, and this group is overseeing a two year programme of action to ensure services are aligned with the agreed strategic direction.

The planned facilitated discussion will be held with CPHAC/DSAC at the February meeting to discuss the service map of services across the care continuum, and the actions underway to address the identified service gaps and equity drivers. The DHB will be seeking the committees' feedback and endorsement for the approach outlined.

A set of questions is included in the slide pack for committee members to consider prior to the meeting.

Equity

The development of the Mental Health and Addictions Services Framework has been developed with strong input from Maori and Kaupapa service providers. Each aspect of the service continuum (in respect to both mainstream and kaupapa Maori services) have been considered with respect to improving equity of access and outcomes for Maori. The

feedback from Lets Talk and the Health System Plan consultations further emphasised the importance of community and whanau resilience in battling mental health statistics. This has been addressed in respect to the activity planned around supporting community development, health literacy and community resilience as a primary preventative approach.

Efficiency

Waikato DHB experiences the impact of a poorly configured Mental Health and Addictions system through the demand for expensive and intensive inpatient services at Waikato Hospital. The redevelopment of the Mental Health and Addictions Service continuum is focussed on prevention, early intervention and the location of services in the community. This improves the efficiency of service provision and the sustainability of services by reducing the need over the longer term for expensive complex inpatient growth.

Quality and Risk

Significant clinical input has been secured in respect to the development of this future service configuration. Effective monitoring and reporting will ensure the gains expected from the system are tracked, and any issues are quickly addressed.

A Governance Group (with cross sector representation) has been established to oversee the development of this enhanced service continuum.

Strategy

The Mental Health and Addictions Service Framework is directly aligned to the consolidated Mental Health and Addictions Strategic Framework. It is also fully aligned with Te Korowai Waiora – Waikato District Health Boards Strategic Plan.

Future Reporting

Regular reporting on development progress over the next two years will be provided to CPHAC/DSAC, as will impact on access and health outcomes amongst the DHB's Mental Health and Addictions client base.

APPENDICES

Appendix 1: Mental Health and Addictions Service Map Presentation

Mental Health and Addictions Service Map

Philip Grady
General Manager Strategy & Funding and Public Health (Acting)

Waikato District Health Board

CPHAC/ DSAC / HAC

- Chair of CPHAC/ DSAC sought a service map
- High level overview
- Alignment with Te Pae Tawahiti / Lets Talk / Locality Development
- Does not include new initiatives ie Alcohol and Other Drug Treatment Court (AODTC) and Primary Mental Health (MH) new services
- Opportunity for discussions about the gaps

Framework **Model of care**

Strategic context

- Treaty of Waitangi
- Waitangi Tribunal Claim – Wai 2575
- He Korowai Oranga (New Zealand's Māori Health Strategy)
- National Strategic Approach to planned care
- Midland Regional Services Plan
- Waikato DHB strategic imperatives
- Iwi Māori Health Strategy, Ki te Taumata o Pae Ora
- Waikato Health System Plan, Te Korowai Waiora
- Mental Health and Addictions, Te Pae Tawhiti

Principles

- Whānau wellbeing is achieved
- Equity for Māori and other high need populations
- Co-designed in partnership with communities
- Tailored to need
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- Sets the vision and influences future planning

End to end care components

Component of care

- Health promotion
- Prevention
- Early detection
- Supported self care and management
- Treatment and support
- End of life care

Whānau, iwi and community wellbeing

Setting of care

- Community care setting
- Specialist care setting

All services competent in tikanga and responsive to Māori

Enablers

- Governance and leadership
- Quality and safety
- Technology and information
- Commissioning
- Workforce
- Enhanced primary and community care
- Intersectoral connectivity
- Community development / enablement

Waikato District Health Board

End to End Care Components
(Community settings)

Health Promotion

Prevention

Partnerships with other Agencies to address Social Determinants Eg Kainga Ora

Health Improvement Advisors Active in Local Communities Via PHU

School Based Nursing (decile 1-5)

Promotion and Investment in Schools

Suicide Prevention Programme (Quality and Safety)

Early Detection

National Helplines – (e.g 1737)

Extended GP or Nurse Consults – Primary Care

Primary Mental Health – brief interventions – Primary Care

Packages of Care, including Counselling – Primary Care

Youth Intact – Youth AoD - NGO

Adult AoD Programmes & Brief Interventions - NGO / Primary Care

Waikato District Health Board

End to End Care Components
(Community Settings)

