



## COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

### MINUTES – PUBLIC (Unconfirmed)

Tuesday 26 October 2010  
12.30pm  
Corporate Meeting Room 1  
Base Hospital  
David Street  
New Plymouth

#### Present

Flora Gilkison (Chairman), Alex Ballantyne (Deputy Chairman), Peter Catt, Jenny Nager, and Karen Eagles (Board Members), Donna Leatherby, Tom Ryder, David Tamatea, Marion Wellington, Brian Mathieson, and Tony Waghorn (co-opted members).

#### In Attendance

Sandra Boardman (General Manager Planning Funding & Population Health), Ngawai Henare (Chief Advisor Māori Health), Ramon Tito (Kaumatua), Sue Carrington (Communications), Jean Rafferty (PA to GM, PF & PH)

Alison Rumball (Member-elect, not in office until 6 December 2010)

#### 602.0 Declaration to Open the Meeting

The meeting was opened at 12.30pm.

#### 603.0 Apologies

##### Resolution

*That the apologies from Tony Ruakere, Mary Bourke, Tony Foulkes and Alex Ballantyne (for late arrival) be received.*

*Nager/Eagles*

*Carried*

#### 604.0 Conflicts of Interest

The Register was circulated for updating by members. New interests were declared by Ms Leatherby and Mr Tamatea and amendments requested by Mr Ryder and Mrs Wellington. The register will be updated accordingly.

#### 605.0 Minutes of Previous Meeting

##### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held 31 August 2010 subject to the addition of Mr Ryder to the apologies received.*

*Nager/Eagles*

*Carried*

## 606.0 Matters Arising

There were no matters arising.

## 607.0 Chairman's Report

Whilst she had not prepared a report to the Committee's, Dr Gilkison commented as follows:

- the Committee's condolences at the passing of Chairman of the Board, John Young, were expressed. Dr Gilkison noted Mr Young's significant contribution to the work of the Committees and the Board during his tenure.
- a welcome was extended to Alison Rumball, a recently elected candidate, but not officially in office, to the Taranaki District Health Board.
- it was noted that Mrs Nager would be leaving the Board and Dr Gilkison took the opportunity to thank her for the stalwart and balanced opinion she had brought to the Committees.

## 608.0 Management Reports

### 608.1 Presentation – Child, Adolescent and Maternal Mental Health and Addictions Continuum Project

Mrs Boardman welcomed the presenters – Jenny James (Portfolio Manager, Mental Health), Anne Ridgway (Executive Clinical Services Manager, Mental Health), Pamela Ritai (Manager, Manaaki Oranga), Hinemoerangi Ngatai Tangirua (Te Rau Pani – Tui Ora Ltd), Matiu Julian (Client Services Manager, Tui Ora Ltd) and acknowledged the role of NGO providers in the delivery of the project.

The project had been a huge piece of work in three phases, Phase II having just been completed. The aim of the presentation was to provide an overview of the project over the previous six months. Key points were:

- Vision Statement: *Ehara taku toa I te toa takitahi, He toa takatini Ke. My strength does not lie in working alone. Rather my strength lies in working with others.*
- Mission Statement: *Kia mahi tahi ai tatou ki te hapai ake te whanau ora o nga tamariki, rangatahi, whanau. Working together to strengthen the health and well being of children, young people and families.*
- Background – the project had been undertaken following a report from the Children's Commissioner. The GM Planning, Funding & Population Health had asked that a service continuum be developed that best met the needs of children, adolescents, mothers and their babies.
- The project aimed to achieve that:
  - service users and their family/whanau be the centre of a service model,
  - future planning be outcome driven and be modelled on best practice,
  - there be one service in a joint venture across the sector,
  - models of care remove access barriers, and
  - there be robust workforce development planning.
- Phase I had sought to establish working relationships across the sector; determine what is contracted for; establish how services are being

delivered/interface; determine gaps to providing seamless services; and establish what would be the appropriate way to deliver services.

