



**MIDCENTRAL DISTRICT HEALTH BOARD**

*Te Pae Hauora o Ruahine o Tararua*

## **District Strategic Plan**

## **Consultation Report**

**September 2005**

## 1.0 INTRODUCTION

This report provides an overview of the input received as part of the formal consultation on MidCentral District Health Board's draft District Strategic Plan for 2005-2015.

The aim of the consultation process was to ensure that MidCentral DHB's resident population was fully informed about its long terms plans and priorities for the future, and to gather feedback on the draft document prior to its finalisation and sign off by the Minister of Health.

The formal consultation period commenced on 11<sup>th</sup> July 2005 and closed on 19<sup>th</sup> August 2005. The complete draft plan was provided to a range of stakeholders, including local territorial authorities, Members of Parliament, health providers, Primary Health Organisations, central region District Health Boards, Manawhenua Hauora and a range of government and health-related agencies. The plan was also available from local libraries, and MidCentral's website.

In addition, a summarised version of the plan was provided to all households within the district, distributed via local community newspapers.

People could provide feedback in a number of ways – written submissions, oral submissions (via a 0800 number) or in person at a consultation meeting.

148 written submissions were received in total. Of these, 35 were from organisations (several of whom requested their name be withheld). Appendix A contains a list of submitters.

The CEO (or his representatives) met with 24 groups during the consultation period. These groups were both internal and external to MidCentral DHB. Some of the meetings were planned in advance and some were held in response to requests for meetings made by an organisation or group during the consultation period.

The approach of engaging individually with interested groups was taken as an alternative to holding public meetings, which in the past have not been well attended. In total, 234 people attended the DSP consultation meetings.

The groups were:

<b>Group/Organisation</b>	<b>Date</b>
Clinical Management and Advisory Team	12 July
Operational Management Team	13 July
Enable NZ Management Team	13 July
Horowhenua District Council	13 July
DHB Corporate Team	20 July
Palmerston North City Council	21 July
Manawatu District Council (Strategic Planning Committee)	21 July
Manawhenua Hauora	25 July
Manawatu PHO (Board of Directors)	25 July
Medical Reference Group	26 July
Horowhenua PHO (Board of Directors)	26 July
Manawatu Independent Practitioners Association	28 July

DHB Funding Division	1 August
Nurse Practitioners Group	3 August
Tararua District Council	3 August
Otaki PHO	3 August
MidCentral Health Team Leaders	5 August
Horizons Regional Council	9 August
Kapiti District Council	10 August
Tararua PHO	10 August
Palmerston North Ward Groups	10 August
Clerical Reference Group	12 August
Allied Health	15 August
Federated Farmers	16 August

The focus of the meetings was to inform interested groups or organisations about the District Strategic Plan, provide a brief overview of its contents, and to encourage written submissions. Any feedback that was provided at these consultation meetings was recorded and later cross checked against submissions to ensure that all the relevant themes had been captured and considered.

The minutes of these meetings are contained in Appendix B.

### 1.1 Hearing of Submissions

A hearing of submissions was held on 1<sup>st</sup> September in the Education Centre of Palmerston North Hospital. The hearing committee was:

Diane Anderson (Chair)  
 Jim Jefferies  
 Lindsey Burnell  
 Barbara Robson  
 Cynric Temple-Camp

The individuals or organisations that spoke in support of their submissions were:

<i>Submission No</i>	<i>Name</i>
114 & 115	Bruce and Marilyn Bulloch Railway Land Action Group
98	Paul Eaton Horowhenua Primary Health Organisation
104	Don McLean Hearing Association Manawatu Inc
99	Margaret Robins Horowhenua Primary Health Organisation's Community Advisory Group
123	B R Anderson Feilding and Districts Community Health Group
126	Maurice Lefevre Cancer Society of NZ Manawatu Centre Inc
100	Annette Brodie Horowhenua Grey Power
27	Peter MacGillivray Manawatu Breathe Easy Support Group

83	David Colling Joint Transport & Health Services Sub-Committee, Horowhenua District Council
122	Kate Malone Manawatu Primary Health Organisation
146	Dr Dave Ayling & Doug McLean Manawatu Independent Practice Association Ltd
128	Philleen MacDonald Pathways to Wellbeing-Huarahi Whakaoranga Inc
147	George Ross and Andrew Mitchell Tararua Province of Federated Farmers of NZ (Inc)
112	Jeanne O'Brien Tararua Community Youth Worker Project Inc
105	Maureen Reynolds Tararua District Council

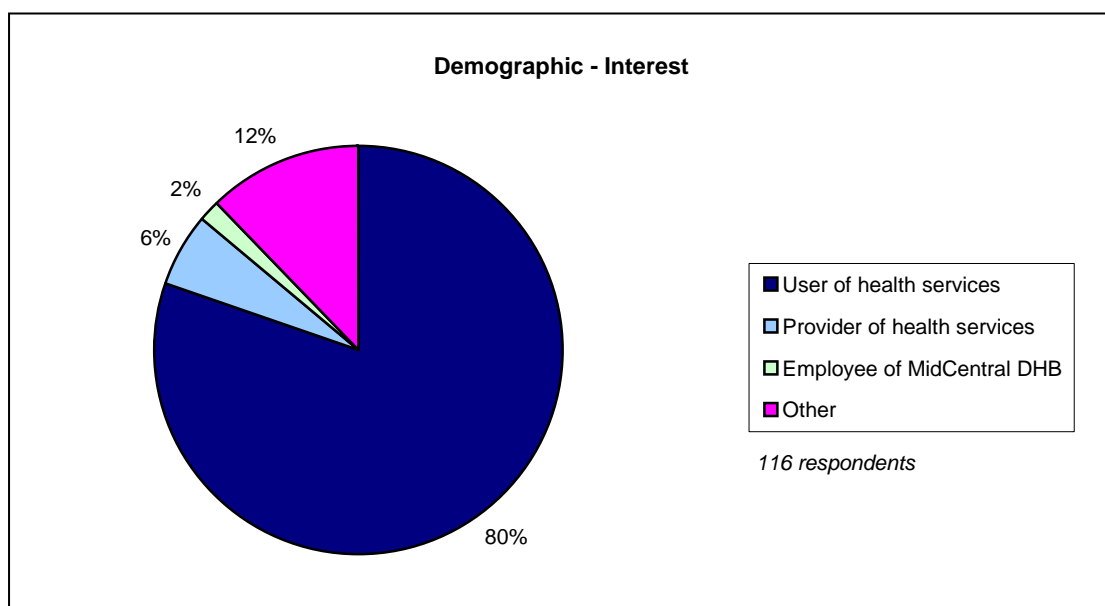
The minutes of the hearing of submissions is contained in Appendix C.

## 2.0 DEMOGRAPHIC PROFILE OF SUBMITTERS

The feedback form on the consultation document asked a number of questions of submitters to gain information on their demographic profile. Not every individual or organisation that made a submission provided answers to these questions. The number of respondents that provided answers for each question is shown.

