

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



| | | | |
|------------------|---|--------------|-----|
| Location: | Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON | | |
| Date: | 24 June 2021 | Time: | 9am |

| | | | |
|-----------------------|--|--|--|
| Commissioners: | Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Mr A Connolly, Clinical Advisor to the 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 Other Executives as necessary | | |

| | | | |
|---------------------------|--------------------------|------------------------|--|
| Next Meeting Date: | 26 August 2021 | | |
| Contact Details: | Phone: 07 834 3622 | Facsimile: 07 839 8680 | |
| | www.waikatodhb.health.nz | | |

Our Vision: Healthy People. Excellent Care

Our Values:
 People at heart – **Te iwi Ngakaunui**
 Give and earn respect – **Whakamana**
 Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
 Growing the good – **Whakapakari**
 Stronger together – **Kotahitanga**

| Item | |
|------|--|
| 2. | APOLOGIES |
| 3. | INTERESTS |
| | 3.1 Schedule of Interests |
| | 3.2 Conflicts Related to Items on the Agenda |
| 4. | MINUTES AND MATTERS ARISING |
| | 4.1 Minutes 29 April 2021 |
| | 4.2 Matters Arising from the Minutes |
| 5. | COMMITTEE MEMBERS UPDATES |
| | 5.1 The Chair will invite members to provide updates as they relate to Waikato DHB |
| 6. | PRESENTATIONS |
| | 6.1 COVID-19 Vaccination Update |
| 7. | INFORMATION |
| | 7.1 Health and Disability Sector Transformation (discussion lead by Chad Paraone) |
| 8. | GENERAL BUSINESS |

NEXT MEETING: 26 August 2021



Apologies



Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO JUNE 2021

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 | |
| Son, Health Manager, Worksafe | Non-Pecuniary | None | |
| Chair, Wellington Uni-Professional Board | Non-Pecuniary | None | |
| Chair, COVID-19 Vaccine and Immunisation Governance Group | Non-Pecuniary | None | |
| Chair, Taumata Arowai | 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> |
|--|--|--|--|
| Clinical Advisor to the 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 | |
| Acting Chief Medical Officer, Ministry of Health (secondment to 31 December 2021, part-time) | Non-Pecuniary | None | |
| Board member, Health Quality and Safety Commission (position non-active whilst Acting Chief Medical Officer, Ministry of Health) | Non-Pecuniary | None | |
| Employee, Counties Manukau DHB | Non-Pecuniary | None | |
| Clinical Advisor to Chair, 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 Committee, Waikato DHB | Non-Pecuniary | None | |
| Independent Chair, Bay of Plenty Alliance Leadership Team | Non-Pecuniary | None | |
| Independent Chair, Integrated Community Pharmacy Services Agreement | Non-Pecuniary | None | |
| National Review (stepped down from role from December 2020 to June 2021) | | | |
| Strategic Advisor (Maori) to CEO, Accident Compensation Corporation | Non-Pecuniary | None | |
| Maori Health Director, Precision Driven Health (stepped down from role from October 2020 to June 2021) | Non-Pecuniary | None | |
| Committee of Management Member and Chair, Parengarenga A Incorporation | Non-Pecuniary | None | |
| Director/Shareholder, Finora Management Services Ltd | Non-Pecuniary | None | |
| Member, Transition Unit (Health & Disability System Reform), Department of Prime Minister and Cabinet) | 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 | Non-Pecuniary | None | Refer Notes 1 and 2 |
| Member, Finance Risk and Audit Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Hospitals Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB | Non-Pecuniary | None | |
| Member, Waikato Health Trust | Non-Pecuniary | None | |
| Co-Chair, Waikato Plan Leadership Group | Non-Pecuniary | None | |

Ms Te Pora Thompson-Evans

| Interest | Nature of Interest <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 | |
| Member, Te Manawa Taki Governance Group | Non-Pecuniary | None | |
| Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB | Non-Pecuniary | None | |
| Iwi: Ngāti Hauā | Non-Pecuniary | None | |
| Maangai Maaori: | | | |
| ○ Community Committee | Non-Pecuniary | None | |
| ○ Economic Development Committee | Non-Pecuniary | None | |
| Director/Shareholder, Haua Innovation Group Holdings Limited | Non-Pecuniary | None | |
| Director, Whai Manawa Limited | Non-Pecuniary | None | |
| Director/Shareholder, 7 Eight 12 Limited | 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 | |
| Daughter registered nurse employed by Taupo Medical Centre | Non-Pecuniary | None | |
| Daughter employed by Access Community Health | Non-Pecuniary | None | |
| Eldest son employed by Presbyterian Support, Northern | Non-Pecuniary | None | |

Mr John McIntosh

Interest

| 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

| 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 | |

Ms Gerri Pomeroy

Interest

| 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 | |
| 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 | |

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> |
|--|---|---|---|
| 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 | |

^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).

