

### SOUTH TARANAKI COMMUNITY HEALTH FORUM

held at Council Chambers, STDC, Albion Street on Wednesday 23 July 2014 at 12.00noon

#### MINUTES

##### Present

*Ross Dunlop* Mayor, South Taranaki District Council; *Marlene Bezuidenhout* Director Mountainview; *Molly Cole* Patea Proud & Business & Citizens of Patea; *Kimiora Te Wiki* Tui Ora Ltd; *Jenny Hamley* Women's Institute; *John Hooker* and *Warren Nicholls* Nga Ruahine Health; *Ruth Mackay* Patea Community Board; *Raymond Buckland* Hawera Community; *Fran Davey* Minute Taker, TDHB

##### Apologies

*Becky Jenkins* Acting General Manager Planning Funding & Population Health; *Leigh Cleland*, Service Manager Child and Maternal Health, Hawera Hospital TDHB; *Marie Dwyer* Deputy Chair (Patea Medical Trust); *Colleen Dudley* Te Oranganui Medical Centre; *Sharlene Tapa Mosen* Te Oranganui Medical Centre; *Jenny Nager* Grey Power; *Julie Nitschke*, Wanganui PHO; *Mihi Kahu*, Tui Ora; *Vicki Kershaw* Portfolio Manager Primary Health Care & Community Pharmacy TDHB; *Neil Walker* Taranaki Regional Council.

Resolution: "That apologies be accepted"

*Cole/Buckland/Carried*

##### 1.0 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 25 June 2014 were received as a true and accurate record.

Resolution: "That the minutes of the previous meeting be received and noted"

*Mackay/Buckland/Carried*

##### 2.0 PRESENTATION – HEALTH OF OLDER PEOPLE IN TARANAKI – Channa Perry

Mrs Perry is the Portfolio Manager for Taranaki DHB, Planning & Funding. Within her portfolio for Health Of Older People the range of services include Aged Residential Care contracts, the Home Based Support Service contracts and Day Programmes that run in the Aged Residential Care facilities or in the community.

Mrs Perry also manages the Palliative Care contract with Hospice and the Transport contract with the Cancer Society. Part of Mrs Perry's role is the Acting Service Manager for the Public Health Unit. The focus of Mrs Perry's work is on long term support services for Older People delivered in the community.

##### HEALTH OF OLDER PEOPLE IN TARANAKI

- Older Persons Referral Hub – single point of entry at the hospital
- NASC - Care Management Model (Needs Assessment Service Coordination)
- Carer Respite Services
- Day Programmes
- Home Based Support Services
- Aged residential care

South Taranaki



## **OLDER PERSONS REFERRAL HUB**

- Older Persons Referral Hub – single point of entry
- NASC - Care Management Model
- Carer Respite Services
- Day Programmes
- Home Based Support Services
- Aged residential care

## **NASC – Care Management Model**

- Based in the Community Support Service (Older People’s Health)
- Support older people with complex care needs
- Locality model – Care Managers are linked to GP practice clusters
- Carry out clinical assessments using “interRAI” system
- Coordinate care packages & referrals on to other services
- Single point of contact for older people
- Follow up support & assessment

## **CARER RESPITE SERVICES**

TDHB increased range of Carer Respite Services following community consultation/service review

- Flexible Rest Home based services (overnight, day stays)
- Increase in Day Activity Programmes for people with dementia (e.g. Alzheimers Taranaki Friday Club extended to Hawera)
- New In-Home Respite service (respite carers coming into the home)
- Crisis respite funding available for short-term respite needs (e.g. unwell carer, elder abuse)
- Respite care will be available for older people who live alone with no carer
- Funding for South Taranaki Alzheimers Taranaki Field Officer
- Carer Support payments continue for ‘informal’ carers

## **DAY PROGRAMMES**

- Day programmes provide respite for carers and activity programmes for isolated, lonely older people

## **SIX DAY PROGRAMMES IN TARANAKI INCLUDE:**

- Trinity (includes dementia)
- Mercy Jenkins (includes dementia)
- Elizabeth R
- Tainui
- Chalmers
- Alzheimers Taranaki (New Plymouth & Hawera) – dementia group
- Service is free for those needs assessed by CSS

## **HOME BASED SUPPORT SERVICES**

- HBSS includes ‘personal care’ and ‘domestic support’ services for older people & palliative
- Taranaki has 6 ‘community wide’ providers and 5 ‘residential village providers’
- TDHB working with Midlands DHB to look at opportunities for greater consistency in service delivery and more flexible service options
- Main issues are workforce (recruitment & retention) and travel  
Service is free for those needs assessed by CSS (although only those with CSC qualify for funded domestic support)

## AGED RESIDENTIAL CARE

- 28 facilities:
- 4 in South Taranaki district
- 3 in Stratford district
- 21 in New Plymouth district

### Levels of care:

- Rest home, hospital and secure dementia care in all districts
- Psychogeriatric only in New Plymouth
- 80-90% bed occupancy at all levels of care apart from psychogeriatric (which is about 60%)
- Also provide respite day and overnight stays, palliative care & day programmes