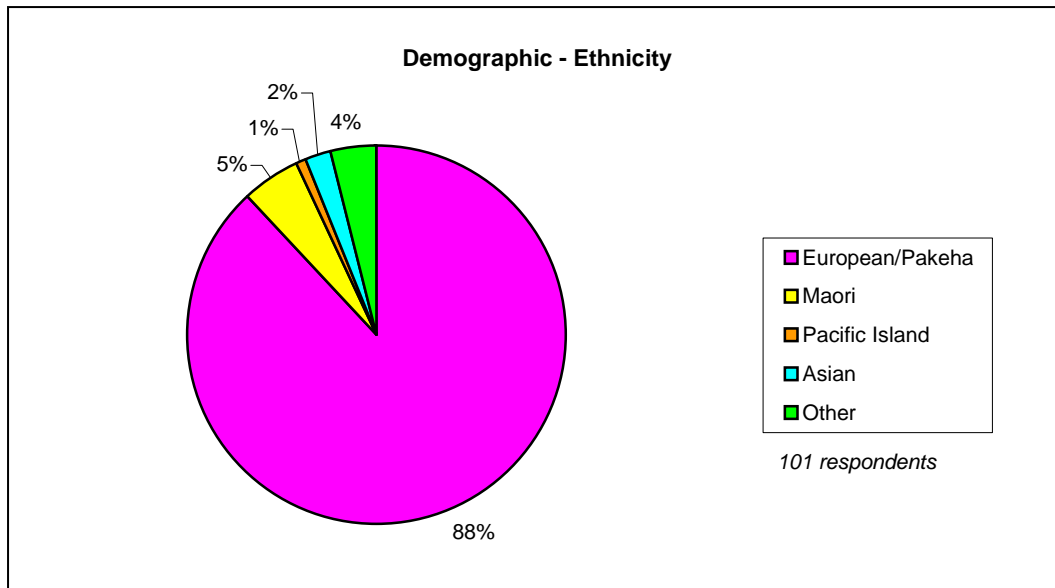
### 2.1 Interest

The following graph shows the percentage of respondents by interest. The overwhelming majority of respondents were users of health services.



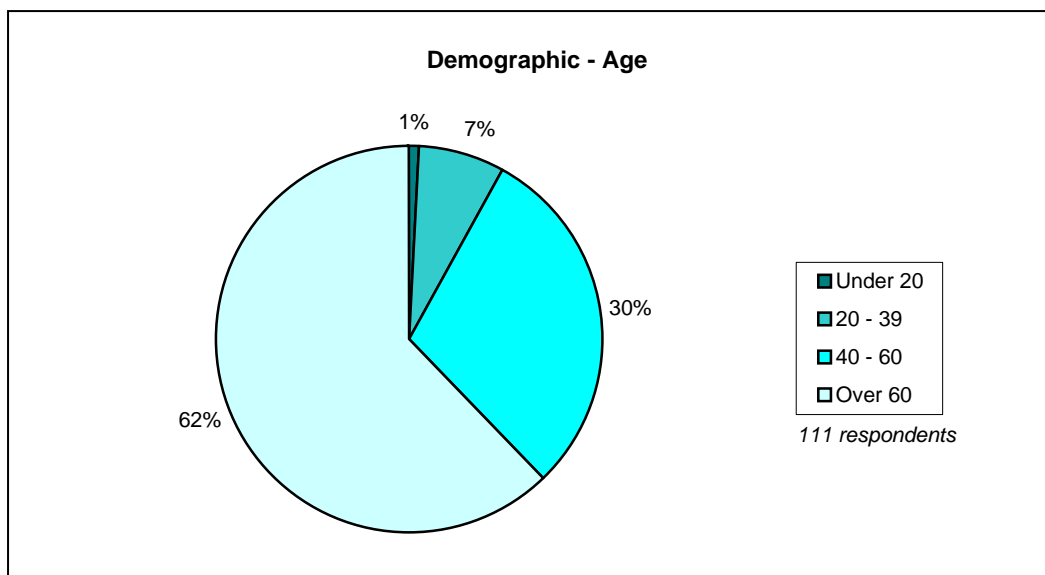
## 2.2 Ethnicity

The following graph shows the percentage of respondents by ethnicity. The vast majority of respondents were in the European/Pakeha category.



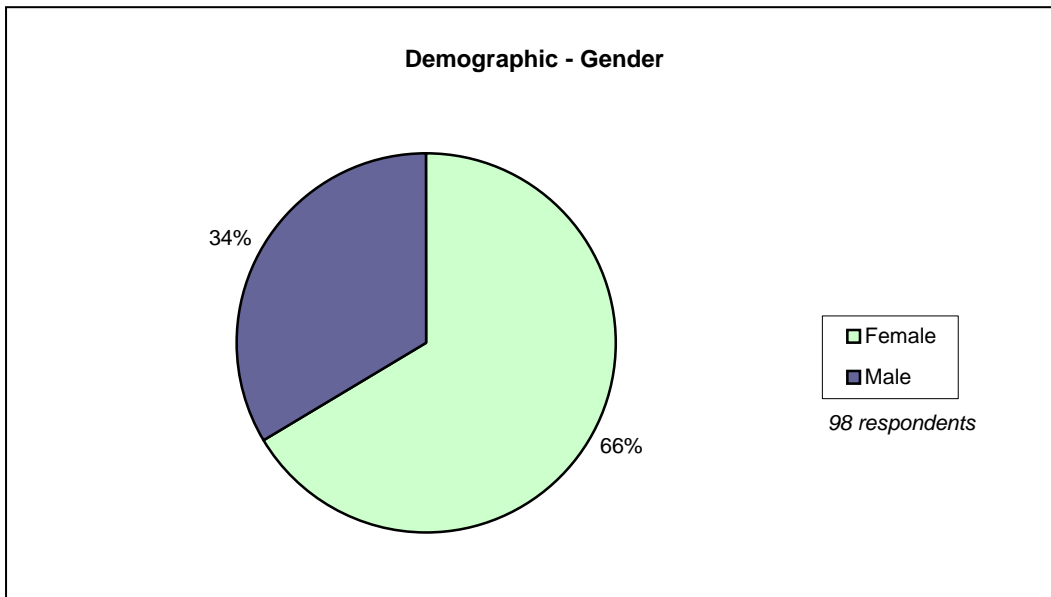
## 2.3 Age

The following graph shows the percentage of respondents by age. The majority of respondents were aged over 60 years, with the next biggest group being the 40-60 age category. There were very few respondents in the younger age categories.



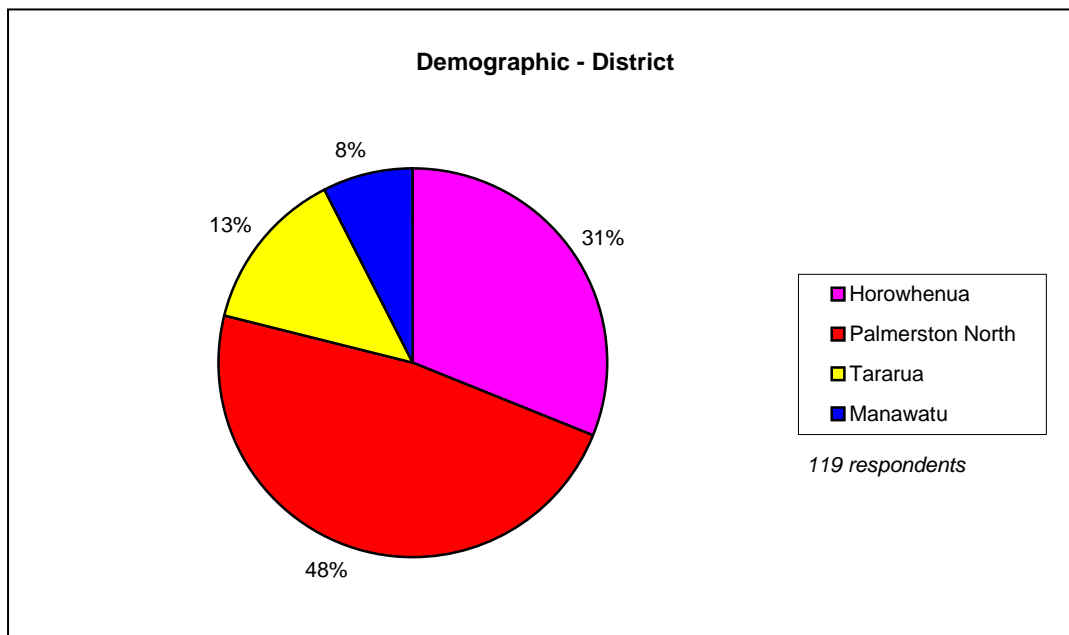
## 2.4 Gender

The graph overleaf shows that there were more female respondents than male respondents.