Mr Glen Tupuhi

Interest

Member, Community and Public Health Advisory Committee, Waikato DHB
Member, Hospitals Advisory Committee, Waikato DHB
Member, Iwi Maori Council, Waikato DHB
Board member, Hauraki PHO
Board member , Te Korowai Hauora o Hauraki
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster

| 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> |
|---|---|---|
| Non-Pecuniary | None | Refer Notes 1 and 2 |
| Non-Pecuniary | None | |
| Non-Pecuniary | None | |
| Non-Pecuniary | None | |
| Non-Pecuniary | None | |
| Non-Pecuniary | None | |



Conflicts Related to Items on the Agenda



Previous Minutes

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Community and Public Health Advisory Committee
(Including the Disability Support Advisory Committee
Meeting) held on 29 April 2021 commencing at 9am

Present: Professor M Wilson (Chair)
Dame K Poutasi
Mr C Paraone
Mr D Slone
Mr J McIntosh
Ms J Small
Dr P Malpass
Ms G Pomeroy
Ms T Thompson-Evans
Mr F Mhlanga

In Attendance: Dr K Snee, Chief Executive
Ms L Gestro, Executive Director – Strategy, Investment & Transformation
Ms S Hayward, Chief Nursing & Midwifery Officer
Mr N Wilson, Director Communications
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Media
Ms M Munro, Programme Lead – Vaccination Rollout (from 9.25am)
Ms D Chin (from 10am)

Apologies: Ms R Karalus
Mr A Connolly

Mr R Nia Nia opened meeting with karakia

Ms L Gestro was formally introduced and welcomed to the meeting

ITEM 2: APOLOGIES

Resolved

THAT the apologies from Ms R Karalus and Mr A Connolly are accepted.

ITEM 3: INTERESTS

3.1 Register of Interests

Dame K Poutasi and Mr C Paraone will advise of amendments to their interests.

3.2 Conflicts relating to items on the Agenda

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

ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

- 4.1 Waikato DHB Community and Public Health and Advisory Committee: 24 February 2021

**Resolved
THAT**

The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 24 February 2021 are confirmed as a true and correct record.

Moved: Ms G Pomeroy
Seconded: Mr J McIntosh

- 4.2 **Matters Arising**
Nil

Mr J McIntosh thanked the Committee for the card and gift following the last meeting.

ITEM 5: COMMITTEE MEMBERS UPDATES

5.1 **Members Updates**

Members were invited to provide updates as they relate to Waikato DHB.

Ms G Pomeroy – the Consumer Council have welcomed four new members. A wānanga is scheduled for June 2021 to plan a way forward.

Dr P Malpass – as a result of the Health System Review, there is concern for rural populations, as they have been waiting for long time to see change. It is hoped that the Māori Health Authority will address rural need.

Mr D Sloan – since last meeting, he has reflected on his time commitments. Concerns were expressed at the lack of support for people with intellectual disabilities. However, he will continue as a CPHAC/DSAC committee member. It is great to see that for the first time there is a disability paper presented to this Committee.

Mr F Mhlanga – now that lockdown restrictions have lifted, communities are now out and about, with a lot of activity. The community is becoming stronger in looking after each other. There is a general excitement on the redevelopment of the Waikato Settlement Centre, which will provide a one stop shop with more services in that area. Health and wellbeing access might also be available at the centre.

Ms J Small – she is pleased to see the disability papers coming to this committee. Work is ongoing with Hamilton City Council and the DHB to try to find out how big the issue is of those with disabilities and greater rubbish requirements as a result of not having their needs met by the HCC bin system. The Council is reluctant about publically asking people due to the risk of people taking advantage of extra rubbish collection. Ms T Thompson-Evans offered to connect the relevant executive directors with the General Manager of Infrastructure at the Council to progress this matter further.

