

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

**HELD ON MONDAY 26 JUNE 2017
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 11.00AM

CPHAC/ DiSAC

Libby Jones (Chair)
Craig Brown
Sue Brown
Beth Cooper

Sally Macauley
Beryl Wilkinson
Jonny Wilkinson

IN ATTENDANCE

Nick Chamberlain, John Wansbone, Lyn Rostern, Kathryn Leydon, Sarah Hunt (minutes)

APOLOGIES Colin Kitchen, Libby Jones (early departure), Sharon Shea

MOVED Craig Brown: SECONDED Beryl Wilkinson

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.

Beth Cooper advised the following: Employee, Massey University School of Nursing; Volunteer, Achieve 2B; Volunteer, Civil Defence Northland Regional Council; Contractor for Big Tree Studio (pilates).

1. COMMITTEE MINUTES

1.1 That the minutes of the CPHAC/DiSAC meeting held on 27 March 2017 be approved.

MOVED Beth Cooper : SECONDED Beryl Wilkinson

CARRIED

1.2 Matters/Actions Arising

Beryl Wilkinson wanted to note for the minutes that she was interested in looking at the models of care for older people & older people living alone. Would like this addressed as part of the work plan the Committee are looking at later in the meeting.

1.2.1 Pregnancy Hapu Wananga Project

- Progressing well. Funding secured for the programme, will identify RBA outcomes.
- Currently recruiting for new clinical role.
- It is known that Maori women attend ante natal sessions at a very low rate, results in adverse outcomes for Maori babies. Hopeful this approach will get more engagement and clear focus on outcomes, through RBA.
- Teenage pregnant women, large number are Maori. Highest risk in terms of adverse outcomes.

1.2.2 District Council Disability Support Activity

- Paper was taken as read.
- Slight differences, but relative to council capacity and their needs, jurisdiction.
- Often have workshops to further educate staff on hearing and visual impairments.
- On-going relationship between DHB and councils in this space. To meet Annual Planning obligations for 17/18 NDHB has put together a cross sector working group. Someone from the council is part of that group which will be in place from 1 July.

1.2.3 Draft Work Plan

- Great to have a plan, request for more emphasis around primary health care services/

- determinants of health.
- Would like to see much more community focus. Large number of initiatives currently occurring in primary care.
- Oversight of Northland Health Services Plan is part of committee requirements.
- Look to include updates on the Neighbourhood Healthcare Homes programme together with Primary Options programme as part of the work plan.

It was moved that the Committee endorse the draft 2017 work plan

MOVED Craig Brown: SECONDED Beth Cooper

CARRIED

1.2.4 Volunteer System and Hands Up Website

- Online platform, partnership model, that looked to connect people who needed volunteers with volunteers.
- Website established, coordinated through Bush Road Medical Centre. Has not been well utilised.
- Believe this is due to a variety of reasons: Bush Rd Medical Centre doctors finding it difficult to sit down with patients to take them through the tool; many people who need assistance don't have access to website; some competition with other providers (Volunteering Northland).
- Discussed the options for the future of the website.
- Volunteering Northland has a good website which is being well utilised. Missing link is between GP (who can often identify the patient) and the patient connecting to the site.
- Noted some concerns about use of volunteers. Need to ensure that those who live alone are not discriminated against and have exactly the same services available as those living in a partnership.
- Volunteering role was intended to partner with someone i.e. going for walks.
- Consider healthcare assistants in practices to do this. Would like to see a coming together with Volunteering Northland.
- Noted new Health & Safety regulations and extra requirement that entails.

2. CHAIR'S REPORT

- Nothing to report.

Libby Jones left meeting at 11.25am. Sally Macauley took over as Chair of meeting.

3. SYSTEM PERFORMANCE

3.1 Northland Health Services Plan Update

- Successful symposium occurred recently for Neighbourhood Healthcare Homes.
- Currently undertaking EOI process for second tranche. Confirming practices moving forward this week. Have 4 change plans approved, with 2, from the 1st tranche.
- By end of 2nd tranche process will have 85,000 population in Northland covered. Still one more tranche to go. Very intensive and does require a lot of resource.
- All feedback from practices that have embarked on the Neighbourhood Healthcare Home journey has been very positive. GP triage has been a dramatic change – 1/3 of urgent appointments can be avoided with appropriate advice. Fantastic initiative.
- Whanau Tahi going well. Gone through data conversion and bulk uploads. Now have 1400 shared care plans. Looking to develop rules for engagement between primary and secondary care and pharmacy. **Request for patient feedback outcome measures/ measures of success when available.**
- Nurse navigator role – enabling use of shared care plan approach. Led by Manaia PHO and Whangarei based. Care coordination project role will be around Mid and Far North.

