Distribution:

Board Members:
P Lockett
N Volzke
A Brown
R Bruce
H Duynhoven
B Gibson – Deputy Chair
R Handley
T A Hohaia - Chair
D Lean
K Nielsen
A Tamati
P Bodger

Management:
Chief Executive
General Manager Finance / Commercial
General Manager Planning, Funding & Population Health
Chief Operating Officer
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
Director of Nursing
PA to Board
Internal Auditor

Advisors:
C Gates-Thompson, Media Advisor
P Franklin, Legal Advisor
S Mason, Relationship Manager, MoH

Agenda available on Taranaki DHB website (www.tdhb.org.nz)

TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEE

ORDINARY MEETING

Wednesday 28 November 2018
1.00pm

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
NEW PLYMOUTH

COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

Wednesday 28 November 2018
1.00pm

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
NEW PLYMOUTH

		Action
1	**Meeting Opening – Karakia** **Kia Uruuru Mai** 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	
2	**Apologies** *Resolution* *That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note the apology from Rose Bruce (Committee Member).*	
3	**Public Comment**	Verbal
4	**Interest Register** • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers.	Verbally advise Chair Verbally advise Chair
5	**Chairman's Report**	Verbal
6	**Attendance Schedule**	Noting
7	**Presentation – Child Well Being Strategy** Presenters: Ngawai Henare and Marnie Reinfelds	Noting

9	**Minutes – CPHAC/DSAC Meeting** 9.1. Minutes of Meeting held on 26 September 2018. <u>*Resolution*</u> *That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 26 September 2018 be received as a true and accurate record.* 9.2 Matters Arising	Resolution
10	**General Business**	
11	**Date of Next Meeting** Next meeting 27 March 2019 (Venue TBC)	Noting
	Karakia **Kia Uruuru Mai** 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	

Attendance Records 2018 - 2019
Taranaki DHB Community Public Health Advisory Committee Meetings

Date	25/07/2018	26/09/2018	28/11/2018	00/03/2019	00/05/2019	TOTAL
CPHAC						
Pauline Lockett	✓	✓				
Alison Brown	✓	✓				
Rose Bruce	✓	✓				
Harry Duynhoven	✓	✓				
Bev Gibson	✓	A				
Richard Handley	✓	✓				
Te Aroha Hohaia - Chair	A	✓				
David Lean	✓	✓				
Kevin Nielsen	✓	✓				
Aroaro Tamati	A	✓				
Neil Volzke	✓	✓				
Co-Opted						
Pat Bodger -TWPK	✓	✓				

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Wednesday 26 September 2018
1.00pm
Corporate Meeting Room 1
Taranaki District Health Board
David Street
NEW PLYMOUTH

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

In Attendance
Becky Jenkins (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Māori Health), Patsy Bodger (TWPK representative) Cressida Gates-Thompson (Communications Advisor) and Tammy Taylor (Minute Taker)

Invited Attendees:
Gillian Campbell and Wendy Langlands

1030.0 Welcome
The meeting was opened by Ms Hohaia.

1031.0 Apologies
The apologies from Bev Gibson (Committee Member), Te Pahunga (Marty) Davis and Te Oti Katene (TWPK) and Rosemary Clements were received and noted.
Duynhoven/Lockett
Carried

1032.0 Public Comment
Nil

1033.0 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.

The following changes were noted as per below:

Te Aroha Hohaia
- remove Victoria University of Wellington
- add Trustee of Te Korowai o Ngaruahine, Bashford Nicholls Charitable Trust and Bishops Action Foundation

1034.0 Chair's Report
Nil

1035.0 Attendance Schedule
The attendance schedule was noted.

1036.0 Presentation: APIC 1st Asian Pacific Conference on Integrated Care
Presenters – Pauline Lockett, Gillian Campbell and Wendy Langlands

The presenters attended the above conference, held in Brisbane, in November 2017. A copy of the presentation is included at the end of the Minutes.

