

**MINUTES OF THE RUAPEHU COMMUNITY HEALTH FORUM  
MEETING HELD THURSDAY 5 MARCH 2009 AT THE  
TAUMARUNUI RSA**

<b>PRESENT:</b>	<i>Rhonda Wood (Chairperson), Herewini Tarawa, Christine Brears, Gloria Barclay, Isabel Roderick, Lorraine Vercoe, Pat Bishop, Pauline Kettle, Peg Shaw, Ramon Hocking, Sheryl &amp; Garry Kidd, Tina Baker, John Callinan, Verna Warner, Donna Wahapa, Verna Chester, Anna Looby, John Beck, Judith Mayer, Lil Tylee, Jean Greenside, Joan Guthrie, David &amp; Jean Botting, Michael Wood, Paul Malpass, Sera Contre, Gloria Barclay, Briar Van Buel and June Elers.</i>
<b>IN ATTENDANCE:</b>	<i>Grant O'Brien – Waikato DHB Representative Amy Thomsen – Waikato DHB Communications Consultant Gordon Chesterman - Waikato DHB Elected Board Member</i>

<b>WELCOME AND INTRODUCTIONS</b>	<i>Chairperson welcomed people to the meeting and extended a special welcome to Gordon Chesterman Waikato DHB Board Member. Isabel Roderick opened the meeting with a prayer.</i>
<b>APOLOGIES</b>	<i>Mayor Sue, Amy Perez, Faye Pattinson, Thelma Sumpter and Arana Taumata</i>
<b>MINUTES OF PREVIOUS MEETING</b>	<i>Nil previous minutes.</i>
<b>ITEM 1</b>	<b>WAIKATO DHB UPDATE</b> <i>Due to a large number of community issues a decision was made to do without a DHB update at this meeting.</i>
<b>ITEM 2</b>	<p><b>LOCAL ISSUES</b></p> <p><i>Rhonda Wood Chairperson of the Forum commented on the large turnout at this meeting, "this is the largest attendance of community people to the forum in some time" Rhonda told the meeting. Of note was new health organisations represented. These included:</i></p> <ul style="list-style-type: none"> <li><i>• Avonlea Rest Home</i></li> <li><i>• Ngati Maniapoto Community Health Services</i></li> <li><i>• Ngati Tuwharetoa Health Services</i></li> <li><i>• Waikato DHB Kaumatua Council representation.</i></li> </ul> <p><i>Following the welcome, Chairperson Rhonda Wood invited Grant O'Brien too provide an update on progress with the proposed Taumarunui Health Village.</i></p> <p><b>Taumarunui Health Village</b></p> <p><i>This proposal to the Waikato DHB followed extensive local community consultation and engagement over the latter part of last year. At that time, the community expressed concern about the sustainability of their</i></p>

local health services. If their concerns weren't listened to their fear was that they would eventually lose the few precious services they have. Maintaining and improving the services they have and bringing new needed services to Taumarunui was the goal of the whole community.

Following consultation, a proposal to establish an integrated health service for Taumarunui was developed and presented back to the Community at a special public meeting in December 2009. The Health Village was proposed as a model in which all health services to the community could be provided from one place. Bringing these services together was seen as an effective way of improving the co-ordination of services and the use of scarce health resources. Locating all the services at Taumarunui Hospital was seen as a way of sharing expensive IT systems, administration services and staff. Having all services at one place meant that a 'one-point-of-contact' for people needing a health service was possible.

The proposal included capital development with the provision of a proposed new 80 bed rest home which would cater for the town's current rest home population and provide capacity for the predicted growth in the elderly in Taumarunui. Integrating the town's three separate primary care services with the Hospital also strengthened the medical workforce available locally.

The proposal was supported by the majority of people who attended the public meeting. The GP fraternity expressed some concerns with the current model and wanted more involvement in further refinement of the proposal before submitting this to the Waikato DHB.

Grant advised the meeting that following the submission of the proposal to the Waikato DHB Chief executive in December that he was asked to complete further work before the proposal was submitted to the Board. Specifically, the CEO's requests were:

- Ensure that all key stakeholders felt that they had been sufficiently consulted on the proposal, and;
- In association with the stakeholders consider what alternative models or approaches to sustaining services might be.

Once this work had been completed the proposal; could then go through the DHB approval process.

#### **Shortage in Rest Home Beds**

Five people are waiting for placement. Both rest homes are full. The five have been assessed for rest home care and are currently being managed at home with community support. It is unclear what level of care had been assessed, rest home level care or hospital; level care. This needed to be clarified.

The meeting expressed concern about an ageing population and lack of rest home beds. The Village proposal identified a need for more beds given the predicted increase in >65yrs. Eighty beds were identified to meet the need. Moving people out of town was not seen as an option,

people could however be offered a placement in a rest home out of town and it became their choice to accept or not the offer.

Funding for rest home care remains an issue. Avonlea Trust representatives expressed their concern the funding did not meet the cost of providing the care. They claimed that a recent review/audit supported their view, but some areas for efficiencies was identified and were being followed up on.

Grant O'Brien agreed to meet with a group of key people to get clarification around the need of the five people currently waiting for placement. This approach was seen as better than discussing the issue without the proper information. This meeting would happen ASAP.