3.2 Northern Region Health Plan Update

- Taken as read.
- **Committee would like to see a 1 page summary of key items related to Northland in future reporting. Where statistics are given, would also like to see the breakdown for**

- **Northland**, rather than combined figures for Northern region.
- Bullet points requested for Health of Older People Models of Care, how they are to be implemented, when they are to start, how it is to evolve. Presentation requested on implementation of Health of Older People Model of Care.
- Key element for focus is equality. The NHSP includes disability in equality element. Feedback to report writers that don't see much focus on disability, whether it's inequity or somewhere else. To include in the 17/18 plan.
- Some of the reporting details are to do with assessment. Queried what happens after assessment, what about implementation and outcomes for the benefit of the patient.
- Assessments for older people – queried whether there are delays in putting systems in place after assessments have occurred (Number 3 in the NRHP Top 10 commitments).
- Child health group – done well around safe sleep programme, reducing SUDI deaths.
- Challenges with colonoscopy. Have now recruited gastroenterologist to allow provision of colonoscopies.
- Northland DHB does very well with cardiac patients.
- Diabetes is influenced by demographics so poorer than other DHBs on that due to high Maori population.
- Doing well with MHAS services, stroke unit.
- Teen pregnancy has improved somewhat.
- Inequity is not an area where doing things regionally will have as much of an effect as doing locally.

4. INFORMATION PAPERS

4.1 Public and Population Health Services Update

- The paper was taken as read.
- Queried success of extra Saturday clinics for immunisations. Ministry are pleased with us doing it. Biggest hurdle in Northland is the decline rate. Vaxxed movie discussed.
- **Update on Saturday immunisation clinics requested.**

5. GENERAL BUSINESS

- 5.1 Government Planning Priority for Disability Support – Presentation: Lyn Rostern, Population Health Strategist, Health of Older People, DSS & Palliative Care; Jonny Wilkinson, CEO Tiaho Trust

Presentation – Responding to Disability in 2017/18

- Statutory Obligations of a DiSAC - The functions of the disability support advisory committee of the board of a DHB are to give the board advice on
 - The disability support needs of the resident population of the DHB; and
 - Priorities for use of the disability support funding provided
- The aim of a disability support advisory committee's advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHBs resident population:
 - The kinds of disability support services the DHB has provided or funded or could provide or fund for those people;
 - All policies the DHB has adopted or could adopt for those people
 - A disability support advisory committee's advice may not be inconsistent with the New Zealand Disability Strategy.
- New Zealand Disability Strategy is based on the social model.
 - Disability is not something individuals have. What individuals have are impairments. Disability is a process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of impairments other people have.
 - Physical barriers in the built environment
 - Attitudinal barriers within an organisational culture
- If we understand that, we then understand the concept of creating the DHB environment to be a non-disabling environment.
- Different to the medical model which focuses on individual. Social model focusses on not creating a disabling environment in society. About removing barriers – two categories: built

environment, have a universal design that is accessible to everyone; attitudinal variance, attitudes of people interfacing with disabled people.

- NZ Disability Strategy 2016-2018
 - We have the highest attainable standards of health and wellbeing
 - Healthcare professionals treat us with dignity and respect. We are seen as individuals and receive appropriate and timely support for all of our health needs, not just those related to our impairment. We do not face barriers accessing mainstream health services because of our impairments.
- New document has 12 outcomes. One of these is around health & wellbeing – a function of DiSAC. What this means:
 - Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning health and wellbeing
 - Access to mainstream health services is barrier-free and inclusive
 - Services that are specific to disabled people, including mental health and aged care services, are high quality, available and accessible.
 - All health and well-being professionals treat disabled people with dignity and respect.
 - Decision-making on issues regarding the health and well-being of disabled people is informed by robust data and evidence.
- Cabinet paper on implementation framework and measurements to record progress. Should be out August/ September.
- How Tiaho Trust contributes to this – developed training package called “Customer Services Disability Awareness Training”.
- Short video viewed and discussed.

Government Planning Priority for Disability Support Services

Outlined the four outcomes that were agreed as priority responses in 2017/18 Annual Plan:

- Accessibility (outcome 5)
- Attitudes (outcome 6)
- Health and Wellbeing (outcome 3)
- Leadership (outcome 8)
- Functionality – enabling components of the plan.
- Consumer council involved in developing design principles for site master plan. Have been approached for additional training around disability services. Opportunity to further support that, add to that mix.
- Do have trained accessibility auditor. Do have people with experience and training for staff.
- Attitudes – raising staff and volunteer awareness. Mandatory moodle training module, also link that to promoting use of health passport.
- Social workers have been instrumental in continuing to promote passport.
- Health & Wellbeing - Intellectual and sensory impairment attending breast screening. After instances of anxiety or difficulty attending meaning people didn't attend. Visual story as an effective way to communicate.
- Health Passport being reviewed by HDC. Have been involved with that, will be live shortly.
- Active consumer leadership – engaged consumer in decision making. A number of initiatives in this area.
- Continue to deliver actions to support wrap around services to older people.

Way forward as a committee

- **Committee requested a copy of the new NZ Disability Strategy.** Agreed to include it in the next papers for this meeting.
- Needs to be prominently reflected in the next health services plan, starting next year.
- Vital part of planning for site master plan. Interpreting building plans in the concept of functionality.
- Signal to the 3 district councils the new strategy to allow them to include in their plans as well.
- The Strategy articulates things DHBs need to do, when the implementation framework comes out there will be more detail. Extensive consultation has occurred. Try and **get an early draft of the implementation framework for CPHAC/DiSAC to consider.**

6. NEXT MEETING DETAILS

The date of the next meeting is: Monday 25 September 2017 at 10.45am in the Waipoua Room, Tohorā House, Whangarei Hospital.

There being no further business the meeting closed at 12.25pm

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

CHAIR

DATE