5.2 **Transformation of the Health and Disability System**

Dame K Poutasi led a discussion on the transformation of the health and disability system.

The announcement has a focus on transformation and it is not about restructuring. The five things the government is aiming for are:

- The health system will reinforce Te Tiriti principles. All five areas are fundamentals we have been working hard on at the DHB. We are endeavouring to give effect to that in our partnerships.
- All people being able to access a comprehensive range of support in their communities – we have been working on localities and development in that space. There is a long way to go but access in local communities is fundamental.
- Access to high quality and emergency care when they need it – Waikato hospital provides secondary and tertiary services and is central to the work we do.
- Digital services will provide more people with care they need in homes and communities – we have a long way to go to exploit potential benefits of digital.
- Health and care workers are valued and well trained for the future health system – this presents an opportunity for a central operational nationwide entity to put emphasis on workforce development and training. We have struggled in this area in the past with different entities trying to educate the public on the disciplines we need and the education system to deliver the people we need for our workforce. Health NZ should help to significantly drive this and ongoing learning for our workforce.

The Ministry of Health will have departmental agencies that report to the Minister, eg Cancer Control Agency. The new independent Māori Health Authority will have commissioning powers, and this does not absolve the mainstream system from delivering for Māori, Pasifika and people with disabilities, etc. This complements and there is an expectation there is co-design by Health NZ with the Māori Health Authority so they can influence that stream as well as doing their own commissioning. With Health NZ, there will be a central board and a Chief Executive that will employ the regional Chief Executives. Our region is not yet defined, but we will be central as a tertiary service for the region.

What we have been working on at the DHB dovetails in to what is proposed. There is clear intent to have consumer input at all levels of the system to influence the system. We will need to continue to do what we are doing that is aligned to the nationwide shifts. A particular focus for Waikato DHB will be progressing with the locality work already underway.

The establishment of Health NZ and the Māori Health Authority is getting underway in the next few months. All going well with the process, legislation is likely to be passed early 2022 for a start date mid 2022. All DHB staff, assets, contracts, etc will transfer to Health NZ. There is room for movement with the timeframes depending on how things come together.

ITEM 6: PRESENTATIONS

6.1 COVID Vaccination Programme

Ms Munro presented the COVID Vaccination Programme overview and status update for Waikato DHB.

Cabinet has signed off the sequencing framework. Currently, we are in the middle of Tier 2, having completed the requirements of Tier 1. There is a process agreed with Ministry of Health for new starters in any of our MIF sites so they are picked up and vaccinated. Waikato DHB has decided to provide vaccinations for Māori

who are 65 years or older. The flu vaccination is also available, so there will be flexibility within the framework, along with support from the Ministry. The expectation is to move into Tier 3 in May, but no confirmed date yet received from the Ministry.

When the expected volumes were sent to the Ministry it was felt they were reasonable, but for a variety of reasons we did not meet the target so work is underway to catch up. The DHB is now delivering vaccinations in 10 sites – there are two key ones in Hamilton and work is underway with Māori providers and others to find other suitable sites. Approximately 800 – 1000 vaccines are administered each working day. Work is underway to move to a seven day a week service by late May.

Border workers and household contacts we are aware of have now been vaccinated, approximately 500 in total. Conversations are underway to check that all MIF workers not employed by the DHB are vaccinated as well.

A rohe approach is being taken in our region for tier 2. We are working with Hauraki – Te Korowai, Maniapoto in Taumarunui and Te Kuiti, Raukawa, and conversations are underway about how we will deliver there – we are awaiting a final plan from Waikato Tainui.

Flexibility is required with service delivery models. Guidelines have not been provided for pharmacy or GP yet and these are under development and expected next week. We have supported them in the approach to ensure they are adhering to guidelines we know about, but taking a flexible approach to getting into the community to vaccinate health workers not in a big city.

The Service Now booking system is going live today and invitations will start being sent out. For those with email address, they will be sent a message, along with a link to click and invited to input core details and work through process of making a booking. The system has some checks and balances to ensure bookings can only be made for those we are targeting. The booking site will show different locations and there is the ability to book both vaccinations at the same time. 500 invites will be sent out today and tomorrow. For those with no email, the call centre team will ring and guide them through the process.