### **Home Support Services**

Lots of issues with these services. An out of town provider was claimed to have no commitment to quality care in Taumarunui. Recruitment and retention of a suitably trained local workforce meant that many people were not getting the care that they needed. Home support services were necessary to maintain people at home, failure of this service would have a negative impact on the health of the elderly resulting in greater rates of admissions.

Local health providers claimed to have attempted to have issues around, training, recruitment, and provision of care discussed with the provider but without success. It was claimed that people living outside Taumarunui township often missed out on care particularly if people lived down 'metalled' rural roads where home support workers won't travel. It was claimed that home support workers don't get paid for the first 10kms of travel; they must use their own vehicle and pay their own petrol costs in these instances. The minimum wage does not allow for this level of service provision.

Training is also a concern, people wanting to work for this provider need to undertake a weeks training, in Hamilton and at their own cost.

The meeting felt this level of service was deplorable, a local provider could deliver better services and better care, people said. How does the contract system work? how can local providers have a chance to tender for these services?, when do contracts expire?. These questions need answers.

### **Transporting people to Hospital**

The new bus service is running and this is a welcomed relief. There however remains a problem transporting people who cannot sit up, how can these people be catered for?

The cost of transporting people to Hamilton was also raised as a barrier. Rest Homes need to do this and it is costs they can't afford, providing an escort also creates problems with staffing in other areas as well as additional costs. Increasingly people need to attend specialist appointments at Hamilton. Why cannot there be more clinics

locally?

*This discussion lead to questions about access to 'four' mobility vehicles in town. How can these resources be better used for the needs of the community? Kokiri Trust talked about the vehicle they purchased some years ago, this is available to the community, some people commented that they had been told this was just for people enrolled with Kokiri Trust. "NO" says Kokiri's CEO. The vehicle is booked out on some days but if it is not being used then it is available for other people to access."*

*Tina Baker offered her support to anyone needing assistance with a health service. The hospital is an ideal place to help people in a number of ways. Tina can be contacted at the Hospital for any health needs that people may need.*

#### **Taumarunui Hospital Nurses Home**

*Concerns that asbestos from the home was being disposed of inappropriately were corrected. The demolition of the old home was proceeding. A separate contract for the removal of asbestos had been let and this was being disposed of in accordance with OSH regulations.*

#### **Respite facilities for children**

*These services do not exist locally. Children with special needs were getting a poor deal through lack of local services. Carer relief was seen as a priority need to address. Little funding is available for families to pay a carer relief 'if you can find one' if you can't then the funding is lost.*

#### **Child Youth Mental Health & Addiction Services**

*Concern that DHB provider services might take over services that community organisations and NGO's had worked hard for years to develop. The awarding of contracts to the provider arm for these services is an example of this. Does the DHB intend to do this for more services?*

#### **New Rural Liaison Post**

*Tina Baker told the meeting of this new appointment. The role while based at Waikato Hospital was to be responsible for identifying rural people who could be transferred back to their local hospital quicker. There is a poor knowledge at Waikato of the range of services and expertise that existed in rural hospitals. This new role was also responsible for liaising with Waikato staff to increase their knowledge. The role is to be trialled for one year.*

#### **Alternatives to Rest Home Development**

*Paul Malpas proposed that the DHB should be training more people locally to provide better and more care to people in their own homes as an alternative to expensive rest home care. The money being proposed for the Health Village may be better used to support the range of excellent services currently available and those dedicated people providing the care. Training more home care givers is both an*

*ideal health alternative plus a good economic opportunity for the town. With predictions of a 70-80% of the local population to be >65 years in the next 10 years, thought needed to be given to how the services to this group are to be provided.*

***Gordon Chesterman Waikato DHB Board Member addressed the meeting.***

*Key points:*

- Good experience for Board members to attend these meetings. The only chance they have to be able to hear first hand communities concerns.*
- The Boards role is to support the CEO. Having knowledge of what's happening in communities is important. Currently the Board relies on reports form DHB staff.*
- Acknowledged Taumarunui did not have a representative on the Board however there are three high impact rural representatives on the Board who advocated for rural communities. Small communities needed to get behind local people standing for these seats.*
- Rural was one of the CEO's 7 priorities this year. Communities such as Taumarunui needed to be involved in this work*
- Recruitment and retention of staff is a major challenge and is not looking like improving in the short-term. Wintec enrolments for nursing and midwifery courses had increased and these graduates will be looking for jobs in 2 – 3 years.*
- New Government and new Minister. Boards were to be accountable for change. Rural communities should 'lobby' their political representatives to ensure rural was a govt focus.*

***DHB COMMENT***

*There were a number of important issues raised at this meeting. It was unfortunate that prior notice of the nature of these issues was not available before the meeting so that the DHB could have provided people better able to respond to these concerns.*

*Final plea. If there are concerns with health services do not wait for a forum to raise the issue. If it is important contact either the Chair or Grant directly so they can be dealt with quickly.*

*Isabel Roderick closed the meting with prayer.*

***DATE OF NEXT MEETING***

***Wednesday 1 July 2009  
10.00am – 12.00pm  
Taumarunui & District Senior Citizens  
TAUMARUNUI***