

**JOINT HAMILTON CITY AND WAIKATO DISTRICT COMMUNITY HEALTH FORUM  
HELD 3 SEPTEMBER 2008 AT THE CELEBRATING AGE CENTRE VICTORIA  
STREET HAMILTON**

<p><b>PRESENT:</b></p> <p><b>IN ATTENDANCE:</b></p>	<p><i>Murray Dear (Tentative Chairperson), Maria Lowe, Michelle Davies, Graham Haines, Mark Etheridge, Frankie Letford, Janet Buckingham, Deb Nagel, Vikki Blundell, Cary Douglas, Margaret Southgate, Bill Radford, Margaret O'Moubray</i></p> <p><i>Grant O'Brien - Waikato DHB Representative</i>  <i>Amy Thomsen – Waikato DHB Communications Consultant</i>  <i>Gordon Chesterman – Waikato DHB Board Elected Member</i></p>
<p><b>APOLOGY:</b></p>	<p><i>Evelyn Weir and Paula White</i></p>
<p><b>ITEM 1</b></p>	<p><i>Acting Chair Murray Dear opened the meeting and welcomed people to the forum. This meeting combined both Waikato District and Hamilton Community health Forum members and had been decided as a joint meeting due to scheduling difficulties with the Waikato DHB Team.</i></p>
<p><b>ITEM 2</b></p>	<p><b>MINUTES OF LAST MEETING:</b>  <i>These were taken as read</i></p> <p><b>MATTERS ARISING:</b>  <i>There were no matters arising</i></p>
<p><b>ITEM 3</b></p>	<p><b>WAIKATO DHB UPDATE</b>  <i>This extensive presentation covered many aspects of current Waikato DHB activity. Specific focus included:</i></p> <ul style="list-style-type: none"> <li><i>• Information on the parking building and operation of the transit Lounge</i></li> <li><i>• Waikato DHB's focus on rural and sustainability</i></li> <li><i>• Overview of the Primary Care After Hours project on sustainability and ensuring service availability across the region</i></li> <li><i>• Health Waikato annual report. Of note is the impressive 10.3million procedures performed during 2007/08</i></li> <li><i>• Waikato DHB's prioritisation process and calls for applications</i></li> <li><i>• Workforce challenges including the 10,000 predicted shortfall in health workers nationally.</i></li> </ul> <p><b>Return to Nursing:</b>  <i>The DHB should encourage nurses to return to the workforce, the meeting argued. Many people once trained as nurses and left the workforce to raise their families could make a valuable contribution to the needs of the health service. Often these people felt that because they had not worked for many years that their skills were no longer valuable.</i></p> <p><i>Grant O'Brien Waikato DHB Change Manager commented to the contrary and in-fact he believed their skills were as relevant today as ever. Health Waikato offered return to nursing programmes to orientate people to the modern health system and offered support to up-skill or retrain where necessary.</i></p> <p><i>“Our nursing workforce both past and present is a valuable workforce to the DHB”. Any person wanting to return to nursing can contact the Waikato DHB Human Resource Department for more information PH: 07 8398899, or contact Human Resources through the Waikato DHBs Website: <a href="http://waikatodhb.govt.nz">waikatodhb.govt.nz</a></i></p>

<p><b>ITEM 4</b></p>	<p><b>LOCAL ISSUES</b></p> <p><i>Waiting for surgery is a stressful time for any body and this is compounded when the surgery is cancelled often at short notice. Members expressed concern at the continuing problem of cancellations to elective surgical procedures. One member present at the meeting commented on the extensive planning that needed to happen to arrange child care the frustrations with having to undo these arrangements when her surgery was cancelled.</i></p> <p><i>Grant O'Brien commented that he believed that the Ministry of Health had provided more funding to DHBs for elective procedures however capacity issues prevented much of this from being spent. The redevelopment of the Waikato Campus and planned new operating theatres may offer hope in this area but this was likely to be a few years before the new operating theatres become available.</i></p>
<p><b>ITEM 5</b></p>	<p><b>GENERAL BUSINESS</b></p> <p><b>M.S Waikato</b></p> <p><i>Valuable support services were available through this community organisation and the services they provide are focussed on keeping people well and out of hospital. Members from this organisation attended the meeting and commented on the range of services they provide. The organisation reports approx. 400 people registered with MS Waikato and demand is outstripping their ability to meet the need. Three paid field workers cover the vast Waikato DHB region. The organisation is seeking additional funding to increase their services. MS Waikato will submit a funding application to the DHBs prioritisation process in 2008.</i></p> <p><b>Service Coverage Document</b></p> <p><i>District Health Boards are contracted to the Ministry of Health to provide health and disability services to their populations. Each year, the Ministry of Health (MOH) provides the DHBs with a 'Service Coverage Document' which specifies, the type, range and amount of services they must provide. For instance, the document specifies the number of Primary Care and General Practice Services that must be available, where the services should be and the maximum distance that people should have to travel to attend the service.</i></p> <p><i>The Service Coverage Document is normally followed by the MOH's funding offer to DHBs and then work is undertaken to ensure that the services specified in the document can be funded.</i></p> <p><i>Grant O'Brien told the meeting that Waikato DHB was approx 90% compliant with the Service Specification Document. There were some areas in remote parts of the region where the DHB was unable to provide the required access to meals on wheels and some home support services.</i></p> <p><i>Each year a new Document is provided to DHBs. It was felt that this information was valuable to Community Health Forums.</i></p> <p><b>Board Members feeling 'distant' from the community</b></p> <p><i>Gordon Chesterman, Waikato DHB Board Member told the meeting that the role of the Board was to employ and support the Chief Executive Officer. "Often the needs of the community were not always known to Board members and attendance at meetings like this was useful" says Mr Chesterman.</i></p> <p><i>The workforce challenges are not particular to New Zealand. Mr</i></p>