## 2.5 District

The following graph shows the percentage of respondents by district. The biggest group of respondents were from Palmerston North, with the next biggest being from the Horowhenua district. Overall, there was a good geographical spread of respondents.

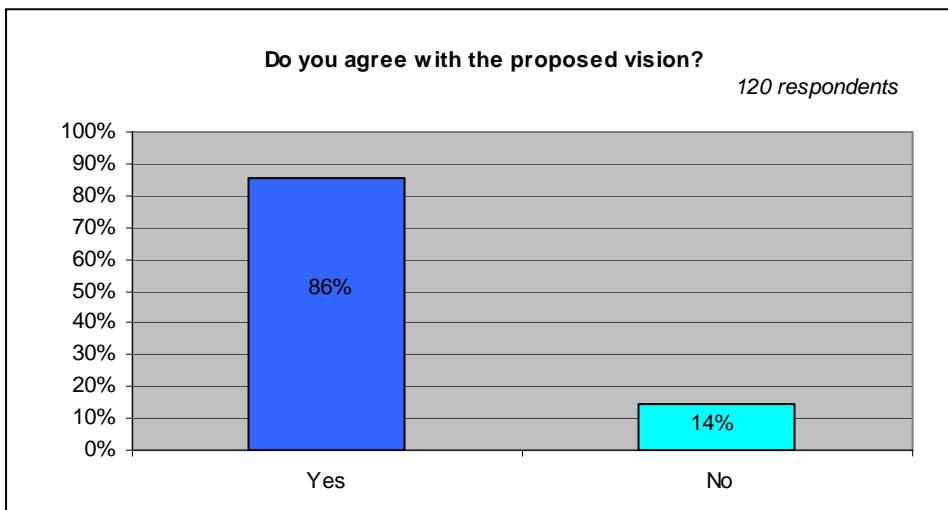


### 3.0 OVERALL RESPONSES TO CLOSED QUESTIONS

The consultation document asked submitters for responses to some closed questions (yes or no responses). In addition, submitters were asked a series of open ended questions. The analysis of the overall responses to the closed questions are outlined below, and the analysis of the open-ended questions is contained in Section 5.

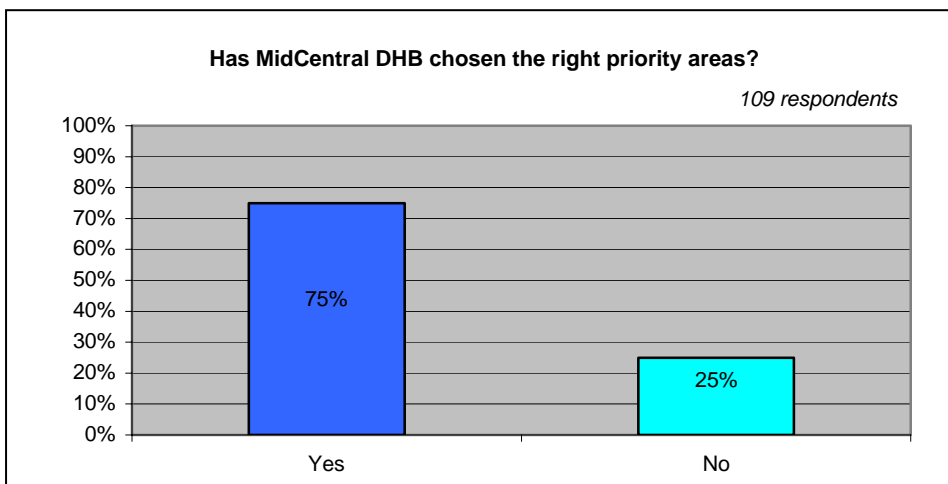
#### 3.1 Vision

Strong support was expressed for the new vision statement, with 86% of the respondents answering yes to the following question.



#### 3.2 Priority Areas

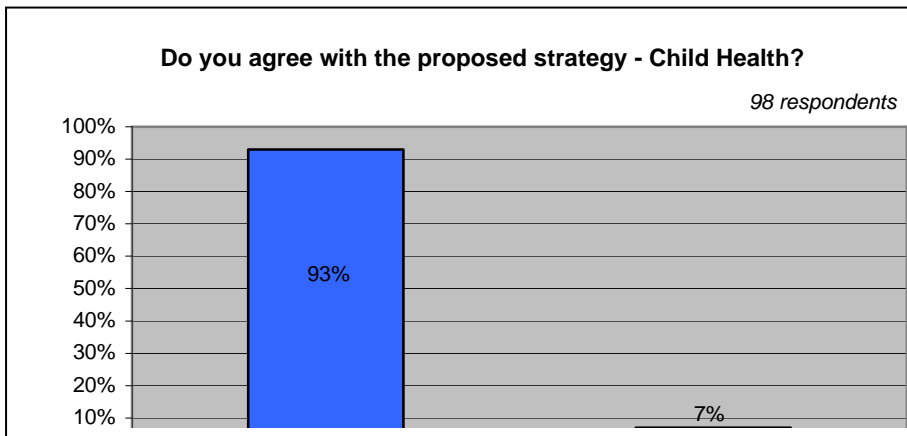
Three quarters of respondents felt that MidCentral DHB had chosen the right priority areas.



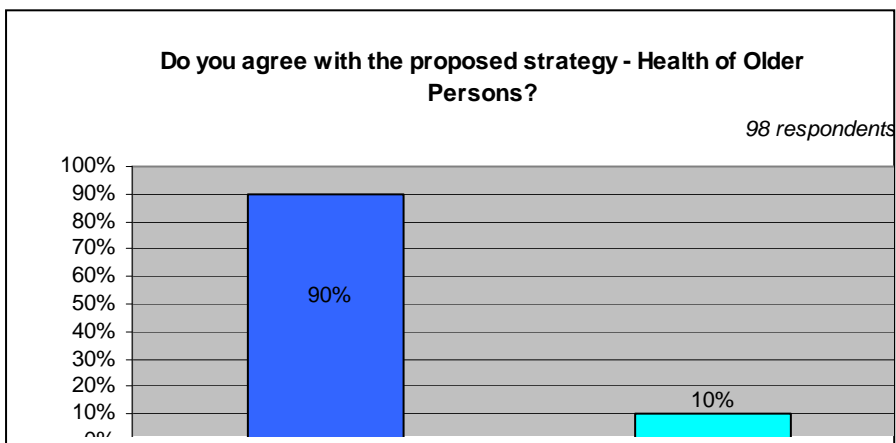
#### 3.3 Strategies

There were nine questions asked in the consultation document about the outlined strategies for each of MidCentral DHB's priority areas. Respondents were asked if they agreed or disagreed with the proposed strategies.