Discussion:

- Project ECHO (Extension for Community Healthcare Outcomes) is a hub and spoke platform that utilises tele-mentoring to help facilitate the professional development of health practitioners and empower them to provide better care to more people.
    - The three presenters thought the methodology behind this project was excellent and could be something to look at for New Zealand – would need support of a passionate specialist and a PHO
    - An offer has been extended by Children's Health Queensland and this offer as been shared with MURIAL (Midland United Regional Integration Alliance Leadership) and currently awaiting feedback
    - ECHO model sounds similar to the Taranaki Toa programme and Whānau Pakari
- It was noted that Hospice offers a different service in Australia to that of New Zealand. Hospice in New Zealand is heavily involved in community services. The core philosophy behind Hospice is multi-disciplinary teams.
- Ms Langlands spoke about Mental Health and Addictions sessions held at the conference and mentioned STARR (Support Time and Rehabilitation Recovery Service) which encourages natural supports and natural environments. The peer support is provided by staff with lived experience.
- Taranaki does not have a peer support workforce in the Provider Arm but this workforce is hugely valuable and something the Provider Arm aspires to. Important to note that peer support is someone with lived experience but is also trained to a certain level.
- 'One Assessment One Plan' – a programme being run by Hawkes Bay DHB – consumer focused, a living document, part of electronic patient record, only access point to patient information.
- Ms Campbell attended a number of sessions at the looking at system redesign and outcomes.
- From the presentations a theme emerged around thinking about the big picture and going on the journey to get there whilst enabling flexibility.

- Involving services users in the decisions being made is very important - need to stop and listen to consumers.
- Australia spends a lot more on health per head of population (than NZ) and do not get the health outcomes that are achieved here.
- Integration is evolving in Taranaki, and this is no different from any other area. Need to have a philosophy agreed upon and aim to have all the pieces lined up.
- The question was asked whether there would be a benefit to inviting the PHO to a future CPHAC/DSAC meeting to talk about patient care in the community.

1037.0 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 25 July 2018 as a true and accurate record.

The Minutes were approved with one minor change requested regarding the list of attendees at the last meeting. Change spelling from Keith Allan to Keith Allum.

Nielsen/Handley
Carried

There were no items on the Task List.

1038.0 General Business

Nil

1039.0 Next Meeting

The date of the next meeting is Wednesday 28 November 2018. The venue will be Corporate Meeting Room 1, Taranaki DHB, unless advised otherwise.

1040.0 Presentation: Asian Pacific Conference on Integrated Care

As referred to in item 1036.0 – a copy of the presentation follows.

Ms Hohaia closed the meeting at 2.40pm.

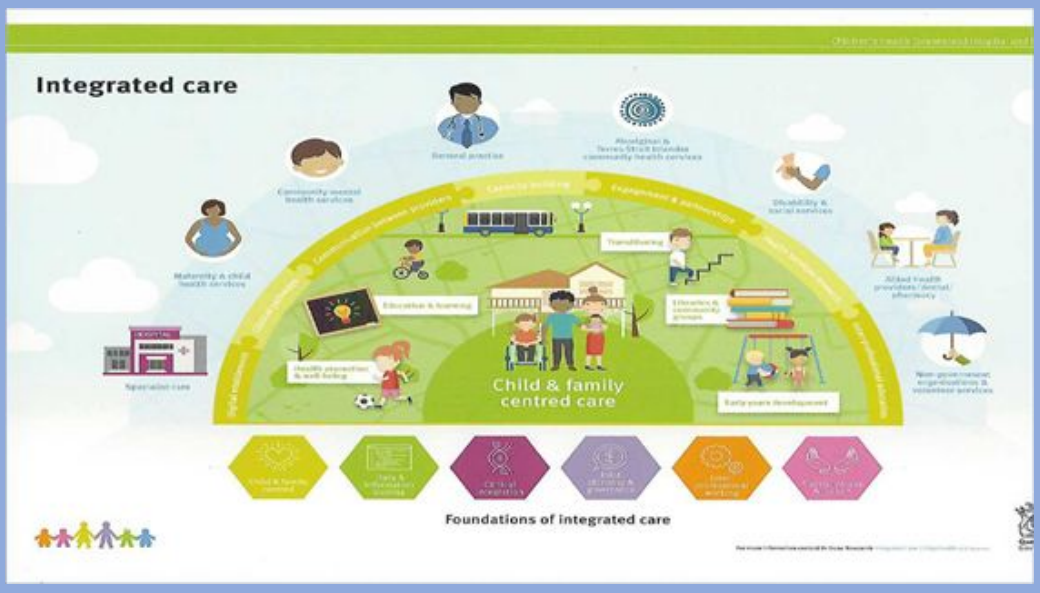
APIC 1st Asia Pacific Conference on Integrated Care Brisbane – November 2017

