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Chief Medical Advisor  
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**Advisors:**

C Gates-Thompson, Media Advisor  
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Agenda available on Taranaki DHB website  
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**AGENDA**

**COMMUNITY & PUBLIC  
HEALTH ADVISORY  
COMMITTEE/DISABILITY  
SUPPORT ADVISORY  
COMMITTEE**

**ORDINARY MEETING**

**Wednesday 28 March 2018  
1.00pm**

**Owae Marae  
16 North St  
WAITARA**



# COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

**MEETING AGENDA**  
**Wednesday 28 March 2018**  
**1.00pm**

**Owae Marae**  
**16 North St**  
**WAITARA**

		Action
1	<p><b>Meeting Opening – Karakia</b></p> <p><b>Kia Uruuru Mai</b></p> <p>Kia uru-uru mai a hau-ora, a hau-kaha, a hau-māia ki runga, ki raro, ki roto, ki waho rire-rire hau, pai marire</p>	
2	<p><b>Apologies</b> <u>Resolution</u> <i>That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note the apology from David Lean (Committee Member)</i></p>	
3	<b>Public Comment</b>	Verbal
4	<p><b>Interest Register</b></p> <ul style="list-style-type: none"> <li>Members to verbally advise all changes to the interest register, and amend the register circulated; and</li> <li>Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers.</li> </ul>	<p>Verbally advise Chair</p> <p>Verbally advise Chair</p>
5	<b>Chairman's Report</b>	Verbal
6	<b>Attendance Schedule</b>	Noting
7	<p><b>Focus on Waitara Community</b> Led by Bev Gibson. Speakers include: Vicky Dombroski – <i>Community Development Advisor, Waitara Alive</i> Ngawai Henare – <i>Chief Advisor Māori Health, TDHB</i> Local GP representative, Local Pharmacy representative and others from the North Taranaki health sector</p>	Noting

9	<p><b>Minutes – CPHAC and DSAC Meeting</b></p> <p>9.1. <a href="#">Minutes of Meeting held on 27 September 2017</a></p> <p><u>Resolution</u>  <i>That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 29 November 2017 be received as a true and accurate record.</i></p> <p>9.2 <a href="#">Matters Arising</a></p>	Resolution
10	<b>General Business</b>	
11	<p><b>Date of Next Meeting</b></p> <p>Next meeting 30 May 2018 (Venue TBC)</p>	Noting
	<p style="text-align: center;"><b>Karakia</b></p> <p style="text-align: center;"><b>Kia Uruuru Mai</b></p> <p style="text-align: center;">Kia uru-uru mai  a hau-ora, a hau-kaha, a hau-māia  ki runga, ki raro, ki roto, ki waho  rire-rire hau, pai marire</p>	

Attendance Records 2017 - 2018  
TDHB Community Public Health Advisory Committee Meetings

Date	26/07/2017	27/09/2017	29/11/2017	28/03/2018	30/05/2018	TOTAL
<b>CPHAC</b>						
Pauline Lockett	✓	✓	✓			
Alison Brown	✓	✓	✓			
Rose Bruce	✓	A	✓			
Harry Duynhoven	✓	A	✓			
Bev Gibson	✓	✓	✓			
Richard Handley	✓	✓	✓			
Te Aroha Hohaia - Chair	✓	✓	✓			
David Lean	✓	✓	✓			
Kevin Nielsen	✓	✓	✓			
Aroaro Tamati	✓	✓	A			
Neil Volzke	✓	✓	✓			
<b>Co-Opted</b>						
Pat Bodger -TWPK			✓			

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



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

### **MINUTES – PUBLIC (Unconfirmed)**

**Wednesday 29 November 2017**

**1.00pm**

**Patea Old Folks Association**

**137 Egmont Street**

**PATEA**

#### **Present**

Te Aroha Hohaia (Chair), Alison Brown, Rose Bruce, Harry Duynhoven, Bev Gibson, Richard Handley, David Lean, Pauline Lockett, Kevin Nielsen, Neil Volzke.

#### **In Attendance**

Rosemary Clements (Chief Executive), Becky Jenkins (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Māori Health), Cressida Gates-Thompson (Communications Manager), Tammy Taylor (Minute Taker), Milla Christiansen (Administration Assistant).

Graeme Eager-Savage (Pinnacle Midlands Health Network), Nadja Gottfert (Pinnacle Midlands Health Network), Pat Bodger (Te Whare Punanga Korero), Te Oti Katene (Te Whare Punanga Korero), Kay Wallace (Secretary Patea Standby Association), Mareta Marsters-Grubner (Patea/Waverley Cancer Support), Jacq Dwyer (Patea Community Board), Christine Steiner (Practice Manager Patea Medical Trust), Ruth Mackay (Patea Standby Association and Patea Community Board), Brittany Baker (Daily News).

