
Community Forum Subcommittee

OPEN MINUTES

Minutes of a meeting of the Community Forum Subcommittee held in the Boardroom, Level 1, Hockin Building, Waiora Waikato Hospital campus, Hamilton on Wednesday 15 April 2015 at 9.30am.

PRESENT

Chairperson	Cr M Gallagher
Deputy Chair	Cr P Yeung
Members	Cr K Green
	Cr L Tooman

In attendance Her Worship the Mayor J Hardaker; Cr G Chesterman; Cr R Pascoe; Cr A King

Also in attendance Community Development & Leisure Unit Manager, Social Development Policy Advisor, Democracy Manager

Dr Nigel Murray – Waikato District Health Board CEO
Dr Dell Hood – Medical Health Officer (Population Health)
Ruth Rhodes - Planning and Funding Senior Project Officer (Waikato DHB)
Paul Keesing – Strategic Planner (Waikato DHB)
Julie Wilson – General Manager (Acting) (Waikato DHB)
Brett Paradine – Chief Operating Officer (Acting) (Waikato DHB)
Ditre Tamatea - Te Puna Oranga General Manager (Waikato DHB)

Committee Advisor Mr B Stringer

1. Apologies

That the apologies from Cr Macpherson be received and accepted.

Resolved: (Crs Gallagher/Yeung)

2. Confirmation of Agenda

The Chair noted that Item 14 would be taken immediately after Item 6.

Resolved: (Crs Gallagher/Tooman)

The Committee to confirm the agenda.

3. Declarations of Interest

Cr Gallagher noted his interest as a current director of the Waikato District Health Board, though this would not affect his position as a Councillor at the meeting in relation to the reported items.

4. Chairperson's Report

At the Chair's request, the Community Development & Leisure Unit Manager provided an update on the Subcommittee's Work plan:

- The Subcommittee's meeting on 3 June 2015 would be held at Kakariki House, Hamilton East; and
- The Subcommittee's meeting on 19 August 2015 would be held at The Meteor, Victoria Street.

Staff were requested to invite Ben Dunbar-Smith to the Subcommittee's meeting on 3 June in relation to the Energy Efficiency and Conservation Authority's presentation. The Chair also asked staff to ensure key staff members were invited to that meeting.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

Item 11 was taken at this time to accommodate Waikato DHB attendees' schedules later in the meeting.

11. Community Activity Report

The Community Development & Leisure Unit Manager updated the Subcommittee on the following Advisory Panels' projects:

- 30 under 30 project – 68 high caliber applications were received. The successful entries would be publicly presented.
- The Older Persons Plan would be presented to the Strategy and Policy Committee meeting on 26 May 2015.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

5. Community Forum Subcommittee Action List

The Community Development & Leisure Unit Manager spoke to the Action List and highlighted the following:

- **Community Facilities Review**
The review would be completed before a final decision was made on the management of the Enderley Community Centre.

The Manager would enquire as to the latest position on the Fairfield Hall feasibility study and revert to the Subcommittee.

- **Community Occupancy Policy**

Staff would monitor the implementation of the policy and report on its impact towards the end of 2015.

- **Western Community Centre**

The Parks & Open Spaces team met with the Centre's manager to discuss the use of the vacant toilet facilities. A verbal agreement was reached which would be formalised.

- **Community Profiles**

The profiles were being developed and an update would follow once they were confirmed.

- **Richmond Park School**

Discussions with the Ministry of Education were ongoing.

The Chair reported on a meeting he had with the Mayor's Chief of Staff and the Chair of the Strategy and Policy Committee, at which it was suggested that the Community Forum Subcommittee take forward the review of the Social Wellbeing Strategy. It was agreed that staff would provide an update report in this regard at the next Subcommittee meeting, following which the Subcommittee would determine if any additional work, including workshops, was required in relation to that review.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

The Chair welcomed the Waikato DHB's CEO to the meeting and introduced the Elected Members.

Item 13 (*Hamilton Plan*) was taken at this time to accommodate Waikato DHB attendees' schedules.