Pauline's Feedback

TE AHU

Pauline's Feedback

- Agenda
- Official Opening of the APIC Conference – Integrated Care
- Child Obesity: Governance paving the way to success
- Improving Care Transitions
- Child Health in Queensland
- Rural and Remote Health – Going the Extra Mile to Design
- Integrating Mental Health – Improving communities, Creating Alliances, Designing Policies
- Health Homes and Neighbourhoods – Integrated Care Initiative
- Focus on the new models of care delivery



Official Opening

- Official Opening – Dr Nick Goodwin
- Integrated care is a movement for change
  - The most vulnerable people in society suffer the most from lack of coordinated care;
  - Shift in thinking from disease based care to care that involves families and communities

Official Opening

Fionnagh Dougan, CEO Children's Health Queensland Hospital and Health Service

- Looking at developing a plan for integrated care across Queensland inclusive of mental health services for children.
- Children's Health Queensland has a State wide responsibility

Official Opening

Michael Walsh, Director General, Queensland Health

Question – how do we move from individual to the population in integrated care?

- *Launch in 2016 to look at how to improve effective health outcomes – Integrated Care Innovation Fund project. There is a separate budget for this.*
- *Launched because 30% of the States budget is spent on health – 10 years ago it was 25%.*
- *If this continues then health will be absorbing so much of the budget that no other services will be provided*

Official Opening

Michael Walsh cont….

Projects that have been established in Queensland under the Integrated Care umbrella:

- **Multi disciplinary team in the emergency department** – provides support to the aged care community with the aim of reducing the number of people who need to come into the emergency dept
- **Diabetics support** – projects to be provided in the community
- The utilisation of **Project Echo** – empowers clinicians to provide better care for people
- The electronic solution – **move to electronic records** that all clinicians care see
- Remote area nurse lead clinic – using **telehealth, video conferencing**, etc

Child Obesity: Governance Paving the Way to Success

Presenters:

Robyn Littlewood – Children's Health Queensland Hospital

Jacqueline Walker – Health Services Queensland Government

Worst countries – US, NZ then Australia

- 27.4% of Australian children are obese – significant health and economic consequences
- On average you are overweight if you need to lose about 7 kilos – you are obese if you need to lose 27 kilos

Child Obesity

Current recommendation for interventions

Need a multifarious approach –

- Diet,
- Exercise,
- Behavioural counselling with moderate (26-75 contact hours) to high intensity (> 75 contact hours) over 6 – 12 months;
- Involve the whole family

The problem is that current services do not provide for this.

Child Obesity

Education and Training

- Inter-professional training education is not occurring – a big barrier to the delivery of effective health services to children and adolescents who are overweight

A GP survey found that GPs are not well prepared to manage children who are overweight. A solution to assist GPs and others:

- **Project ECHO** (Extension for Community Healthcare Outcomes – this is a hub and spoke platform that utilises tele-mentoring to help facilitate the professional development of health practitioners and empower them to provide better care to more people:Echo.unm.edu/about-echo/

Child Obesity

Takeaways from this session:

- Obesity in children is costly on the individuals health outcomes and in dollars
- The approach taken by Children's' Health Queensland has been shown to work – made numerous mistakes to start with
- Project ECHO to assist\upskill provide support works

An offer was extended to the audience, inclusive of New Zealand, to join up with Childrens' Health Queensland

This offer has been shared with the Midland Region – awaiting feedback from the MURIEL group

engAGE – Age Well – Hawkes Bay District Health Board

- A system to improve the quality of life for the older person and make the system clinically and financially sustainable.
- Multi-disciplinary teams – weekly meetings in GP settings

Teams include:

- clinical representatives, pharmacies, care agency nurses, older persons mental health representatives, etc.
- Work with 20 out of 24 GPs
- Have had 1485 referrals since commencement (2012?)
- Have rehabilitation beds – keep people out of hospital
- 159 patients, 2551 bed days over 16 months

engage – Orbit Team

- Rapid response Allied Health Team – will see anyone referred to them – could be younger people with back problems for example
- 7 day service – 7.00am – 7.00pm – focused on preventing admission to hospital for frail older people. Saw an extra 1000 patients in the first year
- Orbit St Johns Ambulance Frailty Pathways – allows the team to assess the person in their own home.
- **Results – ED admissions have reduced, avoided admissions to hospital = $478,590 positive financial outcome**
- 2016 team won the Royston Hospital Supreme Award and the Southern Communities Laboratories – Excellence in Service Improvement award

