

**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 19 SEPTEMBER 2016  
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 9.00AM**

**CPHAC/DiSAC**

Sally Macauley (Chair)  
Debbie Evans  
Peter Jensen  
Colin Kitchen

Tony Norman  
Sharon Shea (via teleconference)  
Beryl Wilkinson

**IN ATTENDANCE**

Nick Chamberlain, Jeanette Wedding, Kathryn Leydon, Sam Bartrum, Harold Wereta (part), Ellie Berghan (part), Jamie Leaf (part), Sarah Hunt (minutes)

**MEMBERS OF THE PUBLIC**

Kevin Salmon (part)

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

**APOLOGIES** Craig Brown

**MOVED Beryl Wilkinson: 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 27 June 2016 be approved.

**MOVED Peter Jensen: SECONDED Beryl Wilkinson**

**CARRIED**

1.2 Matters/Actions Arising

**Dental Therapist Scholarships**

- General Manager Child, Youth, Maternal, Oral & Public Health advised this is being investigated with Harold Wereta, GM Maori Health.
- NDHB has received a donation of \$10,000 to sponsor a dental therapist scholarship. To be called the JRBW scholarship.
- Further funds may be available if 2 students are identified who are equally deserving.
- The committee was very appreciative of this very generous gesture.

**Homelessness in Northland**

- General Manager Child, Youth, Maternal, Oral & Public Health spoke to her paper, which was taken as read.
- Spoke to living situation, visible homelessness. Anecdotal information regarding rents.
- Definition of severe housing deprivation.
- Graphs from study shows where Northland was sitting (2013).
- Record of address (from ED) won't show level of detail of type of domicile.
- Of particular concern are older people who are becoming homeless, due to a variety of reasons.
- General Manager Child, Youth, Maternal, Oral & Public Health to enquire what our abilities are

to support this high risk population, particularly Mental Health.

- Colin Kitchen and Sally Macauley agreed to take this paper back to the FNDC.
- He Korowai Trust is providing some housing options for Maori in the Far North.
- Continue links with Auckland City Mission.
- Do some work over the next 6 months and report back to this committee. At that time, decide a way forward.
- Particularly interested in homelessness in Older People. Northland has the highest population of older people in New Zealand.

### **Consumer Council**

- Chair welcomed Kevin Salmon (Chair of the Consumer Council) to the meeting and wanted to acknowledge and recognise the work that the consumer council members were doing.
- Council has been running for almost 2 years. Have received good support from DHB and senior staff.
- Receive invitations to attend co-design groups. Recognising that early engagement is critical.
- Consumer voice is getting stronger, and all appreciate that the voice can be heard.
- Next week attending meeting for chairs of consumer councils throughout the country. Northland Consumer Council is doing well. Will be interesting to see how each are separately evolving, and issues that are arising.
- Chief Executive NDHB will receive a report from that meeting.
- Balance between outcomes for patients and mechanics of doing the job.
- Individuals on the council are very passionate about what they do.
- Consumer Council does not receive minutes from Board and this Committee but noted they are publicly available. Will filter through Chief Executive and Chairs if there is something specific for the Consumer Council to consider.
- Recognise different roles at different levels for the various committees. Note that Hawkes Bay Chair of Consumer Council sits on their Board as representative.
- Health Quality & Safety Commission provide training for all potential consumer council members. Shortened initial offering to one day which was well received. Explained the expectations and support available to members. Good support from Governance Levels and senior staff.
- Two way street for council members as well – feed in to projects but also take that information out to the community.
- The Chair wanted to congratulate the Consumer Council – the work that is being done and achieved is great. Extend invitation to council to attend these meetings if they wish.
- Council has had 2 recent resignations, but 4 applications to take those places. Term of appointment is 2 years.
- NDHB funds this, with an agreed rate for members. There is no other external funding. Council costs \$10,000 per annum.
- All minutes of meetings are available on the NDHB internet and a rigorous process is in place for when people request information - it's all electronically captured. Survey for staff that is also completed.

### **MSD Social Report**

- Social report has been issued, but has a national focus at this time, not Northland specific.
- To report back on this with further detail when it is available.

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

- Acknowledge the contribution that each member of this committee has provided.
- Excellent presentations have been provided throughout the year.
- Thanks and best wishes for the future.

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

**MOVED Sally Macauley: SECONDED Colin Kitchen**

**CARRIED**

### 3. SYSTEM PERFORMANCE

#### 3.1 Northland Health Services Plan Update

Ellie Berghan and Harold Wereta joined the meeting.

