

# **MINUTES OF THE WAIKATO COMMUNITY HEALTH FORUM MEETING**

*Held on Thursday 28 February 2008, Nga Miro Health Centre, Ngaruawahia*

<b>Present:</b>	<i>Glenda Raumati (WDHB Board Member), Careen Busing, Donna Heu, Koha Whitaker, Rangiwhia Osborne and Luke Wilson</i>
<b>Waikato DHB Representatives:</b>	<i>Christine Priestley WDHB Project Manager</i>
<b>Apology:</b>	<i>Bill Radford, Patel Umesh and Shelley Powell</i>
<b>ITEM 1</b>	<i>Welcome and introductions</i>
<b>ITEM 2</b>	<p><b><i>FEEDBACK FROM CHF REVIEWS – KEY POINTS:</i></b></p> <p><u><i>CHFs are valued by CHF members</i></u></p> <ul style="list-style-type: none"> <li><i>❖ Forums are valued by the CHF members and are seen by the CHFs as the way for the local community to have a ‘voice’ regarding their health services.</i></li> <li><i>❖ Waikato DHB attendance at CHF meetings is valued and viewed as critical to the successful outcomes, but there needs to be sufficient time for local people to discuss local issues first.</i></li> <li><i>❖ Forums generally consist of a few regular members (about 5-10) and others who attend on an ad hoc basis.</i></li> <li><i>❖ Networking with other people working with health and other related services was a key positive listed by nearly all CHFs - and particularly important in the rural areas.</i></li> </ul> <p><u><i>CHFs require ongoing development and support from the DHB in order to maintain productivity in the current structure</i></u></p> <ul style="list-style-type: none"> <li><i>❖ New members require an orientation and information on their role and that of the CHF.</i></li> <li><i>❖ The role of the Waikato DHB and the relationship with the CHF needs to be clearer especially as it relates to addressing local issues.</i></li> <li><i>❖ There is a need for improved support and education for CHF chairpersons. This should include leadership, meeting management, overview of key organisations linked to health services, key health strategies and ways to increase community involvement</i></li> <li><i>❖ CHFs are not always seen by the CHF members as open forums but more closed committees and open only to those invited to attend.</i></li> <li><i>❖ Its’ questionable whether CHFs adequately represent their communities. Few CHF members made an effort to liaise with other groups and bring those issues to the forum. CHF members were able to identify which organisations were not represented and should be.</i></li> <li><i>❖ Better links and representation with Maori health service providers is required in all areas. Also iwi representatives were not always present or were under represented if they were. There are approximately 24% Maori in the Waikato District with approximately 15% Maori attendance at the CHFs.</i></li> <li><i>❖ More women than men attend the CHF meetings (50 women and 17 men attend the review meetings).</i></li> <li><i>❖ Inadequate representation of youth and younger children was identified by all CHFs in fact those under 25 were generally not represented. Many CHF members tend to be in the older age groupings from 50 onwards.</i></li> </ul>

