



# Minutes

## Public session

### Meeting of the Community and Public Health/ Disability Support Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building  
Whanganui Hospital, 100 Heads Road, Whanganui  
on Friday 16 September 2016, commencing at 9.30am

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#### **Present**

Ms Kate Joblin, Committee Chair  
Mr Frank Bristol  
Ms Jenny Duncan  
Ms Harete Hipango  
Mr Stuart Hylton  
Mrs Judith MacDonald  
Mr Matt Rayner  
Ms Grace Taiaroa  
Ms Dot McKinnon (ex-officio, board chair)

#### **In attendance**

Mr Jon Buchan, Primary Care Portfolio Manager  
Mr Matthew Power, Funding Manager Service and Business Planning  
Mrs Andrea Bunn, Senior Portfolio Manager, Mental Health and Health of Older People  
Mrs Eileen O'Leary, Project Manager Planning and Funding  
Mrs Jennie Fowler, Associate Director Allied Health  
Mrs Julie Patterson, Chief Executive Officer  
Mrs Rowena Kui, Director Maori Health  
Ms Sue Champion, Communications Manager  
Mrs Kaydi Tindle, Personal Assistant (*minutes*)

#### **Media**

One media representative attended the meeting.

#### **Public**

There was one member of the public in attendance.

#### **Karakia/reflection**

Mr Matt Rayner provided a Karakia.

## **1 Apologies**

Apologies were received and accepted from Dr Alan Mangan.

The committee chair advised that a letter of resignation has been received from Dr Alan Mangan. The committee chair noted with sadness that we accept the resignation and acknowledge Alan's contribution to this committee.

## **2 Conflict and register of interests update**

### **2.1 Amendments to the register of interests**

Mr Frank Bristol advised a correction to the register:

- Is a member of the governing party for the Director General for Mental Health (which is testing the mental health act against the Bill of Human Rights and the UN convention of the rights for disabled people).

### **2.2 Declaration of conflicts in relation to business at this meeting**

No conflicts were declared.

## **3 Late items**

No late items were advised.

## **4 Minutes of the previous meeting**

*It was resolved that:*

The minutes of the public session of the meeting of the Community and Public Health/Disability Support Advisory Committee held on 22 July 2016 are approved as a true and correct record.

## **5 Matters arising**

There are no matters arising from the last meeting.

## **6 Committee Chair's report**

The committee chair offered a reflection from the Whanganui Rising to the Challenge co-design workshop held in August 2016.

The following workshop summary is the essence of good work and the committee chair suggested keeping these words in mind for the work to date:

*'Co-design takes time and dedication by the teams doing the work – dedicated resource is critical to maintaining momentum along with the permission to challenge, flexibility to change on the journey, permission to live in the patient/client world, ability to look more broadly across the health sector'.*

## **7 Presentation**

There was no presentation for this part of the meeting.

## **8 General Manager Service and Business Planning's report**

### **8.1 Whanganui DHB – Annual Planning for 2016/17**

The general manager, service and business planning advised the committee that the Whanganui District Health Board's Annual Plan 2016/17 has been approved and was one of the first to be signed by the Minister of Health. We can now move onto the most important part which is implementation.

### **8.2 Health Targets and indicators of DHB performance**

#### *Immunisation*

The continuing work the outreach team is completing is starting to show results around the proportion of people declining immunisation.

#### *Better help from smokers to quit – community/hospital/maternity*

We are making steady progress and consistently getting closer to this health target.

#### *More heart and diabetes checks*

There is consistently good performance exceeding the national target. The general manager, service and business planning noted the valuable cardiac discussion this week at the joint board to board meeting with Hauora a Iwi. As this is one of the top health concerns for the district, particularly for Māori, Dr Tom Thompson attended to speak to the group to better understand what we can do as a health district to advance Māori health in this area.

#### *Raising healthy children target*

The general manager, service and business planning noted this is a new health target. The advice from the board to management is to look beyond the target to frame a broader response around raising healthy children. A committee member noted the importance of following through the measure process after referral - we need to keep asking the question 'what will happen after the referral'.

### **8.3 Integrated approach to health promotion across the Whanganui district**

The general manager, service and business planning advised the minutes from July's integrated approach to health promotion workshop are included for the committee's information, to highlight publicly the importance and gains being made through this approach.

