

**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 25 SEPTEMBER 2017  
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

**COMMENCING AT 10.45AM**

**CPHAC/ DiSAC**

Libby Jones (Chair)  
Sue Brown  
Beth Cooper  
Sally Macauley

Sharon Shea (via teleconference)  
Beryl Wilkinson  
Jonny Wilkinson  
Colin Kitchen

**IN ATTENDANCE**

Nick Chamberlain, John Wansbone, Jeanette Wedding, Lyn Rostern, Sarah Hunt (minutes)

**APOLOGIES** Craig Brown

**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 – employee for Habitat for Humanity

Libby Jones – noted that she knows the family involved with the latest rheumatic fever case

**1. COMMITTEE MINUTES**

1.1 That the minutes of the CPHAC/DiSAC meeting held on 26 June 2017 be approved.

**MOVED Sally Macauley: SECONDED Beth Cooper**

**CARRIED**

**1.2 Matters/Actions Arising**

**Supports for long term HBSS clients**

- For the system under NASC control, there are set targets around that and NDHB is meeting those.
- Looking at the requirements from the time that Home Based Support receives a referral and the service starts. Need to start within 72 hours for an acute referral, within 5 working days for non-acute. Providers are required to report exceptions and NASC actively monitors start dates.
- Note there are a number of variables that can influence these: provider staff allocation particularly to remote areas, patient and family choice, compatibility between assigned carer and patient. Regular audits of start date times, exceptions monitored by Portfolio Manager. Providers are generally very responsive.

**Saturday immunisation clinics**

- Introduced opportunistic clinics in Kaikohe and Whangarei in February as a strategy to make access easier and more convenient. Large amount of resource has been assigned (personnel). Have had 79 mums and babies through in that time. More analysis needed to determine whether we captured people who wouldn't have attended elsewhere
- Only 9 people through Kaikohe. Not viable so Saturday clinic no longer held. Will continue with Thursday and Saturday options in Whangarei as have identified a need for a drop in option.
- Doing more investigation and analysis into why attendees are opting for these clinics, rather than attend their GP.
- Early anecdotal evidence suggests potential negative impression people have when they attend GP practices (non child friendly). Also, even though immunisations are free, practice often raises any outstanding bills at the same time. Discussed required level of customer service in practices.
- Neighbourhood Healthcare Homes will help to address some of this; however do need to work

with the PHO to address customer service aspect. Also need to ensure that public is aware of the changes.

### **NZ Disability Strategy**

- Has been out for a while however little action regarding implementation to date. Chief executive to have further discussions with those responsible for the NZ Health Strategy to ensure links are clear between the two.
- Acknowledged the wide consultation in the creation of the NZ Disability Strategy. Appreciated there was an implementation framework included, however would be interesting to see the process that goes with that.
- **Further update on early draft of implementation framework for NZ Disability Strategy to next meeting.**
- Was noted that in the previous minutes there had been an action about feedback for the Northern Region Health Plan. No formal close of that point. GM Planning, Integration, People & Performance advised he did provide the feedback to NRA, who accepted the comments. **This feedback will be shared in the papers for the next meeting.**

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

- Chair noted that she was particularly interested in Community Mental Health Services. Indicated she would like a better understanding of what is happening, and how they integrate together. **To be included in 2018 Committee Work Plan.**

## **3. SYSTEM PERFORMANCE**

### **3.1 Northland Health Services Plan Update**

- GM Planning, Integration, People & Performance spoke to the paper, which was taken as read.
- Advised that the DHB are close to putting together the process for development of new Northland Health Services Plan and expect this to go to the Board in November.
- Neighbourhood Healthcare Homes continues to progress well to plan. 4 new practices in Tranche 2. Now have 82,000 enrolled patients covering over half the population of Northland.
- Interested to get more information on the impact Neighbourhood Healthcare Homes is having. Want to better understand the Tranche 1 practices and benefits they are reporting. Seeking evidence based detail rather than anecdotal feedback. GM Planning, Integration, People & Performance advised that we are able to bring practice feedback to this forum, however patient feedback is more challenging as currently no mechanism in place to capture. Some practices have adopted a local level process to capture.
- **Evaluation report being compiled by Auckland University to be provided once it has been completed.**
- Whanau Tahi is facing some challenges. Software has been rolled out, however experiencing technical difficulties. Project is progressing, shortly will enter phase 2.
- Care Coordination project is still in its infancy. Will be a project to look at better coordination of care in the community. Still too early for much more of an update.
- Primary Data Warehouse has been developed and is facilitating good reporting.
- Interested in Predictive risk/ risk stratification. Both seem to identify the more complex clients. Would like to see how those reports are changing the behaviour of practices and whether there is a drop in hospitalisations/ more support in the community as a result.
- Queried whether many patients that have high ED utilisation aren't linked in with GP. If someone attended ED regularly and didn't have a GP is there a process to link the two? **Request for a report to be done identifying the scale of the issue and any solutions that are in place.**

### **3.2 NDHB Statement of Performance Update**

- New format very helpful and much easier to understand than the regional report.
- Noted areas where performance has dropped and areas where NDHB are improving.
- Year 10 students who have never smoked, high rates of Maori who have.
- Similarly Maori cervical screening rates are low.
- **Keen to see something in 17/18 work plan that focusses on diabetes.** Northland has a high

number of people with diabetes/ predisposed for diabetes. Currently included in the Northland Health Services Plan and will remain a focus.

