

**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 27 JUNE 2016  
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 9.00AM**

**CPHAC/DiSAC**

Sally Macauley (Chair)  
Peter Jensen  
Tony Norman

Sharon Shea (via teleconference)  
Beryl Wilkinson

**IN ATTENDANCE**

Nick Chamberlain, Jeanette Wedding, Kathryn Leydon, Sam Bartrum, Pip Zammit, Sarah Hunt (minutes), Ellen Clark (part), Juliet Rumball-Smith (part),

**MEMBERS OF THE PUBLIC**

Libby Jones, Cristina Hyde (part), David Senior (part)

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

**APOLOGIES** Craig Brown, Debbie Evans, Colin Kitchen

**MOVED Peter Jensen: 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.

**1. COMMITTEE MINUTES**

1.1 That the minutes of the CPHAC/DiSAC meeting held on 21 March 2016 be approved.

**MOVED Peter Jensen: SECONDED Beryl Wilkinson**

**CARRIED**

1.2 Matters/Actions Arising

**Patient Portal**

- Circulated on 27 April. Complete.

**Oral Health Services**

- Ellen Clark, CD Oral Health and Pip Zammit, Director Allied Health, Scientific and Technical attended.
- Overriding principle was addressing inequities – this report shows that
- Fluoride varnish has been helpful. Preventative treatments in service have been beneficial
- Issue with adolescents not attending to their dental hygiene or attending private appointments due to cost barrier. Utilisation rates are low but this is considered a priority area to address.
- Fluoridation improves oral health outcomes to those most vulnerable in our population.
- Focus on Sugar Sweetened Beverages (SSBs) within the new Fit for Life Obesity framework.
- Workforce issue highlighted. Scholarships have stopped over the years.
- Through the oral health business case in 2008 there was a proportion of that money dedicated to scholarships - \$25k per undergraduate for education at AUT.
- Now investigating other innovative workforce initiatives. Looking at possible cadetships to encourage students to consider a career in oral health.
- GM Maori Health is keen on “growing our own” health professionals, particularly Maori. Some good models (CMDHB) in use.
- Report authors congratulated for their use of the RBA framework. This report gives a good view of

the big picture: Outcomes at population level and client outcomes of people who use our services. Would like to see more use of data being used to drive decision making – performance improvement purposes – with the DHB but also regarding services we purchase.

**IT WAS MOVED**

**That CPHAC/DiSAC supports the reintroduction of a dental therapist scholarship. The committee asks management to investigate funding a scholarship.**

**MOVED Sally Macauley: SECONDED Peter Jensen**

**CARRIED**

- This committee would like to formally note their agreed support for fluoridation of water supply for Northland.
- Funding will be key to ensure success of fluoridation initiative.

**IT WAS MOVED**

**That CPHAC/DiSAC confirms its support for the fluoridation of Northland's reticulated water supplies**

**That CPHAC/DiSAC recommends to the Board that NDHB liaise with all three Territorial Local Authorities (TLAs) in Northland regarding introduction of community water fluoridation to all eligible reticulated water supplies when legislation is passed in Parliament.**

**MOVED Sally Macauley: SECONDED Tony Norman  
Beryl Wilkinson Abstained.**

**CARRIED**

**2. CHAIR'S REPORT**

The Chair spoke to her report.

- The Chair was interested to know how many respiratory conditions causing hospitalisation had been recorded as a result of homelessness and people living in their cars.
- Confirmed that the DHB does have some data on domicile. Only anecdotal information however will investigate further to see what data is held.
- Acknowledgement that NDHB holds little data on incidence of homelessness in Northland. **The Chair would like to see some data around this in future.**
- **Invite members of Northland Health Consumer Council to this meeting. Members to speak on what the Council is achieving.**
- Disabilities action group meeting looking to introduce a Smart Phone App to show car parking, accommodation, toilets and cafes restaurants. Looking into financial implications and how to implement this. Trial period with a brochure in Paihia was considered very expensive. Chair to keep this committee updated with progress.

**IT WAS MOVED that the report be received.**

**MOVED Sally Macauley: SECONDED Peter Jensen**

**CARRIED**

**3. SYSTEM PERFORMANCE**

**3.1 Northland Health Services Plan Update**

Items discussed:

- Management of Patient and Whanau Centred Care project has moved to business as usual within the Quality Improvement Directorate. Will no longer be reporting to CPHAC/ DiSAC on this but will come through in the Quality report that goes to the Board.
- Neighbourhood Healthcare Homes project. EOI went out, 15 responses returned, have a total funding pool for an enrolled population of 47,000 people. Have gone through selection process with successful practices now starting on the first stage. Have advertised and appointed to 2 positions to establish and help practices – change facilitator and financial analyst.
- GP information reports. Lots of work happening with the data set of these reports. Have resource currently working 2 days per week refining a reporting tool.
- National Health Committee very interested in this information and initiative.