#### **987.0 Welcome**

Ms Hohaia welcomed attendees and acknowledged the travel that New Plymouth based members had undertaken and expressed her appreciation. A karakia was given followed by introductions around the room. Ms Hohaia explained the role of the two committees for the benefit of the visitors present.

#### **988.0 Apologies**

The apologies from Aroaro Tamati (Committee Member), Te Pahunga (Marty) Davis, Tamzyn Pue, Rawinia Leatherby, Ngapari Nui (Te Whare Punanga Korero members), Brett Honeyfield (Chair, Patea Medical Trust) be received and noted.

*Gibson/Handley  
Carried*

**989.0 Public Comment**

Nil

**990.0 Interest Register and Conflicts of Interest Register**

Members were asked to verbally advise all changes to the Interest Register and amend the register circulated; and members to advise the Chair of any conflict with any matter that is part of the agenda papers.

**991.0 Chair's Report**

Nil

**992.0 Attendance Schedule**

The attendance schedule was noted and updated as required.

**993.0 Presentations/Talks:*****Insight into Patea Health Community***

Ms Hohaia began the session and called on contributions from the Patea and Waverley community representatives throughout.

- Demographics of the Patea Ward (Patea is one of four wards in the South Taranaki District (based on 2013 Census data):

Area	Population	No. Households	Median Income	Median Age
Taranaki	109,609	43,014	\$29,100	39.9 years
South Taranaki	26,577	10,341	\$29,200	38 years
Patea Ward	3,834	1590		
Patea	1,098	480	\$18,900	44.9 years
Whenuakura	1,065	381	\$33,700	32.8 years
Waverley	798	360	\$19,900	47.9 years
Waitotara	63	36	\$27,500	46.7 years
Makakaho	810	333	\$29,600	40.1 years

- Patea has: Plunket, Patea Standby Association, Patea Medical Trust, Te Mahana Rest Home, Patea Pharmacy.
- Waverley has: a dentist, Plunket, Te Oranganui, Waverley Standby Association, Goddard's Pharmacy.
- Six schools in the Patea 'ward' area.

**Patea Standby Association** (Kay Wallace, Ruth Mackay)

- Patea Standby has been operating for 27 years
- Office is open from 9am-12noon and people call with bookings
- After hours numbers are available and calls are received up until 5pm
- Travel anywhere between Palmerston North and New Plymouth
- Varying degrees of busy-ness week by week

- All volunteer workers
- There has been an issue with hospital appointments being made very early in the morning which means the driver needs to leave Patea at 5.30am.
  - This has been discussed with the hospital and improvements have been made with the scheduling of appointments.

Te Oti Katene joined the meeting at 1.20pm.

- Offers a very personal service to clients – sometimes clients are hearing impaired and an offer will be made to attend appointment with the client; offers to get tea and coffee while the client waits for appointment; pick up groceries on the way home.
- Most of the clients are elderly or have mobility issues.
- Receive another funding stream which enables them to take clients to lawyers' appointments or bank appointments etc.
- There are eight drivers in Patea and 16 phone operators (some are also drivers)
- Christine Steiner from the Patea Medical Trust said how incredibly valuable the service was in the area.
- Patea Standby did not find that the Connector Bus or Southern Links Service had made any difference within the area.
  - Many people could not get up and down into the bus.
  - The Standby Association offers a door-to-door service
  - There are occasions where someone may get the bus and on arriving at the hospital find that the appointment has been cancelled or moved.
- St John's offers transport for medical appointments however a return trip costs approximately \$300.

#### Patea/Waverley Cancer Support (Mareta Marsters-Grubner)

- This group has been operating for approximately four years and is a community group, made up of volunteers.
- Meetings alternate once a month between Patea and Waverley
- The Waverley meeting is more a social environment to meet up with other cancer patients, or meet at a social level. These meetings sometimes include guest speakers.
- Patea meetings are more informative and educational and have regular guest speakers (e.g. Cancer Society talking about the services they offer).
  - These events are promoted through Facebook and local newspapers
- The groups are not big – perhaps 12 maximum at each meeting.
- The organisation acts as an advocacy group.
  - Many newly diagnosed clients do not know next steps and what to do/where to go.
- Support can include home visits, assistance with client to hospital, as a support person at medical appointments, phone conversations, homecare packages etc.