The committee chair referred to the Bay of Plenty position statement on key health issues, including health in all policies. The intention is that these are brief, high level documents that reflect Government policy where that has been laid out, and current best-evidenced practice, with an indication of how services are delivered in the area. The information is published on their DHB website and therefore available to the community, DHB staff and service providers.

The committee chair advised this approach should be put forward to our board for consideration, as a local statement would demonstrate the DHBs commitment to achieving strategic objectives to improve health, recognising that to achieve this.

A committee member suggested also promoting this approach through the Whanganui District Council and other key agencies, to amplify health aspects of all policies.

**Recommendation:**

*The Community Public Health Advisory Committee/Disability Support Advisory Committee recommend:*

1. **That** management take this approach and customise it for Whanganui based on local values and direction
2. **That** committee members provide feedback on the approach with a view to table the recommendation at the 11 November 2016 board meeting for adoption

*All agreed*

**8.4 Integrated performance and incentive framework (IPF)**

Taken as read.

**8.5 Whanganui Rising to the Challenge**

Taken as read.

**8.6 Financial report**

Taken as read.

Combined committee interest commenced at 11.00am.

## **9 Items of mutual interest to CPHAC and HAC**

***This section of the meeting commenced at 11.00am***

### **Attending CPHAC and HAC members:**

Darren Hull  
Dot McKinnon  
Frank Bristol  
Grace Taiaroa  
Harete Hipango  
Jenny Duncan  
Judith MacDonald  
Kate Joblin  
Matt Rayner  
Philip Sunderland  
Philippa Baker-Hogan  
Ray Stevens  
Stuart Hylton  
Susan Osborne

### **WDHB staff:**

Eileen O'Leary, Project Manager Planning & Funding  
Jeff Hammond, Associate Director of Nursing Mental Health  
Jennie Fowler, Associate Director Allied Health  
Jevada Haitana, Associate Director of Nursing General  
Jon Buchan, Portfolio Manager Planning & Funding  
Julie Patterson, Chief Executive  
Katheryn Butters, Nurse Manager Mental Health & Addiction Services  
Louise Torr, Business Manager Medical Services & Allied Health  
Peter Wood-Bodley, Business Manager Surgical Services & Mental Health  
Rowena Kui, Director Māori Health  
Sandy Blake, Director of Nursing, Patient Safety & Quality  
Sue Campion, Communications Manager  
Tracey Schiebli, General Manager Planning & Funding  
Wendy Stanbrook-Mason, Nurse Manager Medical Services

### **Media:**

Wanganui Chronicle

## **Health of Older People – special topics**

**Home and community support for older Māori and how they and their whānau are supported to navigate through the system**

**Melina Cropp, Manager Te Oranganui Iwi, Disability Sector**  
**Sharon Duff, Community Development, Whanganui Regional Health Network**

Melina introduced herself and Sharon Duff and outlined their roles.

Melina spoke about *our kaumatua, our treasures, our Tāonga* – a monthly luncheon is held to mitigate loneliness and social isolation for kaumatua. Melina outlined the structure of Te Oranganui Iwi and her role within that structure. There are seven in the team and 55 frontline workers provide hands on work in the community. We are fortunate to have these committed people to ensure those with disability have the same as those with no disabilities. Support is provided with advocacy within the health sector, for independent living for those aged 16-65 years living in homes in the community, for

short-term support services which those are eligible for when leaving hospitals. A vocation programme is funded by MSD to support those with long term chronic conditions, and is funded by the DHB to support those aged over 65 and by MoH for those aged under 65 years.

Melina said there is plenty of research that supports how debilitating loneliness can be. The effect on an older person's health was greater if not greater than obesity or alcoholism so is regarded as a serious health risk – the same as smoking 15 cigarettes a day.

Services are in place already and there numerous rest home facilities within the region; however Maori do not traditionally attend those, so something was looked for that would meet the social needs of our kaumatua. In the past, extended whanau often filled this role. However, in the present extended whanau may live in other areas of Aotearoa or overseas. All members of a whanau are now often working and this has a negative impact on the aging process insofar that there is not the whanau support that tended to be available in the past.