Reducing Avoidable Admissions in Rural Community Palliative Care

- A pilot study involving a local partnership between GPs, palliative care specialists and the hospital.
- Funded through the local primary care organisation
- The model worked – more flexible, consumer engagement through improved Advanced Care Directives, forward planning was better, better quality outcomes for the patients and the health system plus cost savings
- **The pilot is continuing**
- Read about it in the journal
  - *Aust.J.Rural Health (2017) 25, 141-147*

Integrating Care for Children and Families in Rural Australia – a view from the trenches

Current state of play in Australia – poor service access, poor integration , increasing complexity

Greatest unaddressed public health risk of our time – Childhood trauma

This threat is so bad that it gets under the skin

The ACE study –

ACE's are more common than what we think

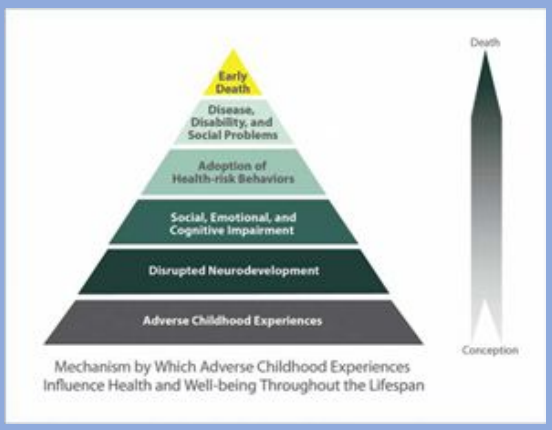
The ACE pyramid – it impacts the brain, the immune system, creates impairment socially, emotionally and cognitively. Leads to health risk behaviours, to diseases, social problems, disability and early death

Integrated Care for Children and Families in Rural Australia – a view from the trenches

Childhood trauma:

- Covers justice, education, health, economic and financial costs
- Wisconsin is going to be the first trauma state in the US – it will identify trauma and its effects and will be doing something about it
- Royal Far West – 94 year old Not for Profit based in Sydney – now responds to trauma distress – refer to the Fitzroy Crossing Marurra-U partnership
- ACE – Adverse Childhood Experiences study – *www.acestudy.org*

The ACE Pyramid



ECHO Institute – University of New Mexico Health Sciences Centre, USA

Dr Sanjeev Aroha was the Founder of this Institute

Aim – to disseminate knowledge out to all areas

ECHO

Purpose of ECHO

To utilise technology to leverage knowledge about the disease

- Share best practice – best practice guidelines created
- Case based learning – to master complexity
- Web based database to monitor outcomes

What we do in ECHO:

