



## **Minutes of Meeting**

### **Northland District Health Board**

### **Equity in the Community Committee**

**Held on 9.00am, Monday, 29 June 2020**  
**Waipoua Meeting Room, Tohora House, Whangarei Hospital**

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#### **COMMITTEE**

Ngaire Rae (Chair)  
John Bain  
Harry Burkhardt  
Kyle Eggleton  
Beryl Wilkinson

Libby Jones  
Sally Macauley  
Carol Peters  
Jonny Wilkinson

#### **IN ATTENDANCE**

Nick Chamberlain, John Wansbone, Jeanette Wedding, Warren Moetara (part), Lyn Rostern, Kathryn Leydon, Paula Douglas (minutes)

Board members: Vince Cocurullo and Mataroria Lyndon

Adam Pearse, Reporter - Northern Advocate

The meeting was opened with a karakia.

#### **APOLOGIES**

Harry Burkhardt for lateness, arrived at 9.08am

#### **CONFLICTS OF INTEREST**

The conflicts register was noted.

### **1.0 COMMITTEE MINUTES**

#### **1.1 Confirmation of Minutes**

***IT WAS MOVED THAT the minutes of the meeting held on 30 September 2019 be accepted***

***Beryl Wilkinson / Libby Jones***  
***Carried***



## **1.2 Matters/Actions Arising**

1.2.1 Patient feedback outcome measures/measures of success for Neighbourhood Healthcare Homes projects.

- An update will be provided at the next Board meeting. To be removed from this agenda.

1.2.2 A report on discharge planning and the information provided to patients.

- Agenda item 5.0

1.2.3 Diabetes Update

- An update on diabetes to be brought to the next meeting.

1.2.4 Violence Intervention Programme

- A data update will be provided to the next meeting.
- Will be tabled at the next Board meeting

## **2.0 CHAIR'S REPORT**

- The Chair opened by thanking Libby Jones for her service and leadership of the previously named CHAC/DiSAC committee over the past three years.
- The Chair thanked the CE and Board Chair for the leadership they demonstrated over the COVID-19 response.
- The community feedback received was that during the COVID-19 pandemic in Northland the community felt supported, heard and felt that they were able to relay their concerns and that these were addressed.

## **3.0 BRIEFING PAPERS**

### **3.1 Committee Terms of Reference and 2019/20 Work Plan**

- There have been conversations held with the Chair of the Equity with Resources Committee, Board Chair and the Chair of the Equity in Hospitals Committee and it was agreed that there is benefit for all of these Committees to have the same definition of equity within the Terms of Reference. There will be further discussion on this; following that there will be a paper presented to the Board for approval.
- It was suggested that the responsibility section needs to be revised to include the equity wording. Jonny Wilkinson will suggest the changes and bring these suggestions to the next meeting for discussion and consideration.
- Work plan - there are a lot of standing items on each agenda. A diabetes update is to appear on the next agenda; it was suggested that this become a standing agenda item.
- Health and Disability Services Review needs are to also be considered.
- Climate - this is sitting with the Board work plan and is probably best placed to stay there. This is also featured in the Public Health plan.
- There has been an indication from the Waitangi Tribunal that the needs of Māori with disabilities are not being met.
- Disability should be a broader topic; a whole of system approach is required.



- There is value having 1-2 additional members on this Committee who represent the interests of Māori with disabilities. Chair would welcome thoughts on who that may be. Chair will then work through on implementing this with the Board Chair and Chief Executive.
- There are a number of services that the DHB fund in the community and there could be value in addressing those at this Committee.
- Social wellbeing could also be considered along with Bowel Screening and Primary Care.
- Chair proposed to work with GM Planning, Integration, People and Performance and GM Rural, Family and Community to construct a work plan for 2020 with a focus on one topic per meeting to allow time for robust discussion.
- An equity lens is to be applied to all papers presented to this committee.