	<p><u>Concerns about being heard</u></p> <ul style="list-style-type: none"> <li>❖ A presence by a Waikato DHB Board member was asked for by forums. Some CHF's did not feel confident the WDHB knew who they were, what their purpose was or were listening to their concerns.</li> <li>❖ Waikato DHB board members need an orientation session on the CHF's which would include attendance at a CHF meeting and also be allocated a CHF to liaise with.</li> </ul> <p><u>Tracking achievements</u></p> <ul style="list-style-type: none"> <li>❖ Ways to track progress on issues raised and already addressed by the Waikato DHB must be found, as frequently the same issues might be raised multiple times and having achievements documented and this information easily accessible to CHF members increases confidence and trust.</li> <li>❖ There is a strong focus by CHF's on their local services, and hospital. The more rural the CHF the stronger this focus appeared.</li> </ul> <p><u>Clarity of purpose</u></p> <ul style="list-style-type: none"> <li>❖ Greater clarity for CHF members is needed regarding the outcomes required by WDHB of CHF's input. Is it networking, services development or democratic input into the development of strategy?</li> </ul> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• Glenda Raumati (WDHB Board Member) felt the presentation was a fair representation of the issues for CHF's. The issues of the constant inequalities over access to transport for the people in this locality were raised again.</li> <li>• A website idea so people can see progress on issues raised at CHF's is a good idea, and promotion of CHF's in the local news paper with support from the Communications people at Waikato also a good idea.</li> </ul>
<p><b>ITEM 3</b></p>	<p><b>WAIKATO DHB UPDATE</b></p> <p><b>The Waikato DHB Tobacco Control plan includes:</b></p> <ul style="list-style-type: none"> <li>• Enforcement of the legislation, health promotion and smoking cessation activities</li> <li>• Stakeholder consultation will be occurring between now and end of April</li> <li>• Ministry of Health priority areas are cessation for Pregnant women, Primary care settings and Parents</li> <li>• Priority populations are Maori, Pacific People and low income</li> <li>• Existing programmes will be aligned to needs of the district according to these priorities.</li> </ul> <p><b>HEHA</b></p> <p>Key things currently happening:</p> <ul style="list-style-type: none"> <li>• Maori and Pacific Community Obesity Action Projects</li> <li>• Breastfeeding Promotion Plan – Action group established and stakeholder workshop held</li> <li>• Appointed HEHA District Co-ordinator – Sheryl Hanratty</li> <li>• Round 2 Nutrition Fund, application information has been issued to all schools/early education centres. Due March 14.</li> <li>• Review of Waikato Sport and Recreation Strategy</li> </ul> <p><b>Waikato DHB After Hours- Planning and Funding Strategy:</b></p> <ul style="list-style-type: none"> <li>• DHB's to develop an After Hours Plan with Waikato DHB one of 7 that has met the MoH requirement for this</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>After hours working group formed to monitor implementation of 07/08 and 08/09 priorities that include:</i> <ul style="list-style-type: none"> <li>✓ <i>After Hours hubs at T Hospitals from 8pm to 9am following day</i></li> <li>✓ <i>Sustain Hamilton urban after hours services - midnight to dawn</i></li> <li>✓ <i>Funding to outlying communities: Whitianga, Whangamata to support local solutions</i></li> <li>✓ <i>Support for innovation in Matamata, for after hours</i></li> <li>✓ <i>Paramedic assistance in Coromandel and for St John Volunteer recruitment initiatives in rural communities</i></li> <li>✓ <i>Planning underway to implement T Hospital initiatives, current negotiations in Thames and Taumarunui commenced</i></li> <li>✓ <i>Waikato DHB focus on ensuring a range of services are available for people when they need them</i></li> </ul> </li> </ul> <p><b>Primary Care: Waikato DHB to commence development of a Primary Care Action Plan</b></p> <p><i>Key drivers include:</i></p> <ul style="list-style-type: none"> <li>✓ <i>Ageing population</i></li> <li>✓ <i>Onset of chronic illness</i></li> <li>✓ <i>Impact of obesity</i></li> <li>✓ <i>Meeting community expectations</i></li> <li>✓ <i>The action plan will address improving access through investment in primary care, relocation of services to a primary care environment and workforce issues in rural communities.</i></li> </ul> <p><b>CEO Visits</b></p> <ul style="list-style-type: none"> <li>• <i>CEO has visited all rural Hospitals</i></li> <li>• <i>T Hospitals valuable in the health delivery system of Waikato DHB</i></li> <li>• <i>No agenda to down size these hospitals, but looking at moving whatever services can be safely delivered in these settings</i></li> <li>• <i>Access to rural populations is important</i></li> <li>• <i>Rural communities are fortunate to have services provided by the T Hospitals and the high calibre of staff there. Credit to the organisation and these communities</i></li> </ul> <p><b>Common Purpose Initiatives</b></p> <ul style="list-style-type: none"> <li>• <i>Joint work plan between Health Waikato, Waikato Primary Health (PHO) and Waikato DHB continues</i></li> <li>• <i>Pace of change needs to quicken</i></li> <li>• <i>Focus will be on service improvements and benefits to whole sector</i></li> <li>• <i>Projects include:</i> <ul style="list-style-type: none"> <li>– <i>Flexible mobile rural nurse initiative where a rural nurse provides a range of services that is currently provided by three nursing disciplines, District Nursing, Public Health Nursing and practice nursing roles. This pilot is being trialled in Colville on the Northern Coromandel Peninsula and could be rolled out to other areas</i></li> <li>– <i>Feasibility of a community nursing service</i></li> <li>– <i>Implementation of the Waikato DHB's After Hours Plan.</i></li> </ul> </li> </ul>
<b>ITEM 4</b>	<p><b>LOCAL ISSUES</b></p> <ul style="list-style-type: none"> <li>• <i>Concern expressed that this had been an ongoing issue for the last two years and was still not adequately addressed which is of concern especially given that improving the health of this local population is a Waikato DHB target. A particular problem was people getting back from hospital if taken there by ambulance. It is an access issue for the Waikato DHB. <b>Action:</b> Waikato DHB staff to talk about the transport policy and plans for improving this</i></li> <li>• <i>Mobile Breastscreening lack of radiographers – has this been addressed?</i></li> </ul>

	<ul style="list-style-type: none"><li>• <i>Laboratories – there is an issue of the Westside of Ngaruawahia is not served well by Path Lab.</i></li></ul>
<b>ITEM 5</b>	<b>NEXT MEETING:</b>  <i>Friday 13<sup>th</sup> June</i> <i>10am – 12pm</i> <i>Waahi Whanui</i> <i>Parry Street Complex</i> <b>HUNTLY</b>