- Phase II had identified five work streams – Governance, Addictions, Maternal, Client Pathway, and Workforce Development. Five providers including the DHB provider arm and Kaupapa Māori Services, had an interest in the system and had come together to form a Steering Group to develop a holistic model of care.
- The Steering Group had held over 30 meetings and workshops. Consultation had occurred across Primary and Secondary care, as well as external agencies, and three surveys had been carried out.
- The five work streams had involved both managers and clinicians and the key themes identified were:
  - Governance Model and infrastructure to support the services
  - Collaborative multi-disciplinary team process
  - Standardised documentation
  - One point of entry – all staff skilled in assessing Māori
  - Commitment to workforce development
  - Needs of client/family/whanau at centre of service
  - Consumers and family/whanau active in all levels of decision making
  - Robust workforce planning and strategies
- Implementation Plan (Phase III) – a major part of the work will be in developing a long term Workforce Development Plan that will define roles and responsibilities.
- The Services will be scoped, with needs assessment and coordination in conjunction with family/whanau to ensure clients have well defined pathways. Workloads will be scoped; discharge planning and transition policies and procedures will be fully implemented; and there will be robust contingency planning.
- Implementation will commence November 2010 and will continue sector wide leadership and endorsement of direction, with the establishment of a Child Adolescent and Maternal Mental Health and Addictions Governance Board which will provide oversight to the roll out of the plan, establish the timeframes for action plans, and establish resources for action.

### Discussion

- Dr Gilkison thanked the team for a fascinating presentation.
- Ms Leatherby asked whether there had been collaboration with the Like Minds providers in Taranaki.  
Mrs James responded that one of the issues around inter-sectoral collaboration was that it became evident there are others providing care in the community and these relationships still needed to be worked through.
- Mr Tamatea thanked the team and commented that he would look forward to the next presentation, which was expected to provide more detail.

The presenters left the meeting at 1.05pm.

608.2 General Manager Planning Funding & Population Health, Mrs Boardman, took the report as read, highlighting:-

- The draft Midland Regional Clinical Services Plan (MRCSP), which was included as Appendix 8 to her report, had been submitted to the National

Health Board. The MRCSP was a significant piece of work undertaken by the Midland Region District Health Boards and provided a framework for DHB planning and acting collaboratively on a regional basis. It did not prescribe radical changes. Rather, it focused on how the region can work together to support vulnerable services, to improve equity of access to regional services, and to improve health outcomes across the region.

- Progress towards *Better, sooner, more convenient Primary Health Care* – both successful business cases have made considerable progress. The Midlands Regional Health Network Trust (MRHNT) was close to signing the alliance agreements.
- Maximisation of Care Plus Funding for the MRHNT was good news as the Taranaki population will have access to more funding. Historically, Peak Health Taranaki has had low funding in this area but now the Network will have access to increased funds for patients with, Diabetes and Cardiovascular Disease.
- The Planning & Funding and Māori Health teams had met with National Māori PHO Coalition (NMPHOC) business partners around the Whanau Ora business case and made good progress towards integrated contracts.
- Financially, the Funder position to the end of September shows a surplus of \$814K with a forecast of \$5.8M for the year. The Planning & Funding team is going through a process of identifying areas of overspend.

#### Discussion

- Mr Ryder commented that late receipt of the papers for the meeting had made it difficult to read and comprehend the MRCSP in due time. He had found it to be an impressive document but referred to two minor issues – (a) the use of the term making the workforce 'sticky to the region' where Mr Ryder noted that people in Taranaki prefer to stay in Taranaki; and (b) the premise that everything is predicated on being done within existing resources, which he considered to be overly hopeful as, at least in the beginning, primary health will need to be more heavily resourced as the work could not be done with existing staff.

Mr Ryder congratulated the authors of the Plan. He felt it read well and, if it came to fruition, then it would be good for everyone and the Taranaki population would be able to retain its identity, which was important for the Province.

- Mr Matheson sought clarification around the Integrated Family Health Centres noting that there is one currently underway and asked whether there were others.

Mrs Boardman responded that the Plan reflects what is happening within the community itself

- Ms Leatherby commented she had only finished reading the Plan that morning but noted that it had been very comprehensive and answered several questions. The Plan reflects Taranaki as having the lowest number of Māori and the oldest population; it was also apparent that rural health is important. However, Tairāwhiti appeared to have the greatest needs and so this DHB must ensure the Taranaki progress continues. The document was good to read and the information provided shows where we will be going in the future. Ms Leatherby commented on the need to weigh up sending people from Taranaki to Waikato.

Dr Gilkison responded that she agreed with Ms Leatherby's comments. She had also been looking at the 'equality of care', which she would prefer to be shown as 'equity of care' providing more fairness. Dr Gilkison commented that, as a region, we must accept there may be a greater need somewhere else but it could also be that Taranaki has the greater need.

- Mr Tamatea agreed there was some good work coming out of the Plan, giving new direction.
- Mrs Wellington considered the Plan to be a good blueprint for the future, and hoped Taranaki would maintain its autonomy as this was important for the Province. She acknowledged this was a huge piece of work which the Committee may not fully understand, but would be interested in how it will all work.

Dr Gilkison responded that each person would read from his or her own perspective as that was the only way to contextualise.

Mrs Wellington asked about transportation and how people would access the services. Dr Gilkison expressed belief in the use of technology.

- Mrs Eagles noted the comments made in Mrs Boardman's report around Project Splice that the service level alliance documentation for Project Splice is under development and that the Alliance will have at least 66% clinician membership from DHB, PHOs and NGO providers. She asked how this membership would be decided.

Mrs Boardman responded that the decisions were being made by her but that she would do so in discussion with various organisations and professional groups.

Mrs Eagles asked whether this was a good use of clinicians' time, to which Mrs Boardman responded that clinical leadership was essential. The clinicians' time was valuable and they would be remunerated accordingly.

- Mrs Eagles expressed concern at the apparent amount of time between the signing of the Sport Taranaki Memorandum of Understanding (MoU) and the planned meeting on 29 October.

Mrs Boardman clarified that the MoU had been in place since 2008 and was due for review. The planned meeting would be the second annual review of the agreement.

- In relation to the MRCSP, Mrs Eagles commented that she did not see much change other than it would do some things better, and people who were more socially dependant would have better outcomes for their families. She asked how the authors had linked the information on the population with migration, as she was aware there were large numbers of people entering the country.

Mrs Boardman advised that the information had been based on current patterns and data from Statistics New Zealand.

Mrs Eagles noted that the Plan did not acknowledge telemedicine.

- In relation to the Needs Assessment Service Coordination (NASC) Services for Older People, Mrs Nager queried the allocation of domestic support services for people whose needs are assessed at one and a half hours per week or less. She commented that some people could find it difficult to do certain tasks like cleaning and vacuuming, which could lead to falls.

Mrs Boardman responded this was for people with no other health and disability needs, rather than the group Mrs Nager referred to.

- Mrs Nager discussed visits to tobacco retailers in Mrs Boardman's report and advised that a discount tobacconist had been set up in Hawera that is also a vendor of energy drinks and newspapers.
- Mrs Nager noted that part of the MRCSP is dependant on good primary care workforce and quoted statistics from the New Zealand Medical Council that indicate Taranaki has one of the lower FTE numbers of GPs in New Zealand, and South Taranaki has the lowest in the Province. It is important that the primary workforce throughout Taranaki is given the support and strength they need to make the Plan work.
- Dr Waghorn expressed disappointment with the uptake of the HPV vaccine in schools.