13. Hamilton Plan

Her Worship the Mayor Hardaker spoke to the Plan and the consultation process that was taking place in relation to the Plan and Council's Ten Year Plan. An overview was provided of the ten priorities under the Hamilton Plan:

- Our books are balanced.
- The third city economy in New Zealand.
- Providing outstanding infrastructure.
- Strongly connected to the river.
- Best garden in the world.
- An active, strong commercial central city with distinctive suburban villages.
- An urban garden.
- Access to affordable housing.
- Waikato is the capital of high performance sport.
- Celebrated for our arts and culture.

Her Worship the Mayor Hardaker stated the Plan intended to leverage what Hamilton City already had in place. She provided copies of the Plan to DHB staff and noted it would be helpful to receive the DHB's views on the Plan during the consultation process.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

7. Waikato District Health Board CEO Report

Dr Nigel Murray introduced members of his management team that were in attendance and recognised the opportunity to strengthen and formalise the partnership between Council and the DHB. Dr Murray noted that the DHB's focus was on the Ministry of Health's 2014 report for the incoming chief executive and highlighted the following key activities:

- **Quality of Services**
The DHB was concentrating on providing the best possible service across the organisation. Dr Murray acknowledged the public were more vociferous as to their expectations and the DHB must respond accordingly.
- **Government targets**
There was particular focus on access to, and timeframes in providing, treatment to customers.
- **Strategy refresh**
It was necessary to review the Waikato DHB's role in the midland region of the North Island and its relationship with other DHBs, given it was often a referral centre for customers that resided outside Waikato.
- **Growth in demand**
Dr Murray referred to the new facilities that have been built and the DHB's attention was now moving to systems and processes required to deal with increased customer numbers. He believed the partnership with Council was critical in the future development of healthcare in the region.
- **Rural healthcare**
Waikato DHB had more customers in rural areas than any other DHB and it was analysing how to provide services in an effective manner.
- **Financial sustainability**
There were a number of challenges with the increasing cost of healthcare. It was necessary to explore better ways to keep people healthy and out of hospitals.
- **Primary Healthcare**
The DHB was looking at new ways to work in partnership with primary health organisations, including a Healthier Community Partnership and working with Māori in the community.

Dr Murray responded to the following questions from Elected Members:

- **Non-health Services**
The relationship between the DHB and Hamilton City was fundamental – the DHB attracted international applicants, some of whom are recognised as experts in their respective fields. Dr Murray considered there were opportunities to better exploit the DHB's partnership with local and neighbouring universities (for example, the provision of medical conferences).
- **Working with other DHBs**
Waikato DHB's relationship with other DHBs was positive, particularly in the midland region, and Dr Murray wanted to improve such relationships to provide better co-ordinated and cost-

effective services and decrease duplication. It was acknowledged that each region had its own needs. Dr Murray also noted there was room to improve how Council and the DHB worked together to share infrastructure in the community.

- **Transport services from rural communities**

It was necessary to make transport more attractive and interesting to improve uptake of such services.

- **Leadership in the community**

Dr Murray considered the collective voice of the DHB in conjunction with other public organisations was more powerful than a number of bodies stating their positions separately.

The Chair thanked Dr Murray for his presentation.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

8. Population Health Report

Dr Dell Hood spoke to her presentation – Local Governments and Population Health – which was tabled at the meeting. Dr Hood noted the importance of local government in population-based healthcare and highlighted the following in response to questions:

- **Independent Role**

It was confirmed Dr Hood, as a Medical Health Officer, and her team had a statutory function independent to the DHB and reported directly to the Ministry of Health.

- **Environmental Health Officers (EHOs)**

Council's EHOs focussed on preventative work (for example, assessing hygiene in food premises) while DHB's health officers usually would get involved if sickness occurred. It was agreed that an opportunity for the health officers from both organisations to work closer together would be beneficial, though a change in legislation would be required to formalise such a process.

- **Ongoing challenges**

Dr Hood stated that a number of situations had changed in the last few decades for which many people had little, if any, control (for example, affordable and healthy housing). Communities were being given some opportunities to shape regional health issues, such as under the Sale and Supply of Alcohol Act.

Resolved: (Crs Gallagher/Yeung)

That the Report be received.

The Meeting adjourned from 11:15 to 11:25 at the conclusion of the above item.