#### Community Response Plans/Major Weather Events (Jacq Dwyer)

- 2012 were the major Waitotara floods which severely affected the area and made everyone realise how dependent the community was on power, especially in terms of getting cows milked. (There was no power for 24 hours.)

- No formal arrangements in place but worked together as a community.
- The community kept in touch via Facebook and offered help and support where needed; offers for generators were posted; this was a very effective way of keeping in touch with one another during the weather event itself
- Following the flooding there was the clean-up that needed to be done.
- Tankers could not get in to collect milk and milk was being dumped. Huge amount of stress for the farmers.
- Since this flooding there is now one generator for every two farms in the area.
  - Milking sheds have been rewired to be able to hook up to the generators.
- The community felt very lucky that they all got through that particular event – there was no one coming to save them and they needed to save themselves.
- There is a risk if there is a severe earthquake with the local dam and with bridges on each side of the town.
- The community links in with the Rural Health Trust.
- At least every quarter there is a big event happening which knits the community together – sometimes this may be the only event during that quarter that a farmer will attend.
- Civil Defence has not been in the area for some time and it was felt that the community would benefit from them visiting for an exercise to ensure they are better prepared for any event.
- Mr Volzke commented that NZTA are placing much more emphasis on roading networks to ensure alternate routes are available in and out of rural areas.
  - He also mentioned that there were significant changes coming regionally in term terms of Civil Defence and there would be a lot more responsibility placed with Territorial Local Authorities.
- In summary, Ruth Mackay felt that health needs were largely met with the transfer of patients. There have been struggles obtaining a full time GP but generally people are happy with an excellent medical centre, rest home and community. People (Māori and non-Māori) are all doing their best for the best possible outcomes.

### **Primary Care at Patea**

(Graeme Eager-Savage, Nadja Gottfert and Christine Steiner)

- Patea has been in the news a lot for not having a regular GP but also for the innovation that has been taking place.
- Pinnacle Midlands Health Network (PMHN) and the Trust staff have ensured the medical centre has remained opened in spite of GP shortage issues.
- There is a change afoot in terms of healthcare and technology and the Health Sector has been slow in keeping up with the changes.
- There have been 18 GPs in 18 months at the Medical Centre.
- To ensure the practice could remain open – the idea of Virtual Health was put forward.
  - This involved a practice in Taupo that had capacity and happened with a few days of the idea being presented.
  - Patea offered video consultations – one of the learnings from this were to do with camera and computer speed issues as well as training
  - Nurses and Doctors were being put into a totally different situation and were not trained specifically in the area of Virtual Health. This sort of



training is now being addressed by the Royal College of GPs as part of rural strategies.

- There needs to be a level of familiarity between Doctors and Nurses rather than doing everything via Virtual Health. In hindsight, PMHN would have brought the Doctors to Patea to meet with the Nurses before this service began.
  - The ability to be able to share notes with another Doctor is essential for the Virtual care model and the Taupo practice was able to access the Patea patient records.
  - Medical Trust Nurses would often attend the video consultations with the patients to ensure they understood what was being said.
  - From a triage point of view this service offered very well as it was clear which patients needed to be seen by a doctor, which could be done virtually and which could be seen by a nurse.
  - Prescriptions were emailed/faxed from Taupo to the Patea or Waverley Pharmacy.
  - All those involved felt it was a very fast learning curve and that regulations were not keeping up with technology – e.g. Drivers medical checks cannot be done virtually nor can some specific WINZ forms
  - Feedback from the community was mixed. Elderly clients liked the system whereas younger clients were not that keen, but younger people do not like to visit a GP at all. Overall the community felt the service was “better than nothing.”
- Virtual Health has stopped operating as there is now a GP in place in Patea. The PHO continues to work with the DHB around a sustainable service for South Taranaki. Virtual Health is not seen as a solution but as a support in the interim.
  - The DHB is in the process of a Registration of Interest for ideas around a new model of care for South Taranaki.

A Committee member asked for an update on MAiHEALTH

- MAiHEALTH is run by Dr Lance O’Sullivan with Ngati Ruanui and is a different service offered at the Patea Māori Club.
  - MAiHEALTH works for “happening live” diagnosis. There is no need for Doctors to actually see the patient.
  - MAiHEALTH does not have access to patient records.
- The DHB has offered to be involved in an evaluation of MAiHEALTH but not heard anything back at this stage or received any formal feedback on progress of the pilot.
- Mrs Gibson wondered if the right people from the DHB were asking the question of MAiHEALTH/Ngati Ruanui and suggested that the Chief Advisor Māori Health would be better placed to have this conversation.
- The Patea Standby Association felt there was no clear communication when both MAiHEALTH and the Patea Medical Centre’s Virtual Health Clinic started and there was a lot of confusion in the community.