- Methodology changed from data presented in 15/16. If same methodology applied then to 16/17 data looks slightly better, however still a drop.
- Clarified that Prostate Cancer screening is not free. Discussed rates of prostate cancer vs. breast cancer. **GM Planning, Integration, People & Performance to follow up with why reporting isn't included in the Statement of Performance.**
- Oral Health continues to be an issue, and an area showing continued inequities. Will remain a challenge.
- Have a group made up of primary and secondary services to look at better outcomes for those with high respiratory ASH rates.
- Need to continue to raise issues with inequities for access to services and health outcomes.
- Good report – very user friendly. Would like the committee to dig down into a problematic issue every 6 months, then look at that issue again in the future to see if there are any changes.
- Moving into development of next Health Services Plan is important to incorporate existing sets of data to inform decisions. Tend to focus on the data curves that aren't turning in the right direction, sometimes forget to also use information for data that IS turning in the right direction to inform best practice. Consider how to leverage off information from things we're doing really well.
- Discussed the disparity of engagement for people with mental health – Maori vs. non Maori.

### 3.3 Northern Region Health Plan Update

- Discussed Hepatitis C and treatment being delivered in prisons. Noted that Maori have a higher rate of prevalence.

## 4. INFORMATION PAPERS

### 4.1 Public and Population Health Services Update

- Warren Moetara is the new Service Manager for Public Health.
- Discussed Fluoridation Bill progress.
- Northland Sexual Health Strategic Plan – Hazel Lewis has assisted with developing a strategic plan for Northland. Follows a co-design process with a number of recommendations. Final Plan to come through shortly. Have started the process of developing a collaborative plan between NDHB, family planning, Ngati Hine.
- All Sexual Health clinical services are concentrated in Whangarei. Looking at how to make that a more equitable approach. A number of work streams have been developed to progress this.
- Kainga Ora Otangarei – Place Based Initiatives – healthy lifestyles work stream. Working with community on two projects – a basketball course and a fitness circuit.
- Community has said that these are two things they would like. DHB are contributing \$5k to basketball and \$30k to fitness circuit.
- Already done the basketball court with a company in Kaikohe doing graphics and providing some of their services as koha.
- Working with Whangarei District Council on the fitness circuit. Consider approaching the Youth Advisory committee of the Council if required.
- Discussed former Raumanga School site.
- Rheumatic fever case – queried whether there is anything being communicated/ looked at to highlight different contributing/ presenting factors. Discussion with primary care currently around positive tests. Need to up skill GPs to be fastidious when looking at results.
- Recent information from Auckland DHB indicate there is bounce back in terms of Rheumatic Fever rates in Auckland metro area. Public Health clinicians looking at what is driving the bounce back, early indications are impact of poor social housing.
- Ministry funding has reduced for Rheumatic Fever – for Northland funding has reduced and will cease in another year. Vigilance required at population level for Rheumatic Fever.
- Discussed Kaitaia health centre and success of swimming pool for rehabilitation in that community. Discussed hydrotherapy pool in Whangarei. Concerned that it can be very well used and wondered whether hydrotherapy would be part of future Whangarei Hospital Plans.

## 5. GENERAL BUSINESS

### 5.1 Government Planning Priority – Healthy Ageing – Presentation: Lyn Rostern, Population Health Strategist, Health of Older People DSS & Palliative Care

- NZ Healthy ageing strategy (2016) – Refreshed the 2002 NZ *Health of Older People Strategy* & is aligned with the wider NZ Health Strategy (2016); The emphasis is on health and well-being for all older people; It has a shared vision across a number of linked strategies; Provides a Framework for policy, funding, planning and service delivery
- 5 Outcome Areas – 10yr action plans – Ageing well; Acute and restorative care; Living well with long term conditions; Support for people with high and complex needs; Respectful end of life.
- NDHB Health of Older People Service Planning Priorities – **directed by** MOH Annual Planning Guidelines, Regional Health Service Planning and reporting; **supported by** national HOP Steering Group, regional HOP Network(s) and work streams; **steered by** the Northland Health Services Plan 2012-2017 and Maori Health Plans; **enhanced by** the HOP Model of Care, clinical pathways & HOP Investment Strategy; **inclusive of** robust consumer co-design and our organisational values.
- Health of Older People Service Plan 2017-2020 – Refreshes the Health of Older People Model of Care (2014); Identifies the key issues related to the 5 themes of the NZ Healthy Ageing Strategy (2016); Sets the agreed goals, objectives and mandatory measures.
- NDHB Health of Older People Service Plan 2017-2020 – The *Living Well with Dementia Model of Care* has been completed to improve the *continuum of care* for those experiencing mild cognitive impairment & dementia.
- Intent of the ACE model – one that has come from South Australia – is that as people enter services there is a gerontology assessment. Still debating structure.
- Large number of people that come in with an acute illness, often also have main issues of frailty. Rather than fixing the presenting problem, look at it with a holistic lens.
- Disability strategy liaising with IDEA services as people with intellectual disabilities are now ageing. Need proactive care planning as needs are known.
- Discussed requirement of older people for residential care and not being able to afford it as not funded. Strongly linked to issue of carer abuse.
- Discussed resource requirements for introduction of new strategies to allow implementation. Some of this is about doing things differently, so need to challenge ourselves on that.
- Social workers in GP practices that specialise in supporting older people.
- Concept of resilience, different adversities to bounce back from. Latest research shows how when you're going through transitions in life you redefine yourself and your purpose. Having a purpose is very important.
- Ageing well initiatives and whether a kaupapa maori model is specifically required.

## 6. NEXT MEETING DETAILS

The date of the next meeting is: Monday 4 December 2017 at 9.00am in the Waipoua Room, Tohorā House, Whangarei Hospital.

There being no further business the meeting closed at 12.32pm

**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