Meeting Minutes

Waikato District Health Board

Meeting name:	Matamata/Piako Community Health Forum		
Location:	Morrinsville Community House, 43 Canada Street, Morrinsville		
Date:	10/11/10	Time:	6.00pm
Chaired by:	Carol Greenville	Minutes by:	Grant O'Brien

Attendees:	Craig Climo, Ashleigh Peek, Carole Greenville, Grant O'Brien. Attendance list misplaced.
Apologies :	

Item No.	Details	Action by
1.	**PREVIOUS MINUTES** 27 July 2010 Taken as read	
2.	**MATTERS ARISING** Glasses and hearing aid subsidies for Kaumatua and Kuia. Grant had discussed this matter with Waikato DHB's Te Puna Oranga (Maori Health Services) and they know of no such subsidies other than through WINZ or Iwi are available.	
3.	**ROUND TABLE ISSUES AND CONCERNS** • Mental Health services for youth at risk remain a problem. While there are services available and improvements noticed in CAT response, reports are received about difficulties accessing services for youth at risk in Matamata particularly. Also issues with access in other areas like Morrinsville as young people are unable to travel to Hamilton. • These issues have been brought to the attention of this forum in the past as well as raised with service providers. People are continually told to provide hard data which they cannot. Some of the issues may be resolved with new primary mental health services through primary care. **Action:** Grant to discuss access with Cara Thomas at Midland Network Trust. • Concerns that a community based organisation in Matamata Starfish Social Services, is under threat due to funding shortfalls. This service was established two years ago after a spate of youth suicides in Matamata. Waikato PHO provided seed funding; a recent evaluation has shown the success of the service in meeting local need. There is strong support for the continuation of Starfish services from the local community. A proposal was presented to Waikato DHB CE who agreed to review the proposal but felt that the matter was aligned to social services not health. • Issues around access to crisis services for child and youth in Matamata. Claims that CADS won't travel for this. **Action:** Grant to follow this up and investigate crisis arrangements for this age range. • CAB services in Te Aroha report increased requests for AOD services in the town. There are no local services available. People needing the services need to travel to Thames, Hamilton or Morrinsville. This often involves a cost that people can't afford. Grant to discuss with AOD	

	regarding provision of local services. • The new Morrinsville transport shuttle has started and is a welcomed relief for people needing this service to and from Waikato Hospital. This is a local community initiative and some DHB funding would be appreciated. **Action:** Grant to provide the Transport Decision matrix for members to see how the DHB allocates transport funds. Bruce was concerned that Waikato DHB funded transport services with Red Cross and in Te Kauwhata and wants to know why Morrinsville doesn't qualify for support. • Anton commented on a lack of local people to provide governance services to community organisations. The Parkinson's society in Matamata is struggling to find trustees. This issue is a growing concern in rural. Craig mentioned the opportunity for aggregation of a number of similar/like trusts as a means for better sustainability. • On a positive note, the Radiography service in Matamata has extended local services in response to DHB freeing up radiography referral services to GPs. This is part of a broader programme of devolution of primary access to specialist services. • Staff members from Rhoda Reid Continuing Care Unit were in attendance at the meeting and forum members expressed a vote of thanks to the care they provide.	
4.	**ADDRESS BY CRAIG CLIMO WAIKATO DHB CE** **KEY POINTS** • Two thirds of the DHB's population live outside Hamilton City. (> 60% of the population) • On that basis Waikato DHB is the most rural DHB • The greatest concern facing the DHB is the ability to provide provision of clinically safe services rurally • This is not a financial issue. It is more to do with our ability to recruit and retain a rural health workforce. Increasingly health professionals are wanting greater collegiality and support, work life balance, good schooling and jobs for spouses. Retaining skills is also difficult in rural areas for some specialties where volumes are low. • One of the solutions is joining up the local workforce. This will help in overcoming fragmentation and duplication that inevitably happens between services. • New models of service delivery are also needed. Models that have a reliance on one work force group are risky. For instance, often in rural if we loose a single clinician (doctor particularly) then the service fails. New models are needed to reduce this risk. • Developing models that are sustainable over the long-term pose the greatest challenges to us. • Proximity to Hamilton for hinterland communities such as Morrinsville, Raglan, and Cambridge etc is a problem for service delivery. Outreach models are suitable for communities further away however there is an acknowledgement that people living close can in some instances have similar access issues to people living further away. • An advanced paramedic pilot in Taumarunui ED is underway as a means of investigating integration and "joining up" with St John. If successful this may lead to other joint initiatives in rural communities in association with St John. The DHB has also trialled rural nursing services in the northern Coromandel Peninsula and integrated primary secondary nursing services	

	in Te Kuiti and Raglan as new models of service delivery. • Recent MOH workforce figures show that by 2010 NZ will need an additional 23,000 health professionals. If doable then this doesn't look affordable. Net increase of 35%. • Increases in disability, illnesses brought about through poor lifestyle choices, increasing cancers, chronic illness etc are growing burdens on the health system, and health funding is set to slow down following steady increases in recent years. Waikato DHB has enjoyed steady growth in their population which means more funding, this is projected to slow. • New Zealand needs to come to grips with changes in the way we do things if the system is to service. Skills substitution is a new way of looking at who does what and is a useful approach to the work force dilemma in rural In thanking Craig, Carol emphasised that no matter where people live they have the same issues. Many people are not capable of getting through to help and increasingly it is evident that there is a greater demand in rural areas for AOD and mental health services.	

Actions

Responsible	Required action	Due date
Grant O'Brien	Identify ICAMS responsibilities for your crisis in Matamata/surrounding communities.	Before next CHF
Grant O'Brien	Access and roll out arrangements for Primary Mental Health Services. Grant to discuss these with Cara Thomas	Completed
Grant O'Brien	Follow up with CE response to Starfish proposal	Before next CHF
Grant O'Brien	Provide Transport decision making matrix	Completed

Meeting ended: 9.00pm

Next meeting: Wednesday 9 March 2011, 6.00pm – 8.00pm
Morrinsville Community House
43 Canada Street
Morrinsville