Supported Self Care, and Management

Online Self Help Tools e.g. CBT

Self Help Support – e.g. AA, Alanon /Peer support

Adult Cultural Support - NGO

Adult Whanau Support - NGO

Work Placement Support (eg Workwise)

AoD Youth Day Programmes

AoD Adult Programmes and Activities

National Helpline

Depression.org (website)

Healthpoint (website)

End to End Care Continuum
(Specialist Settings)

Treatment and Support

Community based Clinical Interventions – MoH (DHB)

Adult Residential Mental Health Services (NGO)

Adult Crisis Services (DHB)

Adult Respite Services (NGO)

Adult Acute Alternatives in the Community (NGO/DHB)

AoD – Residential Beds (NGO)

Community AoD Services (DHB/NGO)

Community safer housing support (NGO)

Child and Adolescent Mental Health Services NGO/Provider Arm

Inpatient Acute Care (Henry Rongomai Bennett Centre)

Inpatient AoD Managed Withdrawal Care (CADS)

Regional Forensic Services (DHB)

Speciality Services ie eating disorders (both local and regionally)

Waikato District Health Board

Waikato District Health Board

Information

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
26 FEBRUARY 2020

AGENDA ITEM 7.1

UPDATE ON COMMUNITY HEALTH FORUMS

Purpose

The purpose of this report is to update the Community and Public Health and Disability Support Advisory Committee members on key matters relating to the November 2019 round of Community Health Forums (CHF) and the broader CHF refresh process.

Recommendations
It is recommended that the Committee:

1) Note the content of this report including:
    - The actions being taken to improve our approach to community health forums.
    - The summary of community feedback received in the eight CHFs held in November 2019.

PHILIP GRADY
GENERAL MANAGER – STRATEGY & FUNDING AND PUBLIC HEALTH (ACTING)

TANYA MALONEY
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION (ACTING)

REPORT DETAIL

Background

The Community Health Forums (CHFs) 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 (CPHAC) and Disability Support Advisory Committee (DSAC) to inform discussion and deliberations.

At a previous Committee meeting (August 2019) it was agreed that a refresh of the CHFs would occur. Work has been undertaken to strengthen the CHFs to enable more effective engagement and to support community input into service development. This report provides an update on key CHF themes (November 2019), key next steps and planning for the 2020 CHFs.

Update on CHF refresh

A number of CHF refresh changes were previously agreed by the Committee. Table 1 below summarises these areas of change focus alongside an update on our progress and next steps for each. These changes will occur over time with local community agreement, and as opportunity allows.

Table 1: CHF Refresh focus areas -progress and next steps

Refresh focus area	Progress	Next steps
1. Alignment of CHFs to seven DHB localities	Raglan will continue as a discrete CHF location as part of 'Greater Hamilton' CHF sessions, and Cambridge will be added as a location for this locality. Ngaruawahia is to be included as part of North Waikato CHF sessions.	Schedule next meetings as appropriate.
2. Link CHFs to local community networks –with a particular focus on strengthening Māori representation	Strong engagement with Waikato Tainui participants at the North Waikato CHF (at Waahi Whaanui, Huntly). New local Co-chair appointed for North Waikato. Each CHF round will include Huntly (venue: Waahi Whanui).	Continue to encourage local CHF participants to attend and identify other options for some CHF locations.
3. Engage with PHOs to determine their role and participation	PHO practice representation was limited during the November CHFs. However some PHOs were still in transition and building relationships with their local practices.	Determine how best to involve local practices e.g. have a practice update early on the CHF agenda so that staff can return to their practice if needed.
4. Frame CHFs agendas to reflect local community needs and Waikato Health System Plan, *Te Korowai Waiora* implementation	First Raglan CHF in 2020 will have a focus on rangatahi development to reflect local interest in working collectively on this. North Ruapehu CHF participants identified a focus on mental health (for older people and rangatahi) for the next CHF. Invite Ruapehu District Council staff to participate in future North Ruapehu CHF.	Continue to seek feedback post November CHFs on local issues/interest matters for 2020. Look to align locality profile to Ruapehu District Council's Liveability and Well-being Study and consider a joint forum in Taumarunui in March 2020.
5. Invite other social agency partners to participate in CHFs	Invitation extended to local council staff to attend local CHF e.g. Matamata Piako District Council. Hauraki District Council staff participated in the Thames Coromandel / Hauraki CHF (Paeroa)	Identify opportunities to extend invites to remaining local councils to participate in CHF. Waikato District Council staff to be invited to attend Huntly CHF to speak about the corridor plan and other local initiatives. They will also be invited to Raglan to speak about the local community blueprint plan
6. DHB to develop with each CHF an overview of services provided in each community locality, along with profiles	Locality profiles have been developed for South Waikato, North Ruapehu, and North Waikato. North Ruapehu Profile will be integrated with data from Ruapehu District Council's liveability and well-being study.	Identify further opportunities via CHF to complement health and demographic data to be included in profiles with local community data and information. E.g. Tainui's Koi Ora Plan
7. As required extend the CHF sessions (particularly in the rural communities) to provide opportunities for engagement in service development discussions.	Opportunities to involve CHF in locality development are being identified. DHB staff will look to participant in other local community forums where opportunity allows e.g. Hauraki Better Futures.	Identify opportunities to involve CHF in service development related projects as opportunity arises. DHB communication team to be invited to speak at Feb/Mar CHFs to speak about DHB