- Fit for Life Obesity framework has been endorsed by Te Roopu Kai Hapai Oranga. The Alliance has written to the Ministry and the Minister requesting funding options for this initiative.
- Discussion around Healthy Families programme occurred. Regional Steering Group workshop on 19 July to develop action plan for the next 2 years. GM Child, Youth, Maternal, Oral & Public Health attending. Noted absolute support for the programme.

### 3.2 Statement of Performance Update

Taken as read.

## 4. INFORMATION PAPERS

### 4.1 Public and Population Health Services Update

Items discussed:

- Taken as read
- Currently signing contracts for refreshed rheumatic fever plan.
- Chief Executive asked that the MSD social report be reviewed for information pertaining to Northland's population which may inform development of NDHB programmes.

### 4.2 Disability Support Services Newsletter May 2016

Items discussed:

- Noted that the contacts for the newsletter have all given phone contact details, not email. Potentially a point about access and ability to access.

## 5. GENERAL BUSINESS

### 5.1 Immunisation in Northland Update

Items discussed:

- Dr Juliet Rumball-Smith, Medical Officer of Health gave a presentation.
- Why is this important? – Health target; morbidity – individual, multi-generations; equity; resources – health and community.
- Current State – national coverage level is 93%, Northland is 87%. Health target for this milestone is 95%.
- What is low coverage? Opt offs; missed children (late, timeliness); active refusal (declines)
- Query whether active declines are people who simply want to have their GPs do it? Don't believe this is the case.
- What's happening in Northland? Major reduction in overdue/ missed kids – now just 1.1%. Northland is 3<sup>rd</sup> nationally. Nationally percentage is around 8%. This is all eligible children, not just those enrolled with PHOs.
- Coverage is dependent on declines. Northland rate is about 7-8%. Nationally is about 3%.
- Paper will be coming out in the NZMJ following immunisation of Northland children.
- Two issues: Higher rates of decline at most practices compared to national average; pockets of higher rates of decline. No record of why they decline.
- Research has been done and indicates a variety of reasons for decline. There are themes that go through the decisions, however unique and different for each individual person.
- Midwives are obliged to give Ministry advice, which is a pamphlet.
- Popular recent strategy was the Q&A on Facebook with Dr Rumball-Smith.
- Consider ensuring that adults are also fully vaccinated e.g. House Officers and Midwives. Focus on ante natal as well.
- Talk about immunisation in a different way e.g. Hepatitis B. Remove it somewhat from Childhood and turn it into a 'Strong Northland' message.
- Acknowledge work and leadership of Dr Rumball-Smith. She will be taking up a Harkness Fellowship shortly.

### 5.2 Te Hiku Sports Hub development in Kaitaia – David Senior, Chair Te Hiku Sports Hub, with Cristina Hyde

Items discussed:

- Distributed copies of the Plan and support letters
- History of the project to date.
- Now beginning to talk with potential funders. Have the plans and information in place now to support this project.

- Far North District Council has committed 1/3 funding if the community can provide/ raise the other 2/3rds. This is considered future proofing Kaitaia.
- Many submissions and support from schools and doctors citing health benefits and green prescriptions.
- Facility will include full size rugby fields, softball pitch, cricket pitch, athletic tracks, walking track around the whole site, netball courts, archery area. Keen to include a BMX track as well.
- Whole facility will be multi use, able to be used by any club.
- Aquatic centre will have an 8 lane, 25m pool, a learn to swim pool, a toddlers pool and a hydrotherapy pool (12-15 person capacity). Wet area is the pools; dry area will have a gym, meeting rooms, changing rooms for sports fields.
- Budget for pool is \$8.3-8.4m. Total project is about \$12m. Council have committed to \$2.5m to doing up land (drainage etc).
- Now start raising money towards the pool – need to raise about \$5.5m in real terms. Asking that if organisations are not able to support with funding then keen to have support for project.
- Once the facility is built would like to have programmes run full time – green prescriptions and physio therapy space.
- Keen to keep everyone engaged and updated. Offer to attend 6-monthly to do this.
- Seeking NDHB's support, whatever that may look like. **The Chair offered letters of support from the Chief Executive.**

#### 6. NEXT MEETING DETAILS

The date of the next meeting is: Monday 19 September 2016, 9.00am, Waipoua Room, Tohorā House, Whangarei Hospital.

There being no further business the meeting closed at 10.43 am

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

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CHAIR

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DATE