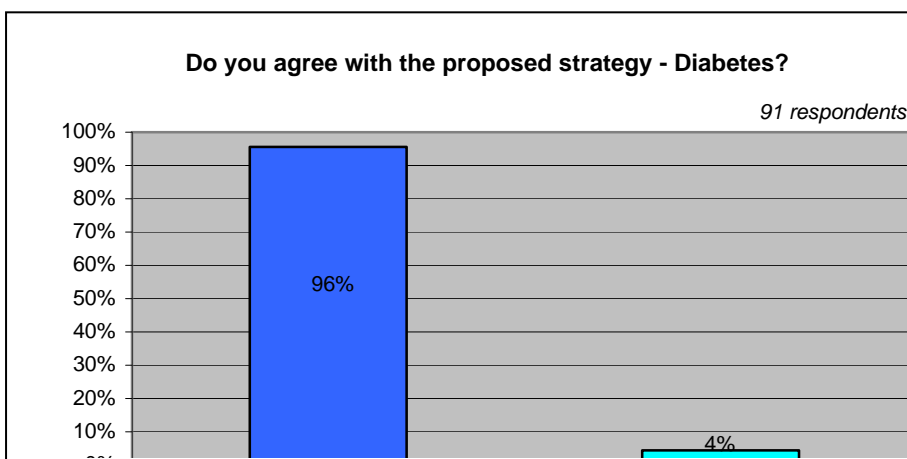
For child health, 93% of respondents agreed with the proposed strategies.



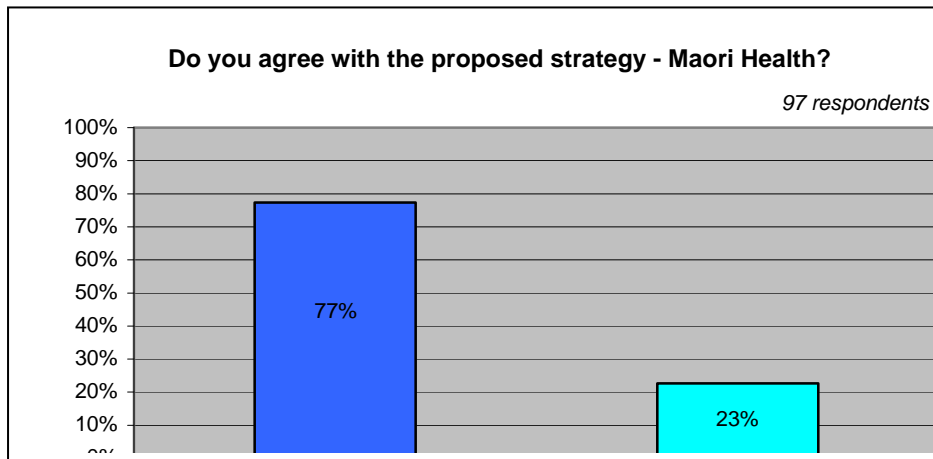
For Health of Older People, 90% of respondents agreed with the proposed strategies.



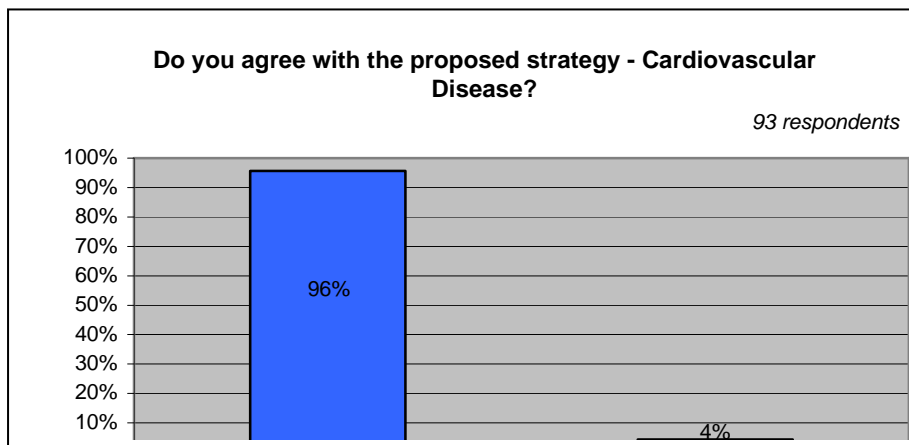
For Diabetes, 96% of respondents agreed with the proposed strategies.



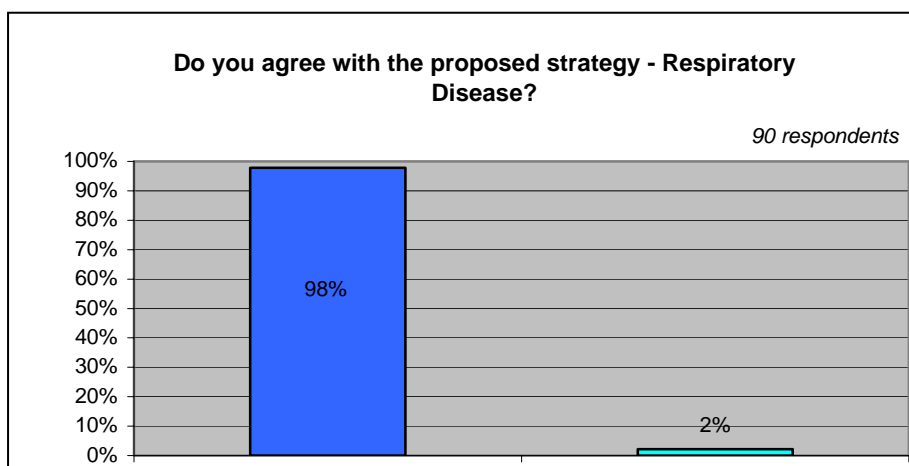
For Maori Health, 77% of respondents agreed with the proposed strategies. Overall, this was the priority area with the lowest level of agreement over the proposed strategies.



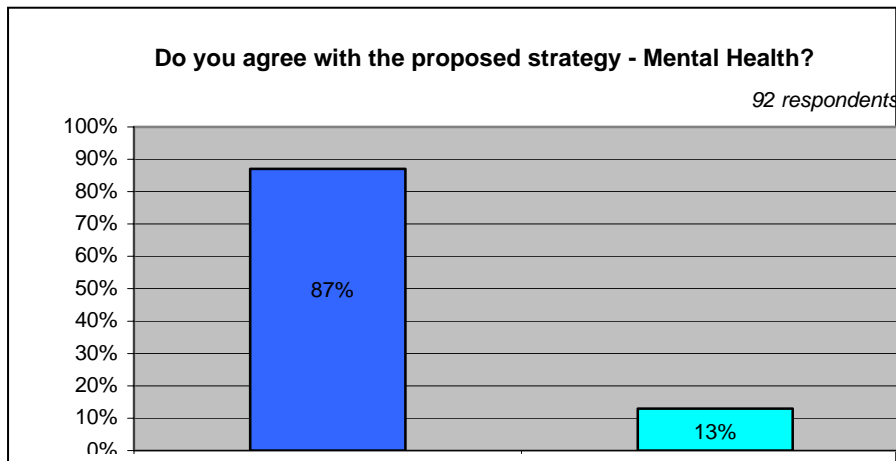
For Cardiovascular Disease, 96% of respondents agreed with the proposed strategies.