### Discussion

- The Needs Assessment Services has been integrated into the Care Management model with Older Peoples Health inside the hospital. The Needs Assessors/Care Managers have contact with Geriatricians, District Nurses, Allied Health professionals on a day to day basis. There are eight Care Managers in Taranaki wide. Seven of the Care Managers are Locality Care Managers, with 1 in the Hawera area, 1 in Stratford, 4 in New Plymouth and 1 in the Inglewood, Oakura areas. The Hawera Care Manager is Shelley Markham who is knowledgeable about the Hawera area.
- *Mrs Mackay noted from personal experience, that Shelley is a very good Care Manager.*
- Care Managers work specifically with people with complex needs and there is a team at Base hospital who care for non complex needs. A screening tool helps assess whether a person has complex or non complex needs. The Locality Managers are linked to GP practise clusters. The Locality Manager's/Assessors go into peoples homes with their assessment tool called InterRAI (International Resident Assessment Instrument). InterRAI has a range of questions designed to draw out a whole lot of needs and providing a comprehensive clinical assessment be it social needs, disability support, mobility, continence, communication, cognitive health, mental health etc. This provides a consistent assessment wherever the patient may be. Care Managers coordinate care packages and referrals on to other services.
- Carer Respite Services have been improved and there are contracts with all aged care providers which allows much more flexible provision in rest home based services, giving carers more options.
- With Respite contracts the carer will be allocated x number of days. The carer takes the letter to the rest home, the rest home places the person for respite help and the rest home invoices the DHB, DHB pays the full bed price. The Provider calls Sector Services at the Ministry of Health to assess how many days care that person has left for the year. There has been a twenty fold increase in the use of respite services with a concurrent drop in the use of permanent aged residential care which is cost effective.
- There is a reported increase in Day Activity programmes for people with Dementia. The Alzheimers Taranaki programme in New Plymouth has extended to Hawera which is held Friday mornings at the Bowling Club. It is proving to be very popular and currently has a waiting list. One of the challenges for the activity is it is run by volunteers.
- Crisis Respite funding has been made available for those who are require respite care at a short notice.
- Funding has been approved to fund an additional 5 hours for the South Taranaki Alzheimers Taranaki Field Officer to focus on helping people in South Taranaki access Respite Care.
- Day programmes are primarily for respite for carers, those who live alone, not connected with their communities, day trips, get picked up, the service is free. Mrs Cole shared her experiences with the gardens at Trinity and how the residents get involved.
- *Mrs Hamley noted that services have improved greatly over the last few years.*

### **3.0 TERMS OF REFERENCE**

Chair suggested an amendment to the "Purpose" – A mechanism to communicate and share health related information between the Taranaki DHB and the South Taranaki community.

RESOLUTION "That the Terms of Reference" be adopted with the above amendment"

Nicholls/Hooker/Carried

### **4.0 UPDATES**

#### **4.1 Mountainview Medical - Dr Bezuidenhout**

Everything is stable, there has been a huge increase in demand for appointments. A new doctor will be coming from America and starting on 1<sup>st</sup> September 2014. Have two new receptionists, a strong and willing team.

#### **4.2 Tui Ora Limited**

Kimiora Te Wiki from Tui Ora attended the meeting. She is in the Health Promotion team at Tui Ora. The contract that Kimiora works with is Mama Pepe Hauora a programme for mothers and babies and extended to fathers and whanau. Kimiora works in the community and identifies what the community requires assistance with. Toolkits have been designed around nutrition, physical activity and breastfeeding. Kimiora works with several of the Kohanga Reo in Hawera and has created day workshops around nutrition, physical activity and breastfeeding. Tui Ora have created this community concept where a huge network is emerging and Kimiora works collaboratively with other organisations ie Ngaruahine in identifying gaps that require filling.

#### **4.3 Ngaruahine Health**

Mr Nicholls reported it is very busy in the community during the winter months.

#### **4.4 Patea Community Board**

One of the two doctors is returning to Nigeria and will be replaced on 4<sup>th</sup> August. Te Mahana has a full compliment of residents and is going really well.

#### **4.5 Women's Institute**

Mrs Hamley noted from a personal experience recently at Base hospital the service was brilliant from the receptionists through to discharge.

### **5.0 GENERAL BUSINESS**

#### **5.1 Opening of new wing at Base Hospital**

Mr Dunlop noted at the recent opening of the new wards at Base Hospital it was encouraging to see the number of Hawera residents who were in attendance.

#### **5.2 Rural Health Advisory Group**

Mr Dunlop advised he had attended a meeting instigated by the Federated Farmers and noted statistics show that rural communities are not as healthy as the communities living in cities. The Rural Health Advisory Group would like to present to this forum. Mr Dunlop will invite Bronwyn or a representative to the next meeting.

#### **5.3 Cancer and Stress**

Dr Bezuidenhout noted South Taranaki has one of the highest incidence of Cancer in the country and if stress was a main contributor to this along with the many other identified causes. Mrs Perry will access stats from the Cancer Society.

**6.0 KEY MESSAGES TO INCLUDE:**

Highlights from presentation relevant to South Taranaki.  
Kimiora Te Wiki, Tui Ora.

**ACTION LIST**

<i>Meeting Date</i>	<i>Item</i>	<i>Action by</i>
23/07/2014	Rural Health Advisory Group Presentation	R Dunlop
23/07/2014	Health Promotion Presentation	C Perry
23/07/2014	Cancer statistics for South Taranaki from Cancer Society	C Perry
23/07/2014	Meet the doctors at Hawera Hospital	R Dunlop

**Next meeting of the South Taranaki Community Health Forum is scheduled for**  
**Wednesday 27 August 2014 at 12.00 noon,**  
**Hawera Hospital Conference Room**