Concerns were raised that the deaf community may not get the messaging and that a NZSL video could be useful on websites that the deaf community frequent. Ms Munro will discuss this approach further with the communications team.

Break: 10.30am
Resume: 10.46am

ITEM 7: INFORMATION

7.1 Whānau Hauā Disabled Peoples Health and Wellbeing Profile 2021

Report noted.

Ms Pomeroy advised that she was excited that the profile is now available. It could be used as an advocacy tool by DHB staff and community members to drive broader conversations with other agencies as well. The disability responsiveness plan that responds to the data was also quite a robust process, albeit paused a bit with COVID. The profile has provided a stark reminder of the overwhelmingly poor community, with less employment opportunities, shorter life spans and access to health services.

Mr Sloan acknowledged the work that has gone into developing this profile. He noted that the case studies tended to show capable people that are not representative of the community as a whole. Ethnicity breakdowns are provided, but as these are not by disability as well, it misses what the true issues are. Complexity of issues also does not come through in the profile, eg the intersectionality of disabilities. The next step from the profile would be to take it into profiles within that community. The response plan is not an action plan, as it is not transformational, no urgency and no leadership or accountability shown. Mr Sloan would like to see strong commitment and expectations, goals and measurements, strong sectorial leadership. There needs to be a challenge to the organisation as a whole if we want to make a transformation change.

Professor Wilson advised that disability can be seen as just a health issue, but often is much more than that which needs a holistic approach to delivery of services and recognise various factors that contribute towards health.

Ms Small raised concerns with prevention, particularly for those with intellectual and mental health issues. There are many in this group that do not access health systems, so they have no knowledge on how to access services and stay well. She would like to see the plan as more of a strategy than action plan, so it can be measured, that includes strategy and logic into the new way of working under Health NZ and how it fits.

Concerns were also raised for the future that we have an ageing population, people will develop more disabilities and those with disabilities will get worse. This will mean demand on the system will increase.

Actions:

- Progress report to come back to CPHAC/DSAC frequently – update next time, substantive feedback following that
- Opportunity to further the discussion in the interim – Ms Gestro to organise
- Inquiry into mental health paper to come to committee at a later date

Resolved

THAT

The report is received.

7.2 Disability Profile and Response Plan

Report noted.

Resolved

THAT

The report is received.

7.3 Mental Health System Review

Report noted. The mental health system is under review by the DHB and a paper will be presented to the Commissioners outlining how to implement the review. This will also be shared with the Committee, once available.

Resolved

THAT

The report is received.

7.4 Community Health Forum Feedback

Report noted.

Hamilton in particular will link in to events that are already happening in the area. Taumarunui requires further thinking, as it is not working as intended at the moment.

Community health forums have been scheduled for the remainder of the year.

Resolved

THAT

The report is received.

ITEM 8: GENERAL BUSINESS

There was no general business to discuss.

ITEM 9: DATE OF NEXT MEETING

9.1 24 June 2021

Chairperson: Professor Margaret Wilson

Date: 29 April 2021

Meeting Closed: 11.21am



Matters Arising from Minutes



Committee Members Updates



Presentations

“Amohia ake te ora o te iwi, ka puta ki te wheiao.”

“To protect the wellbeing of our people is paramount”

Kiingi Tuheitia Pootatau Te Wherowhero Te Tuawhitu



COVID-19 Vaccination Programme CPHAC 24 June 2021

Current state

- 55,437 vaccinations (13/06)
- Groups 1 & 2 well advanced
- All Maori Health Providers are on board and vaccinating
- 98% rest home residents received 1st vaccination dose
- Managing Vaccine supply carefully through to mid July
- Planning underway for:
 - Mental Health, Disability & Ethnic groups
 - Engaged with providers and discussing delivery models and sites
 - General Practice and Pharmacy site sign off
- Developing invitation strategy for Group 3 & moving to NIBS (National Immunisation Booking System)

K'aute Pasifica weekly clinics are go!



TOM LEE/STUFF

Registered nurse Maoitele Lowen gives Ere Ford, 68, her first dose of the Covid-19 vaccine at K'aute Pasifika.