9. Waikato DHB Planning and Funding Report

Brett Paradine introduced Ruth Rhodes and Paul Keesing, who spoke to their presentation, which was tabled at the meeting. The following was highlighted in relation to DHB funding to non-government organisation providers:

- Expenditure on dental services for those under 18 years of age was considered to decrease the likelihood of more expensive dental work being required later in a customer's life.
- Waikato DHB had yet to achieve its target of 95% uptake on immunisations – it had achieved 91%.
- Mental Health expenditure included services provided in relation to addictions which satisfied diagnosable conditions. There had also been increased funding provided to the Alzheimer's Society to recognise the increased number of customers with dementia.
- Funding of Older People Health included a drive to increase the number of people that would receive the flu vaccine to 95% of this group.

Ruth Rhodes and Paul Keesing, supported by Julie Wilson, responded to questions from the Elected Members on the following:

- **Working with community organisations**
There were a range of other initiatives which the DHB funded or co-funded with partner organisations. \$392 million of DHB's funding was contracted to non-government organisations. The Planning and Funding team would provide additional information to Elected Members on these providers.
- **Capped vs Uncapped expenditure**
Budgets for uncapped expenditure were set on the basis of best estimates, though a degree of flexibility was required.
- **Increased Expenditure on Older Persons**
The increased number of people affected by dementia-related illness resulted in a higher degree of care being required. The importance of communicating preventative measures that people can take around leading a healthy lifestyle was a significant issue here.
- **Homeless people**
DHB's principally deal with homeless people through the services it provided, such as mental health. There was not a specific budget allocated for this population group. There was opportunity for the DHB and Council to work together on preventative measures that could be taken to reduce the risks of homelessness.
- **Children's Health**
The Ministry of Social Development has indicated there would be 1300 children in Hamilton who are vulnerable and require the services of the DHB's Hamilton Children's team. This would be the largest children's team in New Zealand. The Chair noted this would be an issue the Subcommittee should address in its review of the Social Wellbeing Strategy.

Resolved: (Crs Gallagher/Tooman)

That the Report be received.

10. Te Puna Oranga Report

Ditre Tamatea spoke to his presentation – Project 270 – which was tabled at the meeting. He provided an overview of Project 270, which endeavoured to address the health effects of children who live in poverty in New Zealand. Mr Tamatea noted Waikato had the largest Māori population (as a percentage of the regional population) in the country, for whom poverty is a major factor. Project 270 comprised three core services:

- **Kai in Schools**

Te Puna Oranga worked in partnership with Kidscan to provide food to 50 low-decile schools in Waikato. Mr Tamatea explained the adverse effects on children's education when they are hungry and the critical role of education to break the poverty cycle.

- **Warm our Whare (WOW)**

Mr Tamatea described the process for the installation of free insulation for low-income households. This was a preventative measure to combat diseases and illness arising in damp and cold houses.

- **Whare Ora**

Te Puna Oranga, working with a number of other organisations, looked to address the holistic health needs of low income families that lived in overcrowded accommodation. Mr Tamatea highlighted the different elements of the services that were offered and noted Council's involvement in providing an advisor on healthy home requirements.

In response to questions from Elected Members, Mr Tamatea confirmed that financial resources for Project 270 were secured through different providers and organisations. Te Puna Oranga staff's work on the project aligned with central government's targets in the Māori Health Plan.

Resolved: (Crs Yeung/Green)

That the Report be received.

5. Community Forum Subcommittee Open Minutes 18 February 2015

Resolved: (Crs Gallagher/Yeung)

That the Subcommittee confirm and adopt as a true and correct record the Open Minutes of the Community Forum Subcommittee Meeting held on 18 February 2015.

6. Summary Discussion

The Chair noted that he and the Community Development & Leisure Manager would circulate an email to Subcommittee members in relation to any matters that would require to be progressed as a result of the meeting. As such, the Summary Discussion was not required at the Meeting.

The Chair thanked the Waikato DHB and its staff for their hospitality and presentation of in-depth reports.

The Meeting closed at 12:25pm.

Minute Note: A walking tour of the Waiora Waikato Hospital campus was then provided to Elected Members by DHB staff at the conclusion of the Meeting.