Putiki marae was used for the first meeting with twenty attending; this was a great success with most saying they just wanted to spend time with their friends. As the group grew, a bigger space was required. Kaumatua give a gold coin as koha, and support came from many quarters.

The luncheon starts at 11.00am and kaumatua are telephoned the day prior as a reminder. The agenda for the day is an exercise programme, lunch, a guest speaker such as the Alzheimer's support worker, fire brigade, age concern, hearing association etc so kaumatua know what is happening in their community. The luncheon finishes around 2.00pm. Feedback is that the three hours is just enough and usually between 65-70 kaumatua attend; this provides an opportunity to catch up with friends and we now have people volunteering to help at these luncheons and the event has taken on a life of its own.

### **Sharon Duff, Whanganui Regional Health Network**

Sharon spoke to her presentation and outlined the increasingly important role that technology is playing now and will play in the future in keeping people connected. She spoke about the smart home hub which controls personal sensors, smoke alarms, which turns switches off and on, self-closing windows and doors, locking of back door automatically, emergency call buttons.

The expertise for this technology does sit in Whanganui with firms such as ehaus and other eco designers and software developers. The community aspects of this sitting in Whanganui are quite broad. Would like to do a prototype of the insulation for public viewing. BUPA monitoring is also sited here in Whanganui and this monitoring has national coverage. Older people are also tending to move to Whanganui.

The chair thanked Sharon for this presentation and the articulate way that progress was outlined.

### **Tracey Schiebli, planning and funding manager and Andrea Bunn, portfolio manager health of older people, spoke about their trip to Amsterdam**

The facility visited was the highlight - seeing people with severe dementia living ordinary lives doing ordinary things in this village. The clinical people in the group remarked on how they could not believe these people had severe dementia, so well did their surroundings fit them.

Andrea spoke about her impressions on the unique village model they visited. This is not common across the Netherlands, nor is it common internationally. Andrea said she had high expectations and those expectations were met. The residential system in the Netherlands is quite different to New Zealand. Probably 80% of our long term residents have a cognitive impairment. In the Netherlands if you have a diagnosis of dementia you go into dementia care which is not the case in New Zealand. The highest level of care in New Zealand is 'specialist hospital' and we have Broadview in Whanganui that covers that role. Andrea commented on the environment and how that affects people's behaviour. The expectations around environmental design and health and safety need to be balanced.

A committee member queried how this was funded. Andrea said she believed this was state-supported but that there was community support as well which helped this village to occur. A village is being developed in Rotorua based on this design as a demonstration model.

Andrea did note that there are many things we are doing well and some that we are doing better, so we can share our expertise internationally.

The chair noted it is important to share this knowledge with the community. Andrea chairs the regional dementia group and is part of a national collaborative and said these are venues to share this work. It was also noted that the WDH B Care with Dignity programme is garnering attention nationally.

This part of the meeting closed at 12.30pm.

## **Health targets**

The report was not discussed.

## **Director Māori health**

The report was not discussed.

## **Mental health and addiction services**

The report was not discussed.

This part of the meeting closed at 12.35pm.

## **10 Information papers**

Taken as read.

## **11 Date of next meeting**

Friday 28 October – Combined Committee’s Workshop.

## **12 Exclusion of public**

*It was unanimously resolved that:*

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2) (g) (i)) of the Official Information Act 1982.

<b>Agenda item</b>	<b>Reason</b>	<b>OIA reference</b>
Community and Public Health/Disability Support Advisory Committee minutes of meeting held on 22 July 2016 (public-excluded session)	For the reasons set out in the committee's agenda of 22 July 2016	As per the committee's agenda of 22 July 2016
Service and Business Planning risk register	<p>To protect the privacy of natural persons, including that of deceased natural persons</p> <p>To protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information</p> <p>To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)</p>	<p>Section 9(2)(a)</p> <p>Section 9(2)(b)(ii)</p> <p>Section 9(2)(i) and 9(2)(j)</p>

### **Persons permitted to remain during the public excluded session**

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

<b>Person(s)</b>	<b>Knowledge possessed</b>	<b>Relevance to discussion</b>
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of committee meeting

Meeting closed at 10.40am.