Stuff – June 2021

‘Despite her grandchildren asking “Why Nan?”, Ere Ford was determined to roll up her sleeve for the Covid-19 vaccination.

The 68-year-old hopes she can set an example for her family and the wider Cook Island community by immunising against the virus.

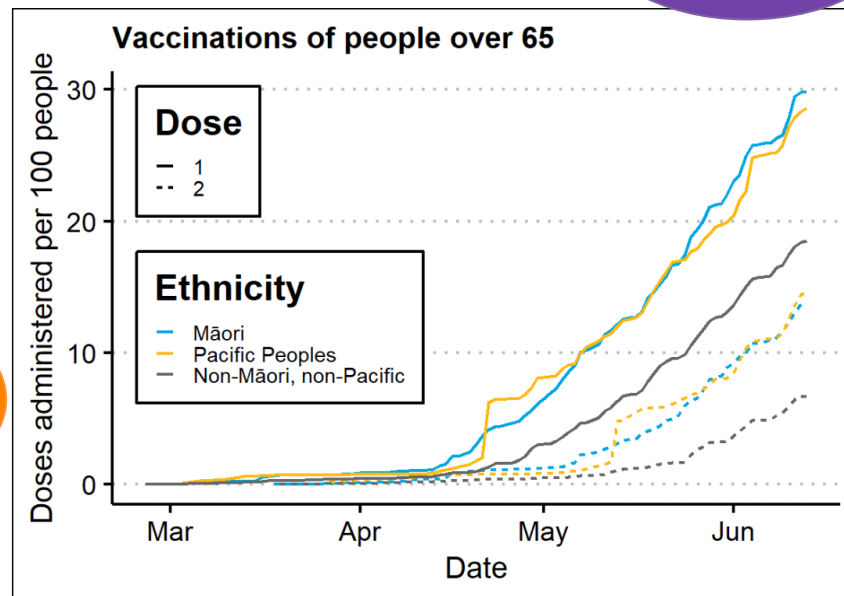
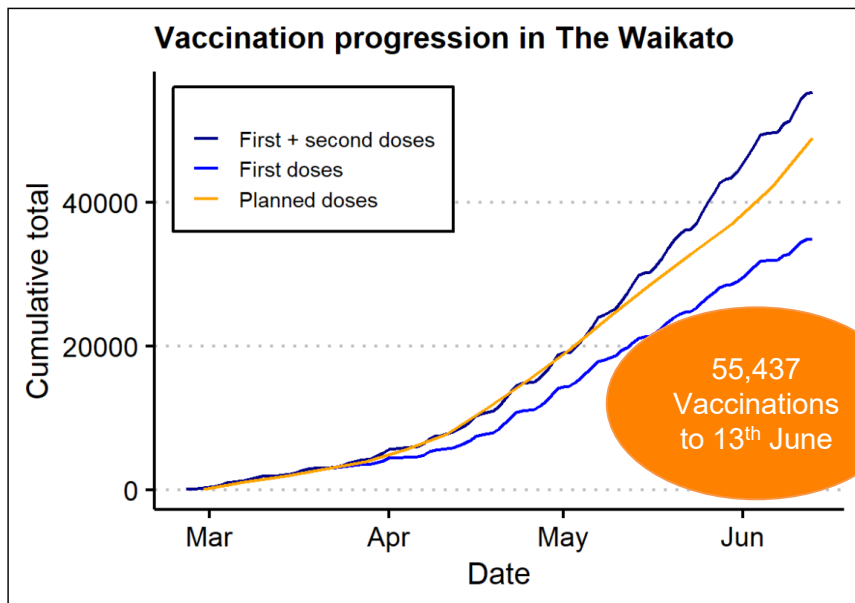
Ford was one of the first to get the jab at K'aute Pasifika Trust's clinic’.