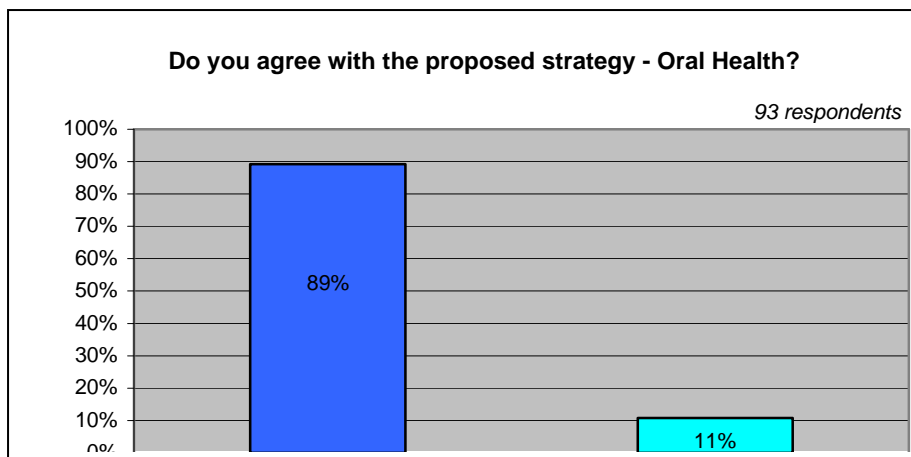
For Respiratory Disease, 98% of respondents agreed with the proposed strategies.



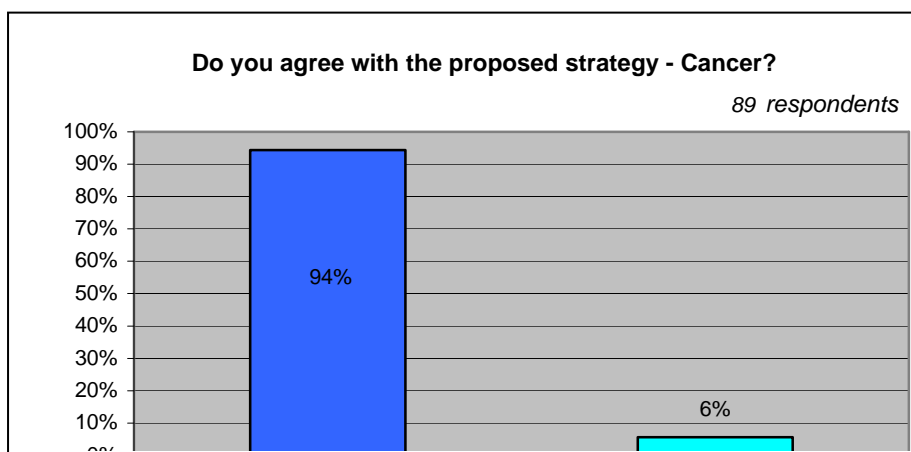
For Mental Health, 87% of respondents agreed with the proposed strategies.



For Oral Health, 89% of respondents agreed with the proposed strategies.

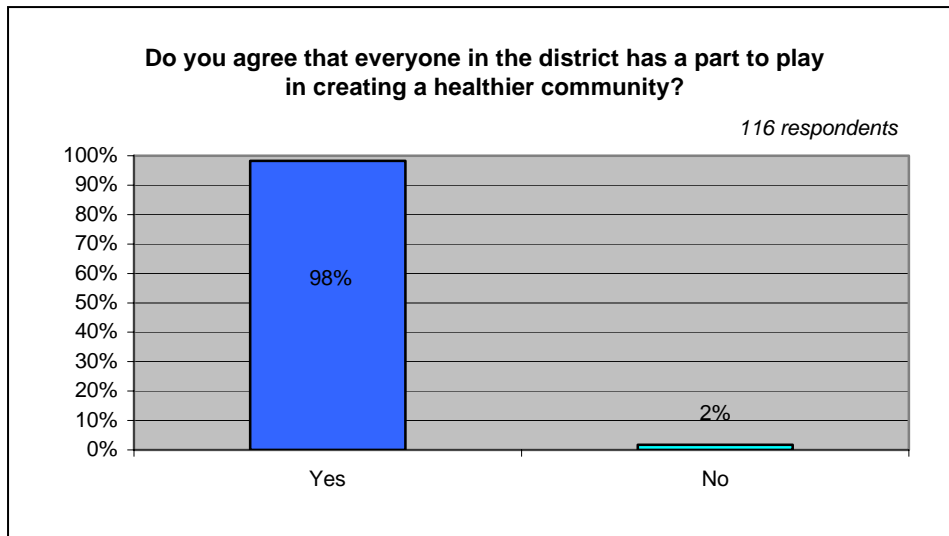


For Cancer, 96% of respondents agreed with the proposed strategies.



### 3.4 Healthy Lifestyles

Virtually all respondents agreed with the statement that everyone in the district has a part of play in creating a healthy community.

