

**MINUTES OF THE MORRINSVILLE/PIAKO COMMUNITY HEALTH  
FORUM MEETING HELD ON WEDNESDAY JULY 8 2009,  
MORRINSVILLE COMMUNITY HOUSE**

<b>PRESENT:</b>	<i>Carol Greenville, Bruce Purchase, Mavis Edwards, Ngaire Te Ahu, Jenna Sneddon, Flo Mace, Shirley Gillard and Anton Turner</i>
<b>IN ATTENDANCE:</b>	<i>Bernadette Doube – Waikato DHB Representative Jo Cottrell – Waikato DHB Representative</i>
<b>APOLOGIES:</b>	<i>Margaret Troughton, Ruth Baltus, Russell Morgan, Ruth Boyce, Anne Inglis, Ruth Stanley and Leonie Tisch.</i>
<b>ITEM 1</b>	<b>WELCOME AND INTRODUCTIONS</b> <i>Carole Greenville welcomed people to the meeting and invited them to introduce themselves.</i>
<b>ITEM 2</b>	<b>MINUTES OF LAST MEETING:</b> <i>These were taken as read</i>  <b>MATTERS ARISING:</b> <i>There were questions regarding Waikato PHO and concern expressed regarding future service or project funding. Members were concerned that funding may go directly to GP income rather than community groups for service delivery. Carole reported that the CHF Chairs had met in may and the meeting was useful in identifying areas of common concern or interest.</i>  <b>Correspondence</b> <i>Carole had received a letter regarding the new service structure for Oral health service delivery. Members were pleased to note that there would be a purpose built clinic in Morrinsville. Jo clarified that the mobile service was to offer increased service to areas of greater need. Te Aroha representatives would like clarification regarding their Oral Health service.</i>
<b>ITEM 3</b>	<b>LOCAL ISSUES</b>  <ul style="list-style-type: none"> <li>➤ <i>Te Aroha - In recent months the CAB have received training from the Waikato DHB to assist them in dealing with an increased number of interactions with mental health consumers. This has been successful. The CAB have also learned that there is a mental health nurse in Te Aroha to offer support. There are no concerns at this time.</i></li> <li>➤ <i>The CAB noted that they are working with more complex clients now and that their volunteer workforce is also getting older and have multiple volunteer roles.</i></li> <li>➤ <i>Matamata - The community health shuttle service operates under a Trust model and is working very well utilising volunteer drivers. The Patetonga community has difficulty accessing services as it is equidistant from Waikato and Thames.</i></li> <li>➤ <i>Another local solution has been STARFISH which has been very successful with a large number of youth accessing and using the services.</i></li> <li>➤ <i>Pohlen hospital are about to install outdoor exercise equipment for older people and a “no weight” lift system. They are also trialling a new type of PU flooring to minimise harm from falls. A 4 bed observation ward is being developed closer to the day surgery unit.</i></li> </ul>

- *Matamata community has generated a number of solutions which have been successful. An example is Unit-e.  
**Action: Anton to provide further information to accompany minutes (see attached document).***
- *Morrinsville - Concern expressed about the length of time patients waiting for Oral Surgery, it appears that this is outside the guideline.  
**Action: Andrea to follow up to clarify if there is a problem across the service.***
- *Drug and Alcohol issues are getting worse in the community. The needs of Morrinsville do not appear to fit any of the criteria for D and A services. Strong concern was expressed about the lack of intervention services. There is a joint strategy being developed between Population Health, policy planners and service providers to attempt to address this issue. Carol Buckley from MSD is undertaking a mapping exercise to identify all services for D and A with a view to preventing “double ups”.*
- *Discussion occurred about “stings”, the role of the community and the role of the District Council in prevention. A community driven solution to the problem was discussed. The Sale of Liquor Act and the Misuse of Drugs Act are under review and the CHF attendees were encouraged to make a submission to Parliament.*
- *The Rural Women’s representative shared her concern that there has been an increase in the number of rural families in need of counselling services which is directly related to the current economic climate and increased stress. The concern related to the decrease in available funding for counselling services. Transport is another key issue and Rural Women’s division offer volunteer transport in private cars for hospital and health service visits.*
- *Grey Power waiting times for ED are unacceptable for older people with anecdotal evidence suggesting a 12 -14 hour waiting time.  
**Action: Andrea and Bernadette to follow up regarding average waiting times.***
- *Breast Clinic access is very difficult for elderly people and people with disabilities since the new car park configuration opened. There is no vehicle access due to the placement of the staff car park barrier. This is a matter of great concern.  
**Action: Andrea and Bernadette to follow up regarding access issues and report back.** Response for this issue: Viscom is working on a way finding pamphlet for Breast Care patients, which is pictorial which will hopefully help. Copies of this will be available to send to CHF members before next meeting round. This is only one measure that is being take however, and does not solve the problem of no parking and difficult access. Hopefully it will make the options available a little clearer though.*
- *Whanau/families of patients in ICU, HDU etc are unaware that they are entitled to car park vouchers to reduce the cost of car parking. Is there some way that this information could be more readily available, e.g. from a ward clerk, part of a standard information pack, notices in the lift etc? This causes hardship for some people. Also suggested a car park leaflet to go out with appointment letters as a lot of people still unsure about the carpark.  
**Action: Andrea and Bernadette to discuss relevant action with Grant and Amy Thomsen.***
- *Morrinsville - There has been a noticeable increase in people wanting to access services via Community House for depression and anxiety. Financial stress is thought to be a related issue and linked to an increase in suicide. The lack of counselling services due to the withdrawal of PHO funding was noted. There is ongoing Mental Health service issues.*

<p><b>ITEM 4</b></p>	<p><b>WAIKATO DHB UPDATE</b></p> <p><i>Bernadette Doube provided an update on Waikato DHB activities</i></p> <ul style="list-style-type: none"> <li>• <i>Prioritisation</i></li> <li>• <i>Transport Project</i></li> <li>• <i>Health Targets 2009/10</i></li> <li>• <i>Suggested that next meeting at Pohlen to look at new facilities, flooring and exercise area.</i></li> </ul> <p><i>General discussion and questions:</i></p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>➤ <i>Bernadette to follow up with Hugh Kininmonth regarding the CHF chairs transport project and Carol will report at the next meeting</i></li> <li>➤ <i>It was suggested that attendees interested in prioritisation projects would contact Andrea and Bernadette.</i></li> </ul>
<p><b>DATE OF NEXT MEETING</b></p>	<p><b>NEXT MEETING:</b></p> <p><b>Wednesday 11 November 2009</b>  <b>6 – 8 pm</b>  <b>Pohlen Hospital (NOTE: CHANGE OF VENUE)</b>  <b>Rawhiti Avenue</b>  <b>MATAMATA</b></p>