The presentations/talks finished at 2.40pm and Ms Hohaia thanked the various speakers and invited them to stay for the formal part of the meeting.

Te Oti Katene left the meeting at 2.40pm

Mr Handley took the opportunity to acknowledge the passing of David Tamatea and commented on his valuable role both with this committee and the community in general.

#### **994.0 Minutes of Previous Meeting**

##### Resolution

*That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee resolve to accept the Minutes of the meeting held on 27 September 2017 as a true and accurate record.*

*Handley/Neilsen  
Carried*

The Task List was updated accordingly.

#### **995.0 Management Reports**

##### 995.1 Planning, Funding and Population Health Report

The General Manager of Planning, Funding and Population Health took her report as read. Comprehensive discussion took place including the following:

- It was agreed that the Taranaki DHB should write to Marcia Paurini at Taranaki Rural Support and congratulate her on her National Lifekeepers Recognition Award for outstanding contribution to suicide prevention in the community.
- No update on the 2017/18 Annual Plan as yet. The DHB is still awaiting information and sign-off from the new Minister of Health.
- Pay Equity continues to be a major issue and Mr Volzke advised this was not just affecting smaller Rest Home facilities but also larger ones. The latest move by the MOH is looking at retrospective funding to help those Rest Homes under financial pressure. Mr Volzke thanked the DHB (in particular the Health of Older Portfolio Manager and the GM Planning and Funding) for the conversations they were having with the MOH around this.
- Ms Lockett asked if there was a link between B4 School Checks and the Raising Healthy Kids Health Target
  - Mrs Jenkins responded that the Health Target for RHK is the number of children identified in the B4SC as needing a referral and one of the ways in which we refer children/families is into the Whānau Pakari programme. Whānau Pakari has a much broader remit than 4-5 year olds.
- It was noted that the Bowel Screening Programme is rolling out in Wairarapa. Taranaki is now in tranche 3 of the roll out and work is underway in preparation.
- Dr Jonathan Jarman spoke at Council with regards to the submission for Class 4 Gambling Venue Policy. Mr Handley advised the submission was very good and well heard by Council members.
- There was discussion around the recent outbreak of mumps in Auckland and booster shots being available to people of any ages.
- Ms Lockett brought people's attention to an article in the Waikato Times around Black Power, Mongrel Mob and Waikato DHB collaborating to improve health outcomes of whānau.
- There will be a report generated as a result of the Public Playground Drinking Water Fountain Survey and this will be available to Committee members in due course, as requested by Mr Duynhoven.

- There was discussion concerning the Hepatitis C Prevention Plan which is currently in consultation with stakeholders.
- Mr Handley said how worthwhile it was having the meeting in Patea and hearing the local story. There are still issues in terms of the GP shortage but the PHO and the DHB are continuing to work together on this.

Resolution

*That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health.*

*Carried  
Gibson/Handley*

**996.0 General Business**

Mr Duynhoven recently attended an “Engaging Effectively with Māori” course at the DHB and found it challenging, interesting and entertaining and encouraged people to attend if they had not done so already.

**997.0 Next Meeting**

The date of the next meeting is Wednesday 28 March 2018. The venue will be confirmed at a later date.

Ms Hohaia closed the meeting at 3.25pm

<b>TDHB Community &amp; Public Health Advisory /Disability Support Advisory Committee Task List</b>						
<b>Action No</b>	<b>Date Raised</b>	<b>Action Description</b>	<b>Status</b>	<b>Assigned</b>	<b>Due Date</b>	<b>Updates</b>
82	29/11/2017	<del>Write to Marcia Paurini at Taranaki Rural Support and congratulate her on her National Lifekeepers Recognition Award for outstanding contribution to suicide prevention in the community.</del>	NEW	GMPPF&PH		Letter sent
79	27/09/2017	Management My Health Fees Check PHO contract with DHB re additional fees being allowable	NEW	GMPPF&PH	March meeting	In progress. PMHN are doing a stocktake of those practices charging. Update in the New Year.
76	26/07/2017	HEAT TOOL – Immunisations Circulate report once completed	NEW	GMPPF&PH		Report to be put onto Board Books end March. Recommendations currently under consideration.
69	24/05/2017	Follow up with Pinnacle Midlands Health Network concerning extending an invitation to MAiHEALTH to come to Taranaki.	NEW	CAMH		Invited to November CPHAC but no response received. Ngati Ruanui to be approached.