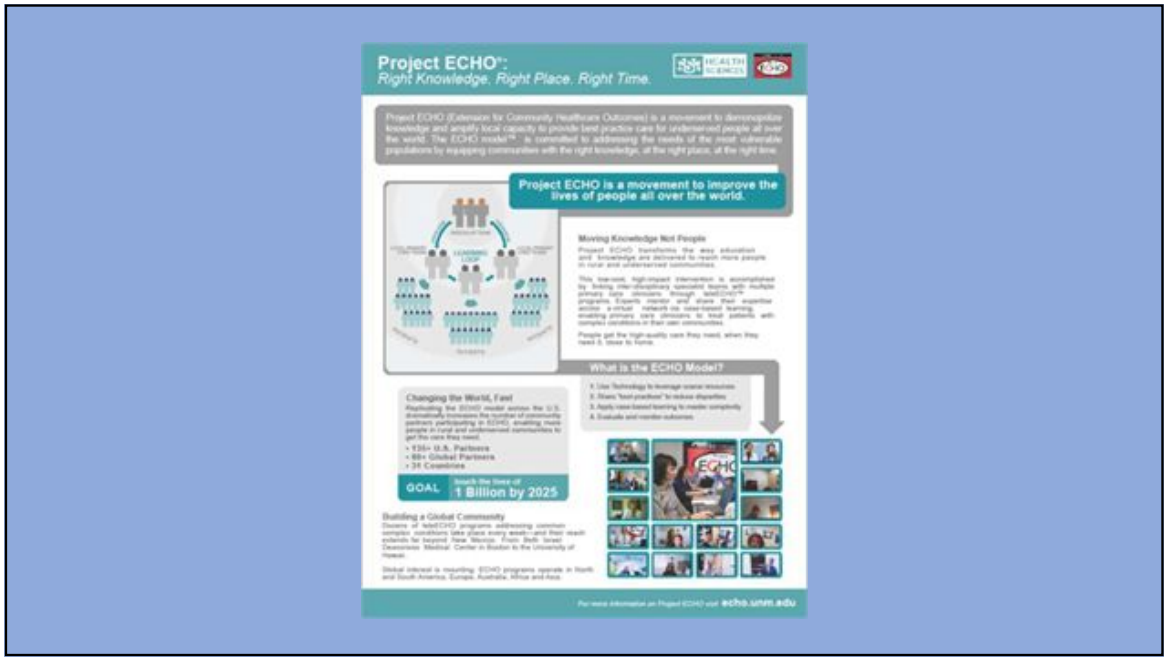
- Train GPs and then conduct ECHO networks – video conferencing – present a case, discuss and learn over 2 hours
- Train clinicians to use web based software – conduct tele-ECHO clinic knowledge networks – initiate case-based guidance

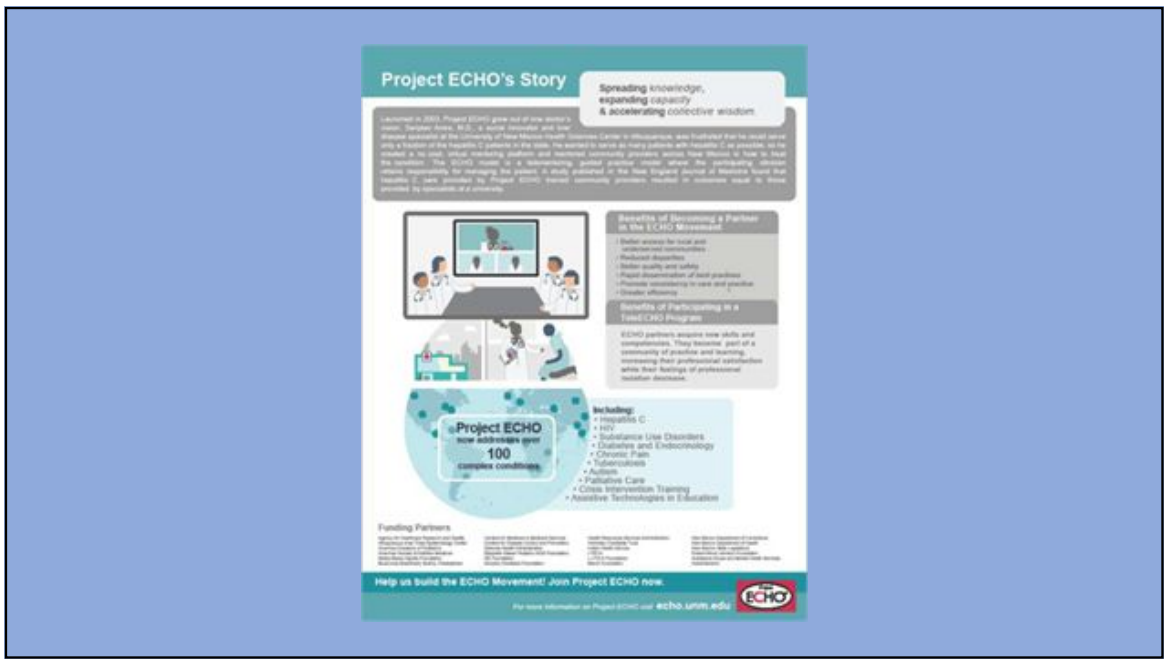
ECHO is about training clinicians by spreading the knowledge and training

ECHO

- ECHO can be used for many clinical disciplines inclusive of psychology
- ECHO is about best practice – 40 programs in ECHO – stats show that the GPs are embracing the ECHO ethos and are happy and are getting better health outcomes for their patients
- ECHO is about democratising knowledge ie specialists should democratise their knowledge and share it – this is the principle of ECHO
- US Congress passed the ECHO Act – Obama signed into law

There are NO ECHO sites in New Zealand – lets change that!!


