

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

**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 20,000th 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

CHAIR

DATE