Current performance

9,359 Māori
Kaumatua
65 yrs & over
(30%)

1st dose given

280 Pacific
Kaumatua
65 yrs & over
(29%)



Volumes – MoH Planned & Actuals

As at 13-6-21

| Week Ending | Before 10th April | 11-Apr | 18-Apr | 25-Apr | 02-May | 09-May | 16-May | 23-May | 30-May | 06-Jun | 13-Jun | To 4 th July | Total |
|-------------------------------|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------------------|---------------|
| Vaccines Given to date | 5,662 | 1,930 | 2,969 | 4,243 | 4,302 | 5261 | 5942 | 5871 | 7162 | 6127 | 5,708 | | 55,437 |
| Published MoH Target | 5,658 | 2,100 | 3,615 | 4,015 | 4,073 | 4,649 | 4,457 | 4,275 | 4,124 | 5,142 | 6952 | 29,640 | 78,700 |

Agreed forecasted vaccine numbers to deliver to 3rd October

| July | | | August | | | | | September | | | | October | | TOTAL |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|-------|
| 11-Jul-21 | 18-Jul-21 | 25-Jul-21 | 01-Aug-21 | 08-Aug-21 | 15-Aug-21 | 22-Aug-21 | 29-Aug-21 | 05-Sep-21 | 12-Sep-21 | 19-Sep-21 | 26-Sep-21 | 03-Oct-21 | TOTAL | |
| 11850 | 11850 | 15987 | 23864 | 25580 | 26406 | 32796 | 33329 | 33329 | 33329 | 31744 | 31744 | 28567 | 340375 | |

Current and Planned sites – Groups 1 & 2

| Waikato Tainui - Current | Current | Hauraki | Maniapoto | Raukawa |
|--|-------------------------------------|---|------------------------------------|------------------|
| Te Rapa – CVC | Waahi Whanui | Te Korowai Hauora o Hauraki – Thames Hospital - CVC | Taumaraunui Community Kokiri Trust | Raukawa |
| Ryburn - CVC | Ngā Miro – Turangawaewae Marae | Te Korowai Hauora o Hauraki – Mobile - CVC | Te Kuiti Kokiri Trust | SWPICS |
| Rauawaawa Kaumaatua Charitable Trust | Te Hauora o Ngāti Haua – Matamata | Te Korowai Hauora o Hauraki – Mobile - ARC | Kokiri Trust – Mobile ARC | Tokoroa Hospital |
| DHB – Mobile Rural & Ham ARC | Raungaiti Marae | Planned – Whitianga CVC | | DHB – Mobile ARC |
| Te Kohao Health - CVC | Te Kauwhata Medical Centre | Planned – Thames CVC | | |
| Raukura Hauora – Nawton CVC | Kaute Pasifica | | | |
| Groups 3 & 4 - Planned | | | | |
| Go-Live dates TBC for these sites | Te Awa – The Base Super CVC | Te Awamutu CVC | Matamata CVC | General Practice |
| Kaupapa Māori Mobile 5 | Mental Health / Disability Mobile 6 | Cambridge CVC | Morrinsville CVC | Pharmacy |

Vaccination Service Delivery Models

| Model 1 | Model 2 | Model 3 | Model 4 Primary Care |
|--|--|--|--|
| <ul style="list-style-type: none"> • 100% DHB Led • Medium - Large Fixed Community Site • 400 - 1,000 vaccinations per day • 7 days per week | <ul style="list-style-type: none"> • 70% DHB / 30% Provider split • Small - Medium Fixed Community Site • 250 - 400 vaccinations per day • 5 - 7 days per week | <ul style="list-style-type: none"> • 30% DHB / 70% Provider split • Small - Medium Fixed Community Site • 250 - 400 vaccinations per day • 5 - 7 days per week | <p data-bbox="1325 563 1425 674">+</p> <p data-bbox="1464 500 1663 538">On site in:</p> <ul style="list-style-type: none"> • General Practice • Pharmacy • Part of daily business |

Next steps

- Go live for National Immunisation Booking System for July
- Group 3 will receive invitations in late June & July
- On board General Practice & Pharmacies to deliver vaccine for Group 3 & 4
- Set up additional Community Vaccination Centres in Cambridge, Te Awamutu, Matamata & Morrinsville



TOM LEE/STUFF

Faataape Ale, with two of her grandchildren Sekuini Junior Ale, 6, and Jemima Ale, 5, and registered nurse Maotele Lowen in red, is looking forward to getting the vaccine.

- Continue working with
 - Disability & Mental Health Service providers and Residential Care
 - Ethnic sector leaders
 - Agree delivery models and schedules



Information



Information



General Business



Next Meeting: 26 August 2021