Project ECHO™:
Right Knowledge. Right Place. Right Time.
Project ECHO is a movement to improve the lives of people all over the world.
Moving Knowledge Not People
What is the ECHO Model?
Changing the World, Fast
• 156+ U.S. Partners
• 88+ Global Partners
• 39 Countries
GOAL
Reach the lives of
1 Billion by 2025
Building a Global Community
echo.unm.edu


Project ECHO's Story
Spreading knowledge,
expanding capacity
& accelerating collective wisdom
Benefits of Becoming a Partner in the ECHO Movement
Benefits of Participating in a TeleECHO Program
Project ECHO
now addresses over
100
complex conditions
Including:
• Hepatitis C
• HIV
• Substance Use Disorders
• Diabetes and Endocrinology
• Chronic Pain
• Tuberculosis
• Autism
• Palliative Care
• Crisis Intervention Training
• Assistive Technologies in Education
Funding Partners
Help us build the ECHO Movement! Join Project ECHO now.
echo.unm.edu

Conclusion

- There were lots of good presentations at the conference
- You all received a copy of my notes from the presentations that I attended – emailed to you all on the 21 December 2017
- I have also shared them with Haydon Wano from Tui Ora Limited
- All of the Chairs from the Midland Region have also received a copy.

- Any questions?

TARANAKI DISTRICT HEALTH BOARD

STARR

Support Time and Rehabilitation Recovery Service

Dianne Knight: Mackay Hospital and Health Service

TE AHU
TARANAKI OHB VALUES

STARR Service Model Outline

Person centred Recovery Practice Model encourages natural supports and natural environments.

- The focus is on the individual and having respect for consumers and personal choices
- The team philosophy is on: *" Early in the recovery Process it is possible for a STARR friend or family member to carry HOPE for a consumer."*
- The team/service supports and encourages consumers to learn and trust that they can and need to develop and internalise their own sense of HOPE (Hold on Pain Ends)
- Peer Support is provided by staff with **lived experience!**

3 Key Aims of STARR

1. Peer and Carer Support in the Community
2. Increase Capacity to provide face to face clinical services: individual and group
3. Holistic and coordinated integration into the community for consumers.

Consumer Outcomes

- Service is more easily navigatable
- Consumer need and recovery orientated
- Improved access to rehab
- Increase access to clinical interventions
- More efficient and person centred delivery
- Reflections from review at 6 months
- Linking of services in a more effective way.
- Opportunity to better manage referrals for difficult to engage consumers

Data Considerations

- Numbers of consumers engaged with STARR grew gradually over first few months.
- Approx. 1/3 of consumers of MIRT and CCT are linked with STARR at any time
- Vacancies and capacity to backfill vacancies and leave impact on POS hour capacity

Holistic and coordinated integration into the community made the Service more easily navigable:

"I was able to focus on my own goals and be linked in with services I didn't know about, I learnt to arrange my appointments, ask for less help from my case Manager and gained better independence once I was confident and could link to other community supports"

The activities were good and I benefited from learning what I could access in my community"

"STARR helped introduce me to social groups and meeting new people, they supported me with transport when needed and nice to have someone to talk to who listens and I feel I wouldn't be here today without the support"

Potential Limitations/Review

- Benefits of linking between services daily highlighted
- Limited budget for transport impacting on capacity to service
- Review of referral pathways to ensure smooth
- transition
- Opportunity to better manage referrals for difficult to engage consumers

Areas for Development

- Developmental journey of shared working relationships.
- Involvement of STARR in Recovery Plan
- Ongoing Funding.

Opportunity to improve evaluation by:

- Follow up surveys 2 months post discharge
- Enhanced mechanisms to capture degree of shared care through CIMHA Third party being modified to identify this program.

One Assessment, One Plan

1A: 1P – Hawkes Bay DHB

Past:

- Delay in visibility of documentation into patient management system
- No “living” document
- High Clinical and Patient Safety Risk
- No consolidated approach to capturing information
- Multiple document versions
- Lack of detailed reporting output

Today:

- Consumer focused
- Living document
- Version Control
- Enhance reporting to assist service management & Improvements
- Ease of Access
- Only access point to client information
- Part of Electronic patient record
- Visibility of read only to wide audience
- Visibility to see if there is an assessment, plan completed.