*Chesterman commented that an Australian newspaper recently reported an abundance of newly trained medical practitioners and the fear that this might lead to a drop in quality due to so few older more experienced practitioners remaining in the workforce.*

*Some of the key issues facing the health system, in New Zealand according to Mr Chesterman included, challenging the nature of an extensive volunteer assisted system. Largely this was provided by elderly people and the sustainability of this was something that clearly needed to be questioned. Once we loose volunteers more gaps in services are likely to appear.*

*Waikato DHB is predicting a \$30 million surplus in the current financial year and this offered opportunities for new services to be purchased through the prioritisation funding process. It needed to be mentioned however, the bulk of the surplus is budgeted by the organisation as they prepare to fund the new services and the redevelopment of the Waikato and Thames Hospital campuses. Once the new facilities come on stream, operational costs will begin to hit the organisation. Surpluses are therefore predicted to be a short term situation.*

*Commenting on service quality Mr Chesterman felt that the media attention on health services tended to portray a picture of a struggling system in trouble. In fact, in response to a question from Mr Chesterman most people in the audience were able to report positive health sector experiences they or others had received. "The media weren't necessarily interested in good new stories when it came to health or the Public sector", he said.*

*Nursing innovations in Australia had resulted in training being reduced from a three year to a two year 'fast-track' programme with the final year working and learning at the 'coal-face'. As Chair of the WINTECH Board, Mr Chesterman was going to discuss this option with the WINTECH as a possible option here in New Zealand to help with the workforce shortages.*

*Overflows and long waits in the Emergency Department were also an issue the DHB was concerned with. This appeared to be due to the high cost of attending Anglesea Clinic with many people needing a service but unable to afford the cost. The DHBs undertaking work in this area now and it is hoped some relief will become available.*

***New field worker representing Hamilton's refugee and new migrant communities.***

*Mental health issues, trauma and post traumatic stress are the key issues that many migrants and refugees experience. Resettling in a new country was also a stressful experience for many of these people. Getting to know the services, adapting to cultural difference and coming to terms with the different ways of a foreign country meant that for many refugees their struggle to adapt and settle takes a long time.*

*Margaret had recently been appointed as the new Field Worker for the Hamilton Refugee and New Migrant service and sees her new job as a set of major challenges in working and providing support to a number of people from different cultural and ethnic backgrounds.*

*Overcoming issues of educating people to the services that were available in the community, how they access them and how the services need to respond to the special needs of refugees were big issues for her in her new role to tackle, The lack of role models particularly for children*

	<p><i>compounds the resettlement tissues facing these families.</i></p> <p><i>Margaret gave a very insightful overview of the services she hoped to provide and the support she would eventually provide to this community. Often. She felt Aid organisations portrayed refugee countries of origin as war-torn, famine stricken and corrupt, when in fact life for many people in these countries while impoverished, there was hope and there were good things happening as well.</i></p> <p><i>Members welcomed Margaret to the forum and encouraged a more extensive presentation on her role and the experiences of refugees and new migrants as an opportunity to raise the awareness of these issues. Margaret would be invited to present at the next Community Health Forum meeting.</i></p> <p><b><i>Asthma educator calls for consistent templates for service information</i></b></p> <p><i>Being a community worker comes with its many difficulties and this is compounded when seeking funds or information from a variety of community organisations that all use different approaches to gather mostly the same information.</i></p> <p><i>The Asthma service provides a valuable support and prevention service which means many people learn to become ‘self managers’ of their asthma and be less reliant upon health and emergency services. “These services do result in fewer attendances to the emergency department” says the Asthma Educator. Supporting more patient education and community based-outreach services such as the Asthma community educator programme is a cost effective way of keeping people well and out of expensive health services.</i></p> <p><i>Formalising relationships with other services was difficult and a request to the DHB was made for assistance with a Memorandum of Understanding (MOU) Template that could be standardised across the sector. Grant O’Brien agreed to provide a sample of a MOU currently in use within the DHB.</i></p>
<p><b>ITEM 6</b></p>	<p><b>NEXT MEETING:</b>  <b>Wednesday 3<sup>rd</sup> December 2008</b>  <b>10.00am – 12.00pm</b>  <b>Celebrating Age Centre</b></p>