		communication portals, and to seek feedback from participants on their preferred communication portals.
8. Identify community leaders who have strong community networks to step into the CHF chair roles.	New Chairs have been elected for Raglan and Thames Coromandel/Hauraki and Co-Chairs for North Waikato and Greater Hamilton CHFs. A candidate has been identified for Waitomo/ Otorohanga. There are two further unfilled Chair roles (Matamata-Piako and North Ruapehu).	Work alongside CHF to identify community leaders for Matamata-Piako, and Waitomo/Otorohanga, and North Ruapehu CHFs

November CHF participants and feedback themes

Participants from the November 2019 CHFs are summarised in table 2 below by participant group.

Table 2: CHF Attendance (November 2019)

CHF	Town	DHB staff	PHO staff	Commissioners	Community	Total
Thames-Coromandel	Paeroa	11	0	1	28	39
North Waikato	Huntly	10	0	1	18	28
Hamilton	Hamilton	12	0	1	23	35
South Waikato	Tokoroa	8	1	1	20	29
Raglan	Raglan	4	1	1	10	15
Matamata-Piako	Te Aroha	6	0	2	20	26
Waitomo/Otorohanga	Te Kuiti	13	0	1	12	25
North Ruapehu	Taumarunui	12	0	2	18	28
Total						**225**

Feedback from the November CHFs was more varied than that from the July forums. Key feedback theme areas identified from the November CHFs are outlined below. Responses to concerns, including actions taken to address service gaps, will be provided at the next round of CHFs.

- Commendations and acknowledgements: Participants at two of the CHFs commended DHB staff for the approach taken in engagement on the DHB's Disability Responsiveness Plan, while Thames Hospital staff were acknowledged for the quality of care provided to a consumer and their family. Waikato Public Health staff were also commended for their work with whānau in the North Waikato locality.

  Participants at three forums commented positively on the changes they had observed in tone and approach for CHFs.

- Mental health and wellbeing matters:

  - *Rangatahi:* There is growing concern for local activities to support youth connectedness, and in some geographic areas, concern regarding the rising influence of local gangs. In Raglan, there is on-going interest in re-establishing a Youth Centre.

- *Older people*: Access to community-based support (particularly in rural settings) has been raised as a significant issue. Access to palliative care was also raised as an issue at the North Waikato and North Ruapehu CHFs.

- Respecting Māori tikanga, and tino rangatirotanga: Partnering with Māori in a respectful way that upholds human rights and Treaty of Waitangi obligations was a clear theme at the North Waikato CHF. There was also a suggestion that the locality plan should be a 'well-being plan' with a focus on enabling holistic whanau wellbeing.

  Several other forums also referred to the need to for whanau oriented services and the need to actively remove barriers to access to quality care for Māori e.g. providing hospital whanau support rooms.

- Transport and parking: Access to, and quality of transport services within towns/local areas, and between those towns and health services in Hamilton remains a key theme from CHFs. A number of suggestions came from the South Waikato CHF in respect to improving access to both local and Hamilton-based services, and coordinating transport services.

  North Ruapehu CHF participants continue to highlight the need to improve the frequency and quality of the DHB transport service between Taumarunui and Waikato Hospital.

- Scheduling of appointments: There is mixed feedback about the scheduling of outpatients appointments, particularly at Waikato Hospital. Community members continue to ask about the opportunity for appointments to be held at local hospitals, or via telehealth.