TARANAKI DISTRICT HEALTH BOARD

Outcomes

Measuring outcomes that matter to patients
NSW Agency for Clinical Innovation

Implementing a Personal Outcomes Approach in Scotland
University of Edinburgh

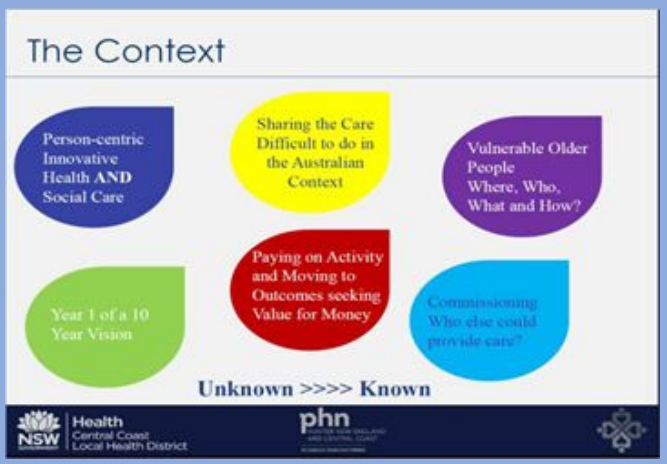
Outcomes Based Commissioning: Can care really follow the patient?
NSW Central Coast Local Health District

TE AHU
TARANAKI DHB VALUES

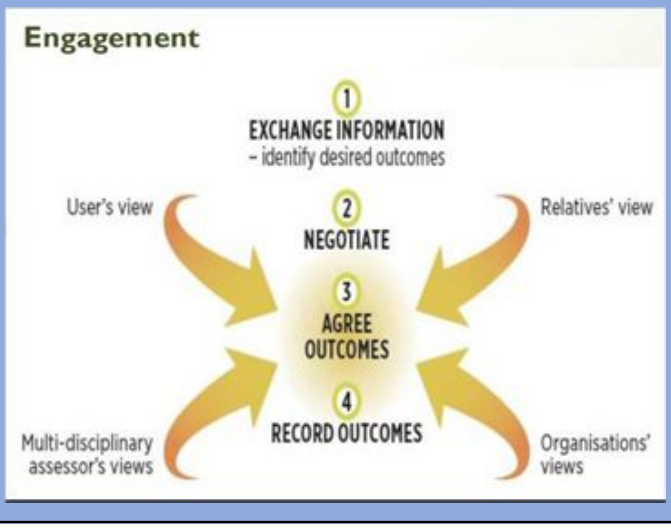
From "Impact Evaluation" to "Personal Outcomes Approach"

- Occupying the middle ground between policy and practice
- Facilitating partnership working across sectors
- Increasing the involvement of people using services and carers in decision making
- Countering limitations of standardised approaches

NSW Model:



Scotland Model of Engagement:



Using Information

Use of qualitative and quantitative outcomes information:

- Individual actions, care and support
- Practice development / service improvement
- Service planning and commissioning
- Potential to enrich performance monitoring
- Lack of understanding of and ability to use qualitative data in services

Co-Design

The consumer voice: Using co-design to improve transitions across the healthcare continuum

- *Children's Health and Queensland Hospital & Health Service*

The Global Responsibility for Integrated Care

"The World Health Organisation Framework presents a compelling vision of a future in which all people have access to health services that are provided in a way that are coordinated around their needs, respects their preferences, and are safe, effective, timely, affordable, and of acceptable quality."

WHO strategy for Integrated Person-Centred Health Services (2016)

Co-design Agenda

Listen (35 mins)
- Hear from consumers about their needs

Play (30 mins)
- Explore opportunities and share experiences about transforming healthcare transitions for consumers

Learn (15 mins)
- Share key themes with the group

Overall Conference Conclusions

- NZ and TDHB on a pathway and tracking with other countries
- Parts of excellence transferable to our system
- Whole system integration requires change at all levels of the health system
- Measure to know you are making a change to patient outcomes

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
83	Transferred from October Board Mtg	Suicide Prevention & Postvention Action Plan		GMP&F	Future Meeting	