

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

**HELD ON MONDAY 24 JUNE 2019
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 10.30AM

CPHAC/ DiSAC

Libby Jones (Chair)
Sue Brown
Craig Brown
Colin Kitchen
Beth Cooper

Jonny Wilkinson
Sally Macauley
Beryl Wilkinson
Sharon Shea (via Zoom)

IN ATTENDANCE

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

Anna Marwick, Sport Northland to join meeting at 11.20pm to present on 'Enriching lives through play, active recreation and sport'

Meeting was opened with a karakia.

APOLOGIES

None noted

CONFLICTS OF INTEREST

The conflicts register was noted.

In the name of transparency, Colin Kitchen and Libby Jones both noted they are on the Sport Northland board as Council representatives.

1.0 COMMITTEE MINUTES

1.1 Confirmation of Minutes

IT WAS MOVED THAT the minutes of the meeting held on 25 March 2019 be accepted

***Colin Kitchen / Sue Brown
Carried***

1.2 Matters/Actions Arising

1.2.1 Informal Carers.

- Population Health Strategist spoke to the paper which was taken as read.
- An increase in demand of informal carers is predicted due to the change in demographic.
- Northland DHB offers a range of services; there is a cross-Government Carers Strategy which must be adhered to. This strategy is updated every 5 years.

- Ward Social Workers have a role with supporting carers and ensuring services are put in place on discharge.
- Key services are highlighted in the report.
- Respite care is an area where there is much activity for Northland DHB.
- There is a 'paid family care policy' in place and there is a provision with exceptions within that policy.
- Investigating opportunities on how support can be more flexible going forward.
- Influence of culture – there are several examples within the report where options for care have moved away from stereotypical 'day care' services.
- Focus is on working with those who are being cared for and how this can work better for them.
- There is an increasing trend on the case load of number of adults living alone.
- Patients are able to select what type of care would suit them best i.e. day care, overnight care etc.
- Point of assessment is when questions need to be asked in relation to what options of care are available.
- There is a comprehensive guide on the senior citizens website in relation to what options are available for care.
- Work is underway to improve response times.
- A report on discharge summaries and the information provided to patients, particularly those who are discharged on a weekend to come to December meeting.

1.2.2 Organisation Disability Awareness Training

- Population Health Strategist / circulated data on participation Organisational Disability Awareness training to date
- Training went live on 1 April 2019.
- 252 employees have now completed the training.
- All staff are required to undergo the training module, including current staff.
- An evaluation has been undertaken with 47 respondents, across a range of staff groups and includes a peer review from Disability Reference Group.
- Results show an overall high rating. Feedback received indicates it is easy to navigate, most have learned something.
- Feedback suggests that the learning module is influencing staff behaviour in a positive manner.
- Continues to be socialised and is tracking well.
- It was suggested that people would be more likely to provide honest feedback if they knew that the results were anonymous.
- **Population Health Strategist to speak to administrators of the programme to have the identifying aspect of the module removed so that staff remain anonymous.**

2.0 CHAIR'S REPORT

- Correspondence from CCS disability action has been included for information.
- A proposed work plan for 2019 was disseminated to the group. This is provided as a guide only.
- The next meeting will showcase another focus area.

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

***Libby Jones / Beth Cooper
Carried***

3.0 SYSTEM PERFORMANCE

3.1 Public and Population Health Services Update

- GM Child, Youth, Maternal, Oral and Public Health spoke to the report which was taken as read.
- Councils will be running workshops that help identify the impact of decisions on policies made in relation to Health.
- Medical Officer of Health Dr Virginia McLaughlin has resigned.
- MenW campaign – while the campaign has now finished, GPs still have access to the vaccine. A disappointing 65-66% vaccine uptake noted.
- Measles; there have been 9 cases recorded; the numbers appear to be holding with no current increase.
- Northland Public and Population Health Service Draft Annual Plan – Comments back to GM Child, Youth, Maternal, Oral and Public Health and Director Governance and Compliance.
- Project Energize – Funding has been approved for a further 12 months for schools in Northland.
- An evaluation of the Energize programme is to take place in 2019/2020. Monitoring is underway to identify how the school environment has changed and how to get this embedded.

IT WAS MOVED THAT the report be noted and received

***Beth Cooper / Jonny Wilkinson
Carried***

3.2 Northern Region Long Term Investment Plan Update

- GM Planning, Integration, People and Performance spoke to the paper.
- Paper is the quarterly update and taken as read.
- Participation by Northland DHB in the community and public health deep dives. An update on the primary care and community update is also included.
- Clot retrieval procedures are only undertaken in the main centres currently; Northland had 11 patients treated in the last year at Auckland DHB.
- Clot retrieval will remain a main centre treatment due to the numbers of cases that would need to be undertaken each year for surgeons to retain competency.

4.0 INFORMATION UPDATES

4.1 Update on Implementation of Mahitahi Hauora

- GM Planning, Integration, People and Performance spoke to the paper.
- Formal opening of Mahitahi Hauora is taking place on Friday.
- Very symbolic week; welcoming of the new entity and also saying farewell to the previous 2 PHOs.
- Local work is aligned.
- There is a big shift from how things have been done in the past.
- Outcomes are all focused on important population issues.
- There is a noticeable shift to a closer working relationship between NDHB and PHO.
- All but a very small number of staff retained employment in the transition.
- Philip Balmer, Mahitahi Hauora CEO undertook a lot of the recruitment work and has worked very hard to get things completed.

4.2 Northland DHB and Sport Northland Health Initiatives – Presentation Anna Marwick, Active Communities Manager, Sport Northland

- Working on improving lives through active recreation and sport
- Working with schools on a number of initiatives by teaching the staff to deliver the initiatives themselves.
- Initiatives include bike safety, Project Energize and also water safety.
- Sport Northland work with high schools to support events, they support the student council and also the student voice.
- Undertake work on a number of initiatives within the community.
- Sport Northland do not impose on communities but work with current skill sets to enhance the community.
- Project Energize – working with 92 schools to increase the exposure to physical activity, healthy eating and have a positive impact on children.
- Attempting to influence teachers to include/consider all students not just those who are interested in sports.
- Attempting to increase the levels of understanding with teachers to encourage them to think creatively in relation to physical education and thereby increase the inclusiveness of children.
- Goal is to influence movement in the school day.
- Working at all levels including Board of Trustees and Principals to have understanding and application of healthy eating.
- Healthy lifestyles – working with 3,800 people.

5.0 NEXT MEETING DETAILS

The date of the next meeting is Monday 30 September 2019 at 10.30am in the Waipoua Room, Tohora House, Whangarei Hospital.

There being no further business the meeting closed at: 11.55am

CPHAC/DiSAC CHAIR

DATE