



## **Minutes of Meeting**

### **Northland District Health Board**

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

**Held on 9.00am, Monday, 28 June 2021**  
**Tangihua Meeting Room, Tohora House, Whangarei Hospital**

---

#### **COMMITTEE**

John Bain  
Harry Burkhardt  
Jonny Wilkinson  
Kyle Eggleton  
Carol Peters

Libby Jones  
Sally Macauley  
Beryl Wilkinson (via Zoom)  
Ngaire Rae (Chair)

#### **IN ATTENDANCE**

Nick Chamberlain, John Wansbone, Jacqui Westren (Jeanette Wedding proxy), Tracey Schiebli, Ashlee Peacock, Jackie Kendall, Natasha Correa, Kathryn Leydon, Paula Douglas (minutes)

Sam Olley, Reporter, Radio NZ

Teresa Carrick (part), Catherine Jackson (part) Lisa Crossman (part), Sunitha Gowda (part) ,

The meeting was opened at 8.45am with a mihi whakatau.

#### **APOLOGIES**

Jonathan Tautari

***IT WAS MOVED THAT*** the apologies be accepted

***Libby Jones / Carol Peters***  
***Carried***

#### **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 29 March 2021 be accepted

***Libby Jones /John Bain***  
***Carried***



## 1.2 Matters/Actions Arising

### 1.2.1 Food and Food Poverty Policy

- Defer to next meeting.
- Investigating nutrition during pregnancy in relation to the nutrition of the hapu mama and how that affects the life course of the unborn child.
- Working with Health Coalition Aotearoa to have a more considered approach.
- Working to ensure that all our policies are in order and liaising with Ministers to ensure alignment.
- Would like to challenge the deficit based thinking around obesity.

### Diabetes Update

- Progressing five programmes of work under the strategy with the Governance group.
- Some of these programmes of work relate to podiatry and coordinated and collaborated care with community based Podiatrists.
- Ongoing work coming out of the Far North workshop in relation to improving access and treatment:
  - Investigating expanding shared medical appointments.
  - Practice nurse mentorship programme supporting managing complex diabetes.
  - Other aligned programmes such as renal failure and chronic kidney disease.
  - Exploring workforce development supporting populations such as hapu mama with nutrition and care.

## 2.0 CHAIR'S REPORT

- Tautoko the new 'Seat at the Table' observers; this initiative has been a long time coming and really happy to have the new members on board
- There are more than 430 state sector Boards and Committees with 800 appointments taking place each year
- In 2019 stocktake data reveals there are 49% of women on State Sector Boards; the Government target is 50%.
- Of all Government appointments 21% are of Māori descent.
- 1107 women hold 1282 Board roles across New Zealand.
- This is about the future, growing governance and supporting the diversity of the Board.
- Pleasing to see the work on broader population health
- The Ngā Tai Ora paper – a long standing interest so good to see this being progressed.
- Interested in the new approach to rheumatic fever given the strong connection to housing
- Request a deep dive on Primary and Public Health.
- Big thank you to the Public Health team and their ongoing work in responding to the COVID-19 vaccination programme.