- Sam Bartrum spoke to the report, which was taken as read
- Have two change facilitators on board for Neighbourhood Healthcare Homes (NHH). Spending time with PHOs and practices that are going through change management.
- MOU has been signed between two practices.
- Working with Auckland University Population Health regarding evaluation of programme. Applying to the Rural SLAT for funding to be able to progress this. Will know Wednesday whether that is to go ahead.
- Work around risk stratification. Building a tool for that.
- GP information reports and tool that was further refined from initial tool.
- Algorithm, how were the drivers defined? Sapere to model this for us so we can model it for Northland. Sapere developed the tool which CMDHB and ProCare are using on their shared care population. NDHB are commencing Whanau Tahī, new shared care tool, by the end of the year. Will eventually blend with NHH practices, initially with Care Plus which is across whole of Northland.
- Expect 7,000 shared care plans within the first year.
- Shared care plan will allow both primary and secondary care workers to view and contribute to a consumer's care.
- Project currently looking at electronic referrals. Referrals to hospitals are done in paper and faxed. Piece of work occurring to ensure information is being passed electronically. Looking at a solution that will work for Northern region.
- Consistent with a vision of a single electronic health record. Still some time away so using linkages in the meantime to bridge the gaps.
- Privacy settings and security is paramount.
- Need to ensure the right populations are specifically targeted.
- Risk factors of childhood vulnerability – risk stratification – relationship between treasury risk and risk stratification variables. Legislation has almost been passed to allow greater sharing. Will build into Northland's risk stratification when it is available. All vulnerable families, children and youth will eventually be in high risk stratification. Mainly long term conditions and frail elderly at the moment.
- Everyone in Northland do have patient portals available, however 20% of GPs aren't adopting it at this stage. Mainly funded by NDHB. Need for patients to ask for it.

#### 3.1.1 Smoking Cessation Presentation (Ellie Berghan, Population Health Strategist)

- Population health, planning, strategy and policy.
- In the past this has been shared between Maori Health and Primary Health. Now all tobacco control funding is coming through Maori Health to ensure a more consolidated view to delivery of tobacco control in Northland.
- Ministry of Health 3 phased approach to Tobacco Control Realignment – engagement and design; procurement management; transition
- Why is this so important to us? How? Why Maori?
- 1,000 Maori to quit every year – this is a gross number. Taking into account 9,200 Maori smokers as at 2013, coupled with youth initiating when they leave school and receive an income.
- Northland smoking rates by ethnicity: historical and required to reach 2025 5% target
- Increase in prices has made a big impact on people quitting.
- Looking at prevalence rates by census area. Areas to concentrate across Far North, specific areas in Whangarei
- Te Tai Tokerau Collective – Partnership, Participation and Protection. Partnership Structure.
- Key priorities – referral system; training; database; communications; NRT Block ordering; CO monitors
- Client information management process mapping
- Where are we at with Stop Smoking Services? Transition period of 3 months (July – September 2016); preparation of contracts for service; PHO and Hospital Services Tobacco Control contract – realignment to Stop Smoking Services
- Plan – Year 1. Require a large number of referrals. All contracts will have an RBA framework to look at how much they're delivering, how well they're delivering and whether people are better off.
- Maori smokers coming to the hospital every year with targets for each.
- Modelling out now suggests group based therapy for Maori is very effective. Ministry have asked

for 4 week validation point – NDHB are going for 3, 6, and 12 months.

- Nicotine therapy will be maintained.
- Will have a single database. Reconfiguration of workforce and the way they do things.

### 3.1.2 Obesity in New Zealand

- Jamie Leaf, Project Manager Northland Health Services Plan, spoke to her presentation
- Obesogenic environment
- Process to develop Framework & Initiatives
- Te Tai Tokerau Childhood Obesity Prevention Framework – to increase the proportion of Maori tamariki who are at a healthy weight by 5% through good kai in five years (2021)
- Workstreams and Initiatives – Food security; Sugar Sweetened Beverages (ssbs); advocacy and policy; health literacy
- Informas/ Foodback Project
- Food Rescue Project – Phase 1 – Feasibility Study; Phase 2 – Establish a Food Rescue Organisation
- Extension of Kai Ora Fund
- SSB Advocacy & Safe Water Supply
- Sport Sponsorship
- Healthy Kai Food Policies/ Collaboration of school services
- Food and Drink Industry
- Under 5 Energize – roll out U5E across all Kohanga reo and ECE, kindergartens and play centres in Northland that have more than 70% maori on their roll
- Extension of Oranga Kai
- Maternal and Infant Health
- Strategic Communications Plan
- This project is an excellent piece of work
- DHB leading by example when people are in our services. Would like to hear when that contract comes in – what is 25%, what is being sourced locally, how to progress this. Will be building this into Spotless contract, working with local providers to extend. Supporting local producers.

### 3.2 Northern Region Health Plan Update

Taken as read.

## 4. INFORMATION PAPERS

### 4.1 Public and Population Health Services Update

- Taken as read

### 4.2 Disability Support Services Newsletter August 2016

- Taken as read

## 5. GENERAL BUSINESS

- Time allowed for each of these meetings discussed.

**6. NEXT MEETING DETAILS**

The date of the next meeting is: Monday 27 March 2017 9.00am, Waipoua Room, Tohorā House, Whangarei Hospital.

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

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DATE