### **3.2 Whangarei Hospital Discharge Planning**

- Paper is a follow-up to a 19 June 2019 briefing paper regarding how informal carers were supported and involved a large piece of work including staff interviews and community feedback.
- 16500 patients (averaging 45 discharges per day) were surveyed and the general consensus was that the discharge process is good.
- There are a number of vulnerable groups and there is a process already in place to ensure that these patients are transitioned home safely.
- There is no system-wide approach, no patient-centric system in place.
- There is an opportunity to review how this can be standardised.
- At times funding issues and increased health and social care requirements can make the discharge experience complex; there are often rules and regulations that prevent the ability to be flexible.
- Pleasing to see the emphasis put on the vulnerable.
- Concern was noted with the quietness regarding 'carer stress' and it is felt there is a breakdown with this resulting in some people entering into retirement ill prepared.
- Historically there were gaps in relation to the availability of Social Workers, particularly on the weekends. There are now social workers rostered on the weekends to address this and also Gerontology Nurse Specialists are available at ED to assist patients as they come through. These services are available at all Northland hospitals.

### **3.3 COVID-19 Community Response Update**

- There were different messages from Primary Care for the health of older people.
- The primary objective during the response was testing and the overall health of the community in Northland.
- One key objective was to get out assisting and assessing the patients in the most rural areas of Northland, of which there was good success. This could not have been achieved without the assistance of the Māori Health Providers.
- This approach allayed a lot of fears out in the community.
- This work will continue for a further month while continuing to monitor what is happening nationally.
- Mobile units that were deployed into the rural areas also offered flu vaccines, MMR boosters, general health checks and childhood immunisations.
- 12000 COVID-19 swab tests have been administered to date in Northland.
- The demand for testing tapered off in the middle of June but when the new cases arose nationally this spiked once again in the North. This is reflective of the large amount of COVID-19 related anxiety still being experienced in the community.
- There has been a large amount of COVID-19 messaging released to assist the community.
- The static testing centres will remain open until the end of July 2020.



- Whangarei City still has the highest demand for testing in the North; there are some resourcing difficulties being experienced due to a large number of staffing resources having been redeployed back to business as usual activities.
- Testing results take longer for Northland due to being sent to Auckland for processing.
- Contact tracing in Northland is excellent.
- The teams that were on the front line of the response in the community are to be congratulated for the excellent job they did. Social panic was avoided due to the high level of assistance that was offered and received in the community.
- It was noted that the impact of COVID-19 on the over 70's group is not fully understood and recognised.

#### **3.4 Update on Public and Population Health Services**

- Paper was taken as read.
- The costs for appearance at the Environmental Court to come to the next meeting.
- Discussion was held around the Northport issue.
- Equity lens to be applied to highlight disparity on immunisation data.

#### **3.5 Health and Disability System Review**

- Paper was taken as read.
- Chapters from the overall Health and Disability System Review were included to allow reflections on disability.
- Under obligations to our population, there is a Northland Disability Action plan that is provided to explore opportunities more widely as a whole of system approach.
- Feedback from the disability community indicates it is felt the Health and Disability System Review report was medically focused.
- The report indicated a possible creation of a Māori Health Authority. This was an independent report and the Review panel were divided on the Māori Health Authority suggestion. It is felt it should provide a commissioning and funding service to Māori disability. It is, at this stage, uncertain where this recommendation will land.
- A big focus of this report is tier one services.
- There has been an additional injection of support into Child Health Services.
- Committee would like to see an update on workforce and if possible to identify numbers of people with disabilities employed, not just at NDHB but across all Northland health providers. There are possibilities around strategies for increasing this number that tie into the disability action plan.

#### **3.6 Northland Health Strategy Report**

- This has been in a holding pattern awaiting the outcome of the Health and Disability System Review. There was really good engagement with the community.
- An 'Insights' document has been produced and thought is now being given to 'where to from here'.
- This is a Board strategy that will feedback into this Committee. There could be an additional Board session required to get down to the mechanics of the strategy. This will ensure that it is owned by the Board and will be used as a guiding document with a view to improving equity and equitable outcomes.
- The CE will put these draft documents to the resource centre to allow them to be available to the committee for review.



### **3.7 Northern Region Long Term Investment Plan 2019/20, Quarter 2 Summary**

- Paper was taken as read.
- No Q3 report. Updates highlighted early stages of various programme establishment.
- Consideration to be given to possible future reporting and possible inclusion of scorecards and metrics.

### **4.0 NEXT MEETING DETAILS**

The date of the next meeting is 28 September 2020.

There being no further business the meeting closed at: 10.34am

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**EQUITY IN THE COMMUNITY CHAIR**

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**DATE**