

**MINUTES OF THE MEETING OF THE  
NORTHLAND DISTRICT HEALTH BOARD  
COMMUNITY & PUBLIC HEALTH AND DISABILITY  
SUPPORT ADVISORY COMMITTEE**

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**HELD ON MONDAY 21 MARCH 2016  
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 9.00AM**

**CPHAC/DiSAC**

Sally Macauley (Chair)

Debbie Evans

Colin Kitchen

Beryl Wilkinson

Craig Brown

Peter Jensen

Tony Norman

Sharon Shea (via teleconference)

**IN ATTENDANCE**

Nick Chamberlain, Jeanette Wedding, Kathryn Leydon, Sam Bartrum, Sarah Hunt (minutes)

Jamie Leaf (part), Jenni Moore (part)

**FIRE PROCEDURES** – The fire exits and evacuation assembly points were noted

**APOLOGIES** Neil Beney

**MOVED Craig Brown: SECONDED Tony Norman**

**CARRIED**

**CONFLICTS OF INTEREST** – The Chair reminded Committee members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise.

Noted that Debbie Evans has sent through updates.

**1. COMMITTEE MINUTES**

1.1 That the minutes of the CPHAC/DiSAC meeting held on 7 December 2015 be approved.

**MOVED Beryl Wilkinson: SECONDED Debbie Evans**

**CARRIED**

1.2 That the minutes of the CPHAC/DiSAC meeting held on 25 January 2016 be approved.

**MOVED Colin Kitchen: SECONDED Beryl Wilkinson**

**CARRIED**

1.3 Matters/Actions Arising

**Obesity Framework**

- Jamie Leaf, Project Manager for fit for life, joined the meeting.
- Framework prepared for Te Roopu Kai Hapai Oranga. To be a set of recommendations around what we can do for obesity in Northland
- Underwent rigorous process, included data gathering to establish current state, identified that currently more than 90 initiatives in place for Northland but still some gaps.
- Established inter sectorial working group, discussed need for strategy and framework to be developed.
- Focussing on mothers and babies, and primary school aged children, with a particular focus on Maori and obesogenic environments.
- Working up the detail of what services and initiatives need to sit within each workstream.
- Work and Investment plan will go to Te Roopu Kai Hapai Oranga in May. Strategic communications plan will be going forward and an obesity prevention plan too.
- Advocacy and policy component nationally have had input into the framework. Work within the political and other environments we have.
- Providing education to children and families through Project Energise.
- Advocacy and policy workstream are currently looking at how to engage appropriate sectors.

## **Neighbourhood Healthcare Homes**

- Jenni Moore, Project Manager, joined the meeting.
- Relationship between clinician & patient is core. GP will be central hub that will play coordinating role. Care will be proactive and comprehensive. Access will be centred on patients' needs, available by various modes.
- Cost of the portal to the client is usually free.
- International evidence shows improvements in costs, utilisation, quality, access and satisfaction. In NZ starting to show impact of changes with GP making hospital admissions and ED presentations track down.
- First year has been working around network development, trying to get GP connected up with other organisations.
- Working to bring in a shared care tool to structure care plans around 'what's important to me'. Also portals, CareSelect, secure messaging.
- Have set up a volunteer network website with Volunteering Whangarei. Recognise safety and vetting requirements for successful network.
- GP Information and same day access reports for each GP practice. Developing discussions around results for each practice.
- Same day access to primary care – third next available appointment, acute appointment query, ED and White Cross utilisation. Research on appointment availability in Northland has been shared with GPs.
- Moving forward focus will be on practice re-engineering, developing Northland Neighbourhood Healthcare Home model with emphasis on equity and community and social integration.
- Next steps – EOI to go out in April, develop change teams, up to 8 practices supported with business analysis and change management, complete other strands – nursing model of care, volunteer network etc.
- Request for patient information on how patient portal works.
- Noted that this will be the biggest change the health sector will see for some time.
- This will be about creating capacity to address the growth and demand.

## **2. CHAIR'S REPORT**

The Chair spoke to her report.

- More Northlanders are presenting themselves in hospital for respiratory issues, more than half of these are Maori. Respiratory issues are climbing.
- Need to look at what else we can do, insulating homes work is continuing but still have 10,000 to go. Have written to the Minister asking that the funding continues.
- Initiatives around vaccinations – flu vaccination and childhood immunisation – have asked that this be a driver for primary care.
- Smoking by adults in the home is a definite issue affecting children. Multiple factors in these statistics. Varied mix of conditions and reasons.
- Noted though that there are fewer Rheumatic fever occurrences. This was a very targeted intervention and if it can be sustained will be shown to be successful. Real intervention is better housing, overcrowding issues.
- Drinking fountain initiative. New children's playgrounds being built have a water fountain included.
- Dementia in ex rugby players. Recognised the very serious nature of head injuries.

## **IT WAS MOVED**

**That the report be received.**

**MOVED Sally Macauley: SECONDED Colin Kitchen**

**CARRIED**

## **3. INFORMATION PAPERS**

### **3.1 Public & Population Health Services Update**

Items discussed:

- Covers 3 month period.
- Show the varied functions that public health cover.
- Health Food policy has been in operation from 1 March. All vending machines have been removed from each site.
- Work with local council's on some issues.
- Should there be an increase in awareness/ advertising in other areas besides the hospital, on hand washing?
- Wanting to use RBA framework more moving forward

- Smokealysers are proving successful.
- Noted the amount of work that is done around liquor licenses.

The report was noted.

#### 4. SYSTEM PERFORMANCE

##### 4.1 Northern Region Health 2015/16 Plan Progress Report

Items discussed:

- Good performance against health targets, reduction in SUDI deaths, good progress against faster cancer treatment target.
- Challenge currently is ED Length of Stay (facility issue and growth in demand).
- Using capacity at Kaitaia Hospital more.
- Recognised Chief Medical Officer's contribution to various projects across Northland and the wider Northern region.
- **Request for update on oral health status of Northland Children for next meeting.**
- Some discussions water fluoridation.
- Mobile surgical bus celebrating 20,000<sup>th</sup> procedure in Dargaville tomorrow.
- Committee interested in receiving update on spinal cord impairment service in the future.

The report was noted.

#### 5. NEXT MEETING DETAILS

The date of the next meeting is: Monday 27 June 2016, 9.00am, Waipoua Room, Tohorā House, Whangarei Hospital.

#### 6. RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:

"That the public be excluded from the following part of this meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;

Agenda item and general subject of the matter to be discussed	Reason	Reference
7. Confirmation of minutes for meeting held on 25 January 2016 – Public excluded session	For reasons given in the previous meeting	

It was moved that the Committee move into Public Excluded meeting.

**MOVED Sally Macauley: SECONDED: Tony Norman**

**CARRIED**

#### 7. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

#### 8 GENERAL BUSINESS

Discussion of Coroner's role.

There being no further business the meeting closed at 10:39 am

**Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting**

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CHAIR

\_\_\_\_\_  
DATE