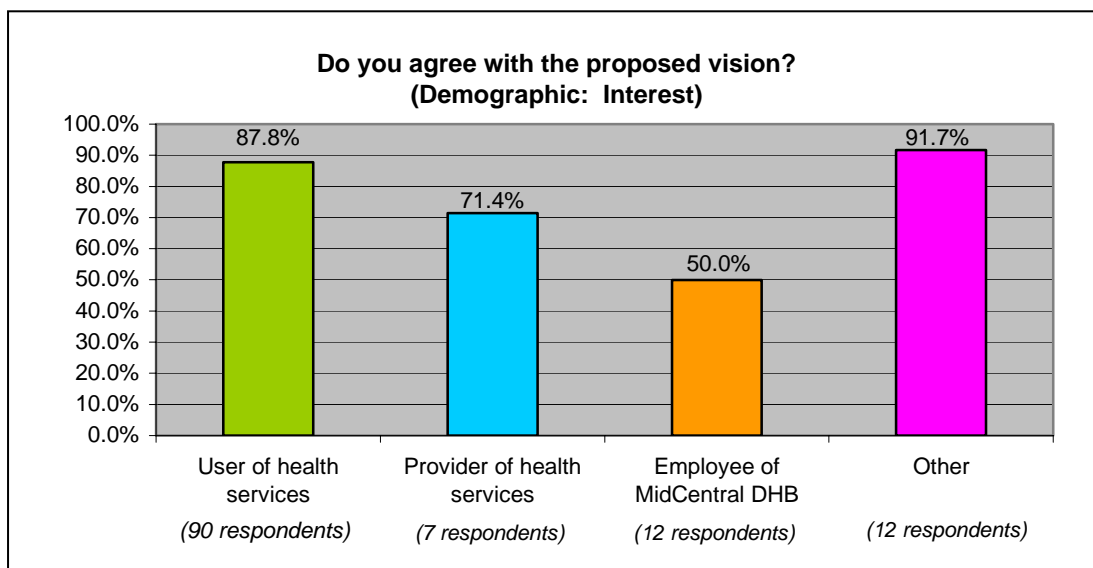


### 4.0 RESPONSES TO CLOSED QUESTIONS BY DEMOGRAPHIC

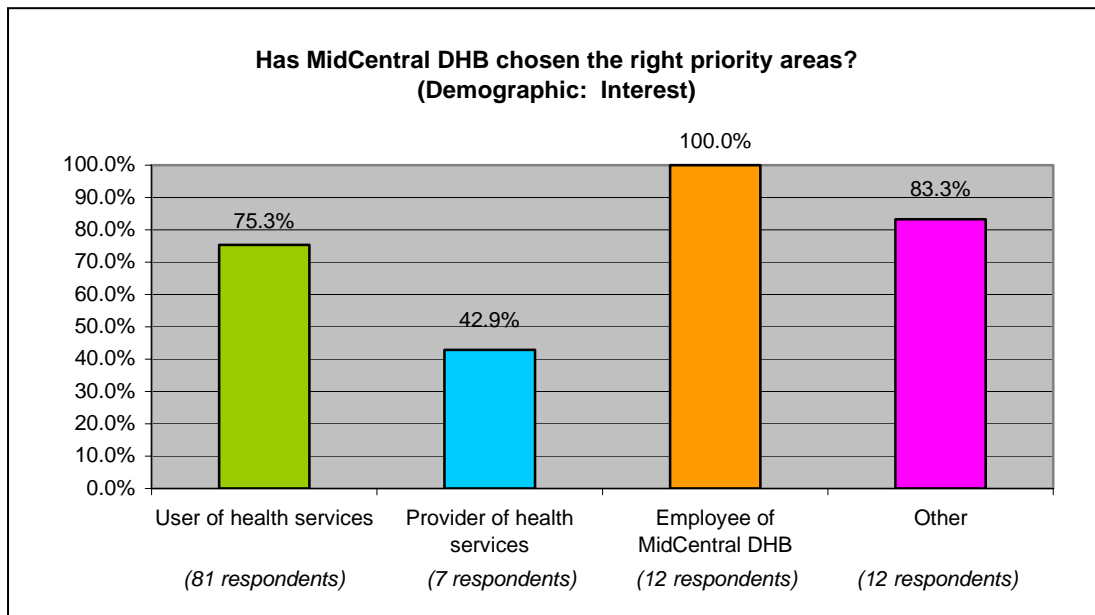
The overall responses to the closed questions were outlined in Section 3 above. The responses to each closed question were also analysed by demographic group to see if there were any marked variances in responses between different groups of people.

The following graphs illustrate those questions where there was a significant variance in responses between the different demographic groups.

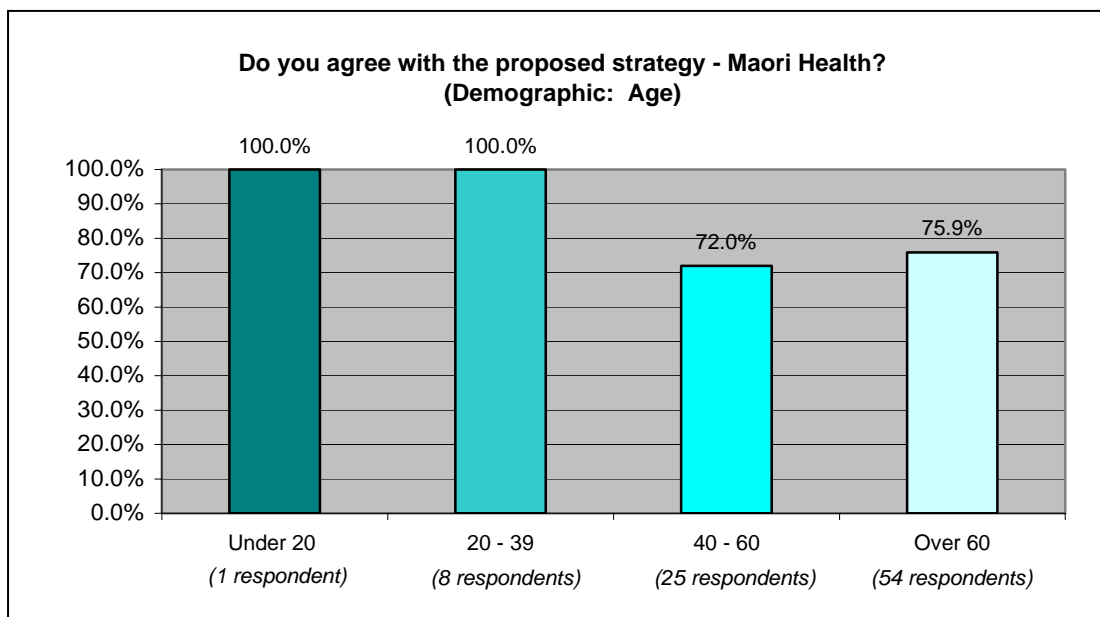
The following graph shows that only half of MidCentral DHB employees who responded agreed with the vision. The vision also resonated less with other providers of health services. Aside from the 'other' category, users of health services responded most positively to the vision.



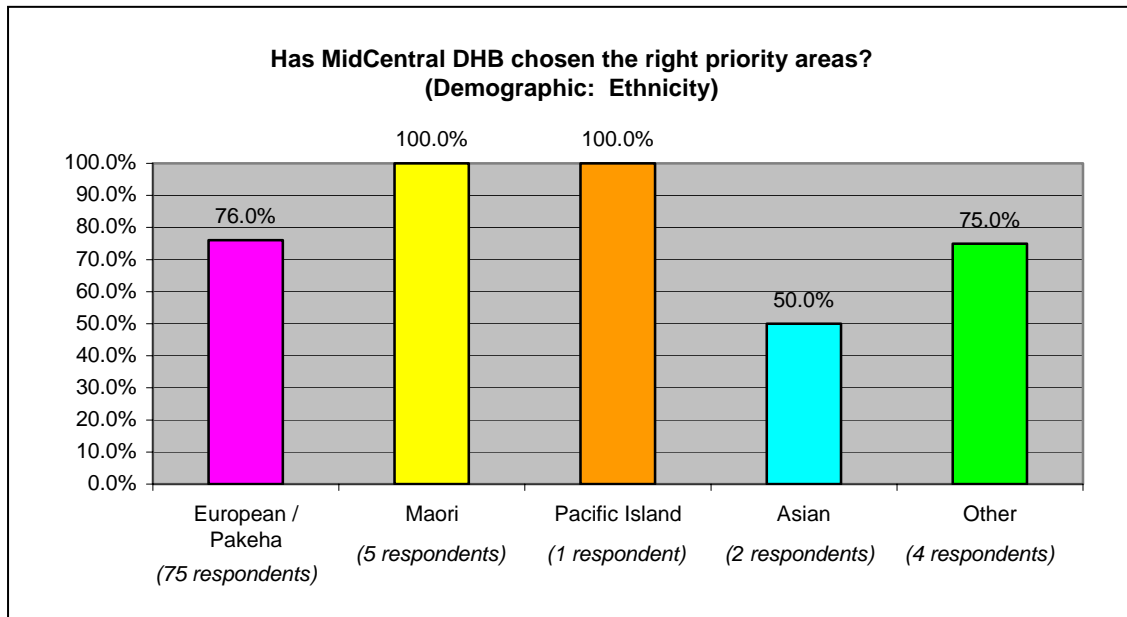
All of the MidCentral DHB employees who responded to this question agreed that MidCentral had chosen the right priority areas. However, less than half of other providers of health services agreed with this question.