  Rural communities also continue to request improved allocation and timing of appointments at Waikato Hospital, taking into account individuals' travel time, domiciled address, and whether there is a need to be seen in person.

- Discharges from Waikato Hospital: Participants gave examples of consumers being discharged from ED, and other services without appropriate support e.g. mobility aid support. Some examples were also identified where discharges occurred for consumers that had limited whānau or social supports e.g. from Rongomau Henry Bennett Centre.

- Housing: A range of issues were raised across the CHFs, including availability, affordability and suitability. Participants regularly talk about the lack of social or affordable housing options, and rising rent costs. Across the DHB District, there is a rising concern regarding access to suitable housing, whilst housing demand or supply issues in some towns are pushing rental costs out of the reach of locals e.g. Raglan.

- Local resources and infrastructure to enable wellbeing: In a couple of forums, participants raised a lack of access to specialist allied health resources such as a nutritionist, or to community infrastructure e.g. resourcing to enable broader access to a community gym facility (Huntly West). In Raglan, there is continued collective interest in working alongside local youth to identify options for a local Youth Centre.

  Discussion on the need to promote health and wellbeing was a common theme emerging from discussion at about half of the CHFs.

- Primary health care access and cost: Constraints on timely access to primary care was raised at three forums, with cost also being raised at one. There was also a detailed discussion on access to local podiatry services at the North Waikato CHF.

North Ruapehu also raised concerns about the joint primary and secondary care model located at Taumarunui Hospital. Some of the concern appears to be related to a lack of clear and/or ongoing communication with communities about this model of care change and any associated reviews and/or service improvements over time.

- Access: This was a recurring theme across the forums, as was the desire of participants to see services provided in ways that are culturally appropriate, and local community centred.

Community Health Forum Schedule for 2020

The CHFs schedule for round one 2020 is provided in Appendix 1.

Over time as we progress the locality approach the local CHFs may be replaced or supplemented with more community owned forums or ways of engaging.

Equity

The planned changes to CHFs will allow a greater connection with local Iwi, and focus our attention on the DHBs priority to improve Māori health and achieve equity.

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

CHFs 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

CHFs 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.

Future Reporting
There will be regular reporting to the Committee on the key themes from CHFs, along with examples of service changes implemented in response to local community feedback.

APPENDIX

Appendix 1: Community Health Forums Schedule for 2020.

Appendix 1: Community Health Forums Schedule for 2020 - Round 1

Day	Date	LOCALITY	LOCATION	TIMES	VENUE
Tuesday	25th February 2020	Greater Hamilton	Cambridge	10.00 am – 12.00 pm	Cambridge Community House 193 Shakespeare St, CAMBRIDGE
Thursday	27th February 2020	North Waikato	Ngaruawahia	1.00pm – 3.00 pm	Ngaruawahia Community House 13 Galileo St NGARUAWAHIA
Thursday	27th February 2020	North Waikato	Rāhui Pōkeka (Huntly)	10.00am - 12.00pm	Waahi Whaanui (still tbc) 17 Parry St, RAAHUI POOKEKA/ HUNTLY
Tuesday	3rd March 2020	South Waikato	Tokoroa	12.00 - 2.00 pm	Tokoroa Hospital Library Room 55 Maraetai Rd, TOKOROA
Thursday	5th March 2020	Greater Hamilton	Raglan	10.00 am – 12.00 pm	Raglan Arts Centre 5 Stewart St, RAGLAN
Monday	9th March 2020	Waitomo/Otorohanga	Te Kuiti	12.00 - 2.00 pm	Te Kuiti Community House Trust 28 Taupiri St TE KUITI
Wednesday	11th March2020	Matamata-Piako	Morrinsville	10.00 am – 12.00 pm	Senior Citizens Hall 45 Canada St, MORRINSVILLE
Thursday	12th March 2020	Thames-Coromandel /Hauraki	Thames	10.00am – 12.00 pm	Richmond Villas 82 Richmond St THAMES
Tuesday	31st March	North Ruapehu	Taumarunui	10.00 am – 12.00 pm – (Collective Nga Kaumatua Community Meeting) 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 Maurio Atawhai) which the DHB also attends. Then we will provide an extra session after lunch for up to an hour to listen to any health queries people may want to discuss.

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General Business

Date of Next Meeting: 22 April 2020