



## **COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES**

### **MINUTES – PUBLIC (unconfirmed)**

**Tuesday 27 April 2010  
12.30 midday  
Corporate Meeting Room 1  
Base Hospital  
David Street  
New Plymouth**

#### **Present**

Flora Gilkison (Chairman), John Young (ex officio), Jenny Nager, Mary Bourke, (Board Members) Brian Mathieson, Tom Ryder, Tony Waghorn, Marion Wellington, Donna Leatherby (co-opted members)

#### **In Attendance**

Tony Foulkes (Chief Executive) Sandra Boardman (General Manager Planning Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Matua Ramon Tito (Kaumatua), Sue Carrington ( Communications) Jenny McLennan (PA to Board)

Department of Conservation – Bill Fleury, Rex Hendry and Tokatumoana Walden

#### **576.0 Declaration to Open the Meeting**

The meeting was opened with a karakia at 12.30 midday

#### **577.0 Apologies**

Alex Ballantyne, Karen Eagles and Tony Ruakere (Board Members) and David Tamatea, (co-opted member)

#### **578.0 Public Comment**

Dr Corbett noted positively the recent statements on maintaining the financial ring fence as it related to the provision of mental health services.

Dr Corbett highlighted statements in committee papers regarding activities relating to reducing inequalities and inequities and that these activities refer only to Maori and not lower socio-economic and Pacific groups. All these areas were those the Government wished to address.

The Chairman thanked Dr Corbett for her comments which were noted.

## 579.0 Conflicts of Interest

No new conflicts of interest were declared.

## 580.0 Presentation – Department of Conservation – Operation Egmont

Department of Conservation officials gave a presentation about the recent Possum Control Operation in Egmont National Park and its outcomes. The presentation covered the main points as follows:-

### **OPERATION EGMONT** Animal Pest Control - Egmont National Park - 20th/21st February 2010

- Operation Egmont Aims
  - To protect and build the health of the ecosystems and forest communities of Egmont National Park.
  - To gather more information about the effects of aerial 1080 operations on other pests.
- Benefits of Possum Control
  - Ecological – preservation of forest cover and native fauna species
  - Water quality – ensuring high quality water from the park (necessary for economic drivers of region) – purpose for establishment of reserve in 1875
  - Tourism – preservation of an iconic tourism resource, biodiversity in decline, conservation of natural areas will keep increasing in tourist value
  - Cultural – highly significant place for tangata whenua, loss of canopy not acceptable
  - Recreation – the Park has extraordinary recreation worth, degradation is not an option
- Possums eat :
  - fresh leaves and flowers - less seeds and nectar for birds chicks, bats and invertebrates;
  - fruit - less fruit is dropped by birds and less seedlings grow.
  - smaller trees, like tree fuchsia, forest herbs and some ferns.
- Possums kill:
  - rare plant like mistletoe
- Possums prey on :
  - the eggs and chicks of birds like kiwi and kereru.
- Possums spread
  - TB in cattle and deer
- 1080 also reduces rat and mustelid populations.
  - These are prime predators of park species like whio and kiwi
- The Treatment Area
  - 33,361 hectares of National Park, 1298 hectares of private bush
- Flightlines
- Why treat the Park
  - 2009's examination from the ground and by air showed the forest was:
    - in mixed health
    - not as good as it should be

- showing more sign of possum browse than two years ago.
- Why an aerial drop?
  - Treating the entire national park brings the most benefits.
  - The best and most cost effective method is aerial 1080 – sodium fluoroacetate.
  - Possums have small home ranges, so trap lines or bait station lines needed be placed at a minimum of 100m apart. This would involve cutting thousands of kilometres of lines, and hundreds of stream crossings
  - A lot of the park is difficult to get to by foot
- Planning
  - General
  - Excluded areas
  - Risk communications
  - Areas to be inspected
  - Water
  - Storage / Security and Disposal
  - Monitoring requests
- Consent
  - All plans went to the Taranaki Medical Officer of Health for approval and consent;
  - A Certificate of Appliance was received from the Taranaki Regional Council.
- Consultation
  - Landowners and neighbours
  - Newspaper supplement to all householders
  - Press releases
  - Hui at Marae
  - Teaching resources to all schools
- How did the operation work?
  - Non toxic brown pellet bait was dropped first to ensure a higher uptake of the toxic bait.
  - One week later – cereal baits dropped, each contained about 0.15% toxin each
  - 2kg per hectare – less than a teaspoon of actual toxin per hectare
- Safety
  - Warning signs at usual points of entry to the park and around the region (139 signs);
  - Pre-feed baits cleared from high use short walks within 24 hours;
  - No bait within 150 metres of Tahurangi Lodge, Kapuni Lodge or the buildings at North Egmont or Dawson Falls.
  - No bait within 20 metres of the roads, road ends, picnic areas and lay-bies or DOC huts.
  - Toxic baits lifted from all public walking tracks within 72 hours with higher use short walks targeted first.
  - Water supply downpipes on huts and lodges were disconnected while toxic bait was applied.
- Monitoring - the outcomes
  - Traplines indicate the success of the operation Egmont Boundary Monitoring on March 10 40 traplines over three nights

- Average possum caught 1.42%
- Egmont Eastern Possum Monitor – within ENP March 10
  - 20 traplines over 3 nights – average possum caught 0.33%
- Water sampling
  - Independent contractors tested water supplies at 12 sites around the mountain, plus 2 water bores (Pa) and no trace of 1080 was detected.
- Freshwater Mussels
  - 43 samples of mussels taken from 14 sites
  - Filters of freshwater
  - No trace was detectable
- Outcomes
  - No deer
  - No pigs
  - Feral Goats at low level
  - Possums at low levels (<5% RTC)
  - Mustelid and Rats controlled in 7300 ha of park
  - Close liaison with Taranaki Regional Council and neighbours

Dr Gilkison thanked DOC officials for their informative presentation and opened the floor for questions.