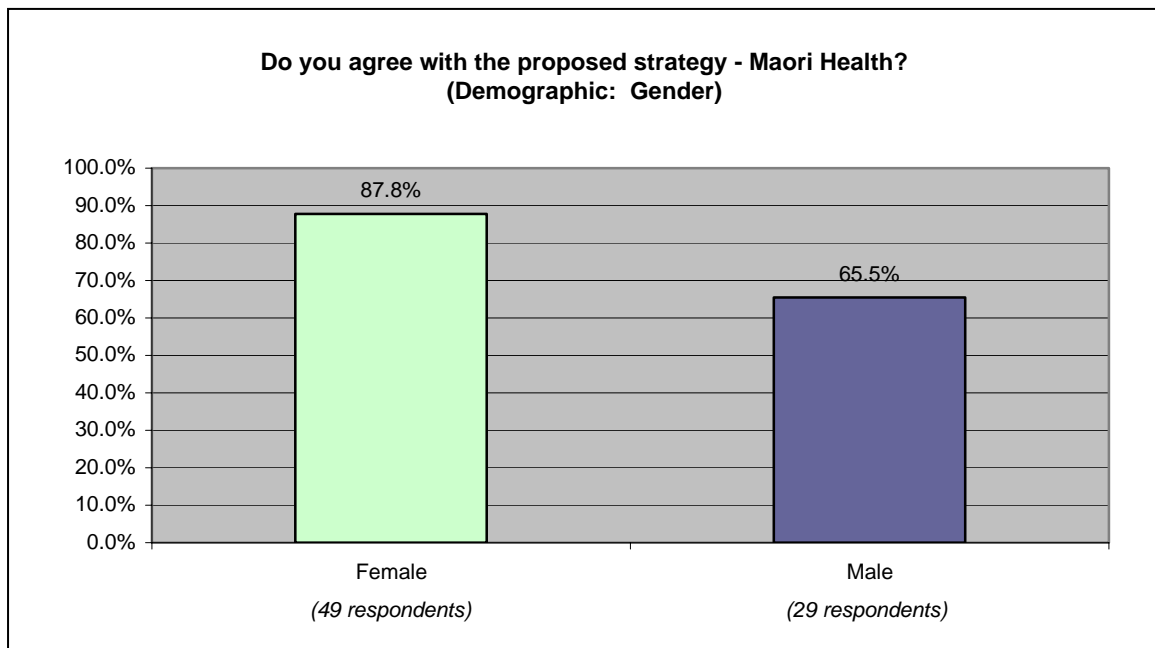
Although the overall number of respondents is small, the younger age categories totally agreed with the proposed strategies for Maori Health, whereas between 24-28% of respondents in the two older age categories disagreed with the strategies.



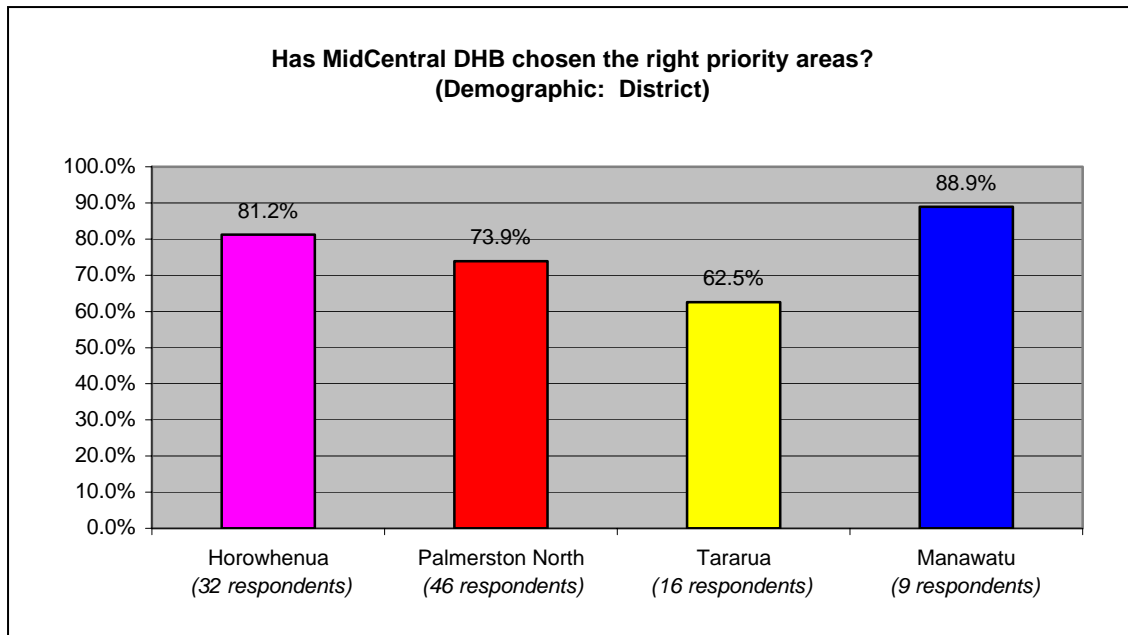
The table overleaf shows that 100% of Maori respondents agreed with the priority areas, whereas only 76% of European/Pakeha respondents agreed. The number of respondents for the other ethnic groups was too small to be able to draw any relevant conclusions.



There was a reasonably significant gender difference in terms of the response to the question on the Maori Health strategies. Only 65.5% of men agreed with the proposed strategies versus 87.8% of women.



The table overleaf shows some differences between the four MidCentral DHB districts in terms of the response to the question on priority areas. A significantly lower number of respondents from Tararua agreed that MidCentral had chosen the right priority areas. Manawatu had the highest level of agreement, followed by Horowhenua and Palmerston North.



## 5. ANALYSIS OF FEEDBACK RECEIVED FROM PUBLIC CONSULTATION

Seventeen open-ended questions were asked during the consultation process:

- Whether the proposed vision statement “Quality Living – Healthy Lives” should be adopted by MidCentral DHB
- Whether MidCentral DHB has chosen the right priority areas
- Whether there are any other priority areas MidCentral DHB should focus on in addition to the nine outlined
- Whether the outlined strategies for Child Health should be adopted or amended
- Whether the outlined strategies for Health of Older Persons should be adopted or amended
- Whether the outlined strategies for Diabetes should be adopted or amended
- Whether the outlined strategies for Maori Health should be adopted or amended
- Whether the outlined strategies for Cardiovascular Disease should be adopted or amended
- Whether the outlined strategies for Respiratory Disease should be adopted or amended
- Whether the outlined strategies for Mental Health should be adopted or amended
- Whether the outlined strategies for Oral Health should be adopted or amended
- Whether the outlined strategies for Cancer should be adopted or amended
- Whether there are any other strategies MidCentral DHB should adopt in addition to those outlined
- Whether the general strategic approach should be reviewed or amended
- What is the best way MidCentral DHB can support individuals enjoy a healthier lifestyle
- What is the best way MidCentral DHB can partner with organisations to achieve a healthy environment and community
- Should the format, layout or content of the DSP document be amended

The feedback provided in respect of each question has been analysed by management, and a recommendation made regarding any subsequent change to the District Strategic Plan. This is set out on the following pages.