**IT WAS MOVED THAT** *the Chair's report be received*

**Ngaire Rae / Libby Jones**  
**Carried**



### 3.0 PRESENTATION – NEW APPROACH TO RHEUMATIC FEVER

- Presentation – Dr Catherine Jackson – Medical Officer of Health
- Rheumatic fever and heart disease are rare and have a complex set of risk factors making this a “wicked problem” and may be challenging to solve or prevent new cases
- Budget for the rheumatic fever prevention programme is just over \$1m with \$800k coming from the Ministry of Health.
- This disease of poverty and poor housing, including the number of people who live in the house, of poor access to resources to prevent infection spreading in homes, and of poor nutrition with links to sugar sweetened beverage consumption. The strongest risk factor remains a family history of rheumatic fever or rheumatic heart disease.
- Rheumatic heart disease remains life limiting in NZ with the average age at death in the mid-50s for Māori and Pacific and around 80 years old for European/Other people who die from RHD. Early diagnosis and monthly penicillin reduces the risk of an early death from RHD significantly.
- Once diagnosed with rheumatic fever the patient is put on a monthly penicillin programme and this is the programme that prevents dying young from heart disease.
- Approximately 10 new cases of ARF are diagnosed a year in Northland.
- It mostly affects children yet is not the only disease of poverty that we see.
- In Northland there is an existing RF prevention programme in place.
- Current programme is contracted out and delivered in partnership with Māori Providers and pharmacies.
- Previously the primary focus of this programme has been delivering a throat swabbing programme in 80 primary and intermediate schools across Northland, but there is little evidence to date of a sustained impact of ARF notifications.
- For sore throat programmes to be successful, a high level of detection and timely treatment is required. To prevent a single case of ARF, the evidence suggests we need to find at least around 1,000 GAS positive sore throats per year in Māori and Pacific children, requiring approximately 10,000 sore throats in Māori and Pacific children to be swabbed. The NDHB sore throat programmes have not been detecting sufficient GAS sore throats to prevent more than 2-3 cases per year in NDHB, and increasing the reach of the current programme is beyond the current funding availability making this approach not cost-effective. Noting that 50% of children diagnosed with rheumatic fever do not have a sore throat in the preceding weeks.
- Ideally treatment should be started within 48 hours of the sore throat starting, and this is rarely achieved due to delayed presentation, availability of swabbing in schools every day, and delays in laboratory processing (all community swabs go to Auckland for processing).
- The evidence from the case control study (presented) supports a change in focus with more targeted management of very high risk sore throats, an increased focus on housing conditions and resources needed to prevent infection, and on sugar consumption, specifically sugar sweetened beverages.
- Transitioning the existing programme away from a sole focus on sore throat management in schools and to a more whanau centred approach has been achieved through a series of Stakeholder workshops and a co-design process.
- This transition aims to use the programme's resources more wisely to focus on high risk Māori and Pacific children, increase access to timely antibiotics for those at highest risk (particularly those with a family history of rheumatic fever), to increase access to housing solutions for whanau (including beds, bedding, carpets, curtains, heating, support for water heating etc through Manawa Ora – our existing provider), and to raise awareness about the links to sugary drinks.
- Moving forward the strongest evidence for improving the health of vulnerable Māori and Pacific children is to invest in housing solutions, with a recent evaluation of the Healthy Housing programmes for children who received an intervention (and not just an assessment of their housing needs) being 2 years.
- The Chair noted that over 1200 homes have been insulated under the Healthy Homes initiative in Northland.



*Catherine Jackson left the meeting at 10.27am*

#### **4.0 PUBLIC AND COMMUNITY HEALTH SERVICES UPDATES**

##### **4.1 Community Based Services**

- Paper was taken as read.
- Management of COVID-19 with testing and contact tracing is still large part of the work; the remainder of the BAU is being prioritised.
- Concern with the childhood vaccination rates as this is now starting to affect herd immunity.

##### **4.2 Public Health Ngā Tai Ora**

- Paper was taken as read
- Wider definition of homelessness.
- A revealing report on the issues noted.
- Good to see clarity between transition, episode and chronic homelessness.
- Traditional homeless people are not able to find accommodation and therefore are ending up in a more permanent homeless situation.
- Report was intended as a baseline as further research on housing solutions is required
- Noted that there was difficulty in obtaining data as local organisations were reluctant in giving out information.
- This work was started in 2018 looking at the data available and what was able to be captured.
- With COVID-19 we need to understand how homelessness would be managed in the event of another outbreak.
- There is a large lack of information that is available.
- There is no source of information to find out how many Māori are living in campervans or other types of temporary housing.
- There is a plan that has been developed to ensure that there are contingencies in place should there be another outbreak as these people are our vulnerable population.
- Really encourage the issue of accessibility to be included in the report.

#### **5.0 UPDATE ON NORTHERN REGION SERVICES PLAN 2020/21 Q3 REPORT**

- Paper was taken as read

#### **6.0 ACCESSIBILITY TICK AND PROJECT SEARCH UPDATE**

- Need to comply with 9 competencies throughout the organisation, namely:
  - Commitment
  - Physical Environment
  - Recruitment & Selection
  - Employer Support / Workplace adjustment
  - Communication & Marketing
  - Products & Services
  - Information Communication Technology
  - Career Development
  - Suppliers & Partners
- Project Search is an intern project for students with learning disabilities who are in their last year of school in NZ
- Objective is to get disabled people into sustainable employment allowing them to enter the workforce with confidence.



- Consideration is to be given to a long term, well planned efficient step down facility plan to ensure support and success after an older person has recovered from an illness.

Plans are in place to improve rehabilitation in the community to allow people to return to their homes a lot sooner.

#### **7.0 2021 WORK PLAN**

- Paper was taken as read.

#### **8.0 NEXT MEETING DETAILS**

The date of the next meeting is Monday 20 September 2021 at the Tangihua Meeting Room, Tohora House, Whangarei Hospital.

There being no further business the meeting closed at: 11.00am

\_\_\_\_\_  
**EQUITY IN THE COMMUNITY CHAIR**

\_\_\_\_\_  
**DATE**