Mrs Boardman discussed the lack of support from some school teaching staff. The programme had also suffered from a perception that the vaccine was targeted at those girls who were sexually active. In fact the vaccine was aimed at preventing a potential fatal disease and was given when the body's response to immunisation was at its peak. The message was starting to be heard and the focus for 2011 was about providing information so that families can make informed decisions.

Dr Catt commented that one of the places the DHB had lost out on was with the use of modern technology. Feedback from nurses was that Face Book was believed and the DHB did not use Face Book to promote the vaccine. He suggested there was a need to look at the use of modern communications in campaigns in the future.

- Dr Waghorn noted the similarity of the MRCSP to earlier planning documents. However, earlier plans had been imposed whereas the MRCSP was a bottom up document and he felt it had a much greater chance of success, as it was being driven by the region.
- Mr Ballantyne asked why Peak Health had not previously received Care Plus funding and how much additional funding would be received. Mrs Boardman responded that the Pinnacle Group had a different model of care which they believed was better and would yield better results. The new MRHNT funding was expected to result in an extra \$600K for the Province.

#### Resolution

*That the Community and Public Health and Disability Support Advisory Committees receive and note the report and attachments.*

*Leatherby/Ryder  
Carried*

#### 608.3 Chief Advisor Māori Health Report

Ms Henare took report as read, highlighting:-

- The roll out of applications for community action projects – to date a total of \$271K had been invested in 32 Community Action Projects around Taranaki. The projects undertaken had included community gardens/orchards, kitchen equipment, nutrition and physical activity resources, workshops, sports equipment, and sports events, with a significant proportion going into training trainers projects.

- Whakatipuranga Rima Rau (WRR) Project Coordinator had been appointed and will be able to work one day per week until end November when she will take up the position on a full time basis.
- Incubator – the final sessions had been delivered to the 2010 Incubator student groups. The Steering Group had agreed to extend the project to more secondary schools in 2011.
- The new dental cadet had commenced in the first cadetship undertaken by the WRR project. This had been in planning for a long time and it was hoped the new cadet would be a good ambassador for the project.
- Te Whare Punanga Korero (TWPK) Strategic Plan intention was to focus on strategic issues rather than the operational activities of TDHB. With this different approach in mind, TWPK would need to ensure the same level of engagement with Māori is achieved.
- A number of whanau ora developments were underway and though they are not deliberately aligned in the not too distant future it is expected there would be a harmonic convergence of them all. In particular TWPK has been convening groups from throughout the province to discuss a whanau ora strategy for Taranaki, It is expected that this would provide a strategic context for all whanau ora developments in Taranaki.

#### Discussion

- Mr Ballantyne asked why TWPK wanted to withdraw from the operational activities of the DHB.  
Mr Tamatea responded that they would be meeting later that day and would be discussing the issue. A lot of resources had been put into the membership and one concern was financial; it was felt they should probably look at strategic rather than operational issues and see how they could become more effective.  
Mr Ballantyne asked whether TWPK had considered asking for more resources and was advised that would be under discussion later in the day.
- Mrs Eagles sought clarification on the need for further research on the Whanau Ora projects and asked if this was new research.  
Ms Henare advised this was research through the Ministry of Health and her understanding was that it is a proposal for research around what would be expected from a Whanau Ora Strategy.
- Ms Leatherby advised she had attended a Community Action session with the Marfell community. It had been very well presented and it seemed the projects were coming to fruition with perceived benefits to the community.

#### Resolution

*That the Community and Public Health and Disability Support Advisory Committees receive and note the report and attachments.*

*Nager/Wellington  
Carried*

#### **609.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday, 14 December 2010 – New Plymouth.

Dr Gilkison noted that this would be the last meeting of the year under the current Board and asked that members give consideration to splitting the meetings into two, e.g. separate Community & Public Health Advisory Committee, and Disability Support Advisory Committee. Combined meetings seemed to be working well but members needed to consider whether it was assisting with engagement of the Māori and Disability communities. To be considered at the meeting on 14 December.

The meeting closed at 2.05pm.

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Chairman

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Date