<b>5.1</b>	<b>Whether the proposed vision statement “Quality Living – Healthy Lives” should be adopted by MidCentral DHB</b>
<b>Analysis of relevant points raised by submitters</b>	<p>Question 1 asked if people agreed with the proposed vision statement. Overall 85.8% of submitters who responded to this question (120 submitters) agreed with the proposed vision statement.</p> <p>Question 2 sought clarification for why people answered this way. Of those that agreed, submissions:</p> <ul style="list-style-type: none"> <li>▪ 3, 11, 12, 27, 29, 32, 37, 41, 43, 44, 45, 46, 47, 49, 52, 53, 57, 62, 85, 99, 120, 123, 135, and 148 said that the vision seemed sensible, was a good idea, was clear and concise, was logical and made sense</li> <li>▪ 7, 26, 31 33, 38, 60, 65, 81, 87, 89, 97, 101, 115, 130, 136 and 146 said they supported the holistic, preventative, healthy lifestyle and wellness approach</li> <li>▪ 17, 98 and 139 recognised that quality living and keeping people healthier will reduce the need for hospital care or medical intervention at primary and secondary level</li> <li>▪ 6, 13, 23, 28, 44, 65, 91, 108, 117 supported people being responsible for their own health by adopting healthy lifestyles and/or supported the concept of shared responsibility for health</li> <li>▪ 1, 20, 41, 76 and 93 said they supported the Board’s planning for the future</li> <li>▪ 40 (no answer – see below), 43, 58, 63, 76, 81, 107, 117 said that to achieve the vision there was a need to address the wider determinants of health - quality living and healthy lifestyles depended on more than just DHB but also on other government agencies</li> </ul> <p>The individual submissions detailed below outline those that disagreed with the vision or suggested a variation to the vision statement.</p>
<b>Recommendation</b>	<p>Given the strength of support for the new vision, it is recommended:</p> <p style="text-align: center;"><i>that the vision of “Quality Living – Healthy Lives” be adopted by MidCentral District Health Board, and,</i></p> <p style="text-align: center;"><i>that the link between the vision and MidCentral’s desired outcomes be strengthened by amending</i></p>

		<i>the opening paragraph in the section of the draft Plan entitled, “The Long Term Outcomes we are Seeking” to read, “MidCentral District Health Board wants to achieve these ten outcomes for our communities’ health and wellbeing so that its vision of “Quality Living – Healthy Lives” can be achieved”.</i>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D*</b>	<b>Comment</b>
3, 11, 12, 27, 29, 32, 37, 41, 43, 44, 45, 46, 47, 49, 52, 53, 57, 62, 85, 99, 120, 123, 135, 148		Vision seemed sensible /was a good idea / was clear and concise / was logical and made sense	Agreed	
7, 26, 31, 33, 38, 60, 65, 81, 87, 89, 97, 101, 115, 130, 136, 146		Support the holistic, preventative, healthy lifestyle and wellness approach	Agreed	
17, 98, 139		Quality living and keeping people healthier will reduce the need for hospital care or medical intervention at primary and secondary level	Agreed	
6, 13, 23, 28, 44, 65, 91, 108, 117		Support people being responsible for their own health by adopting healthy lifestyles and/or support the concept of shared responsibility for health	Agreed	
1, 20, 41, 76, 93		Support the Board’s planning for the future	Agreed	
43, 58, 63, 76, 81, 107, 117		To achieve vision there is a need to address the wider determinants of health – quality living and healthy lifestyles depends on more than just DHB but also on other government agencies	Agreed	
30	J McNeill	Vision is woolly, generic and irrelevant	Neither agreed nor disagreed	
40	J Hammond	Adoption of vision may compromise primary role of DHB – its hospital service	No answer	Vision should more appropriately be adopted by central Government
82	Name withheld	Its so general, it becomes almost	Neither agreed nor disagreed	

		meaningless		
58	G Keall	Vision unattainable – falls outside DHB control and not easily measured re: accountability	Variation – “Effective Healthcare – Healthy Living”	This is attainable and measurable
90	B Cornford	Most of it is “Clap-Trap” – sounds great...will achieve little	Disagreed	
36	B R Casey	Many people can have unhealthy lives despite quality living. Can't make people lead healthy lives	Disagreed	
110	Rongokokako Women's Institute	Many people who have led healthy lives can still become ill. Could be interpreted as the highest quality living and healthiest lives given quality medical care and support service	Disagreed	Should be underpinned by quality care
28	Lindsey Bates	Need to emphasise self/shared responsibility – live a healthy lifestyle in order to gain quality of life	Disagreed – Variation suggested Turn around to “Healthy Lifestyle – Quality Living”	
54	Name withheld	Isn't it back to front – a good quality of life follows on from good health	Disagreed – Variation suggested “Healthy Lives – Quality Living”	
126	Manawatu Cancer Society	Does not recognise that health relates to illness as well. It is possible to live with chronic illness healthily.	Disagreed – Variation suggested “Quality Living for all”	Recognises quality of life important for all, and that it is making the best of health and illness
143	Bent & Caring Communities Inc.		Disagreed – Variation suggested “Our first priority is the best achievable health and well-being of our residents”	
131	MidCentral Health Public Health Service	Not sure what “quality living” actually means	Variation suggested – “Healthy Living – Healthy Lives”	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.2</b>	<b>Whether MidCentral DHB has chosen the right priority areas</b>
<b>Analysis of relevant points raised by submitters</b>	<p>Question 3 asked if MidCentral DHB has chosen the right priority areas. Overall 75.2% of submitters who responded to this question (109 submitters) agreed that MidCentral DHB has chosen the right priorities.</p> <p>Question 4 sought clarification for why people answered this way.</p> <ul style="list-style-type: none"> <li>▪ Of those that agreed, submissions 14, 20, 26, 27, 28, 29, 32, 33, 34, 37, 44, 47, 48, 69, 83, 87, 98, 99, 118, 120, 130, 131, 135, 146, 148 said that the priorities covered most things or that they were well chosen and supported</li> <li>▪ 17 submitters said that Maori (or any other ethnic group) should be treated the same or as part of other priority areas</li> <li>▪ 4 submitters questioned whether oral health should be a priority</li> <li>▪ There were other one-off comments relating to other priority areas</li> <li>▪ 3 submitters questioned the rationale for how the priorities were determined</li> <li>▪ 1 submitter did not think you could prioritise health</li> <li>▪ 1 submitter thought the priority areas confused health and disease</li> </ul> <p>It is noted that some submitters thought there was an order of priorities and made amendments to that perceived order. These comments have not been included.</p>
<b>Recommendation</b>	<p>There is a large variation between the health of Maori and non-Maori within MidCentral's district. The delivery of health and disability services to Maori often requires a different approach to mainstream care in order to be effective.</p>

	<p>MidCentral District Health Board’s priorities are not listed in any order, and are all of equal importance.</p> <p><b>It is recommended:</b></p> <p><i>that a statement be included in the Draft District Strategic Plan that the priorities are not listed in order of priority, and are all of equal importance.</i></p> <p><i>that Maori health remain a priority area, and,</i></p> <p><i>that the section of the draft Plan entitled, “Strategies for Health Priority Areas” be expanded as follows to reflect MidCentral’s commitment to ensuring investment in all priority areas goes to those most in need:</i></p> <p><i>“To achieve the outcomes outlined in this District Strategic Plan requires strategies. The following pages detail the types of strategies that will be used to make health gains in priority areas, the changes expected as a result of these strategies and the level of investment intended.</i></p> <p><i>“MidCentral District Health Board will use these strategies to target those most in need, such as high users of the service, those most at risk of heart disease (and other priority disease states), and those who have difficulty in access due to their location, socio economic status or age.</i></p> <p><i>“The strategies will improve the health and wellbeing of the population over time, and reduce the demand on secondary and tertiary care specialist (hospital) services.</i></p> <p><i>“At the same time, MidCentral District Health Board will continue to manage short term/current difficulties, such as waiting lists for hospital services. These short term plans are outlined in the District Annual Plan which is reviewed and published each year.”</i></p>			
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>

14, 20, 26, 27, 28, 29, 32, 33, 34, 37, 44, 47, 48, 69, 83, 87, 98, 99, 118, 120, 130, 131, 135, 146, 148		Priorities cover most things / priorities are