Dr Simmons reported that all associated public health risks with the exercise were either mitigated or eliminated and there had been no contravention of the project's intention.

Committee members noted and commended the efforts of the department in managing the project and its associated risks.

### **581.0 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 23 February 2010.*

*Ryder/Wellington  
Carried*

### **582.0 Management Reports**

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

- Data on Decayed, Missing and Filled Teeth for Year 8 children for the 2009 calendar year was tabled
- Advice had been received from Ministry of Health that funding for the HEHA initiative would continue as it had previously but that HEHA activities were to be reprioritised within current funding streams. Further details were to follow once received from the Ministry.

- Midland Regional Clinical Service Plan was to address issues on clinical and financial sustainability across the region as a whole. A draft report for consultation was expected over July and August.
- Consultation for Project Splice concluded 23 April 2010. A recommendation on the Project was to be presented for discussion at the May Board meeting.
- Actions by the Disability Action Group has resulted in approval for the location of two bus stops within the Base Hospital campus. One to remain at the existing location with the other to be sited at the main entrance.
- The Disability Action Group was also looking at access concerns (step height and door width) with the hospital bus that operates between Hawera and New Plymouth. Discussion were underway with the Taranaki Regional Council, about possible joint arrangements.
- The Better Sooner More Convenient Primary Health Care Expression of Interest initiative was proceeding and it was expected that details regarding the agreement on year one outcomes was to be available at the next committee meeting. Areas under discussion included improved access to diagnostics, minor surgery, nursing service, Specialist assessments and extended after hours services.
- Overall funder position for 9 months to March 2010 was a surplus of \$4.4m against a budgeted surplus of \$3.75m.

#### Discussion

Mr Mathieson expressed concern that only two members turned up at the recent Older Peoples Consumer Reference Group meeting but noted that the group was kept well informed on Project Splice, which was an excellent piece of work fully supported by the group.

Mrs Boardman reported that the Enhanced Healthline Project was continuing with coverage of 75% of the Taranaki population taking part in the pilot project through the 18 GP practices registered. The project provided users the opportunity to discuss health issues with practice nurses with a 'warm link' providing direct feedback to the clients GP. The project pilot was to be evaluated by the Ministry and links with practice systems would form part of this evaluation. Mrs Boardman advised that once evaluation was received this would be shared with the Midland partners as part of the process to determine what system was most appropriate for the whole of the population.

Mr Ryder noted the financial situation the Board was currently facing advising that it was difficult for the public to understand all the contributing factors. Mr Ryder questioned the application of the Population Base Funding Formula as it applied to Taranaki. It was noted that the formula addressed areas including number of older people, ethnicity, socio-economic and rural factors. Mr Foulkes advised that the formula attempted to provide a fair allocation of funding and that any changes to its compilation may only provide a marginal change which may not be to the advantage of Taranaki.

#### Resolution

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

*Mathieson/Leatherby  
Carried*

### 583.3 Chief Advisory Maori Health Report

Ms Henare took report as read, highlighting:-

- Ms Henare responded to the public comments made by Dr Corbett advising that the Maori Health team works towards addressing the needs of both Maori and lower socio-economic groups.
- The paper 'Te Pae Mahutonga – A Model for Maori Health Promotion, Health Promotion Forum of New Zealand Newsletter 49 of 2-5 December 1999 was tabled. Ms Henare advised that it was important for the paper to be considered along with the Maori Health report

#### Discussion

Mr Ryder questioned the timeline for the implementation of Whanua Ora as a seismic shift of health services for Maori. Ms Henare advised that Whanau Ora type models were already in place around the country and gave Tui Ora and Ngati Ruanui as examples of providers of similar models. The new government policy would be implemented in the coming year.

#### Resolution

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

*Wellington/Bourke  
Carried*

### 584.0 Other Business

#### 584.1 Disability Forum – 3 May 2010

Ms Wellington advised that a Disability Forum was planned at the New Plymouth District Council early May 2010 and was to work toward a Regional Disability Strategy

#### 584.1 Decayed, Missing or Filled Teeth (DMFT) Data for Year 8 and Five Year Olds 2009

Mr Waghorn noted with concern the DMFT data tabled advising that dental information was a good indicator of general health. In particular Mr Waghorn noted the low percentage (39% and 30%) of caries free for Maori children aged five for both fluoridated and non-fluoridated

### 585.0 Next Meeting

The next meeting was scheduled to be held on Tuesday, 29 June 2010 commencing at 12.30 midday in Hawera.

The meeting closed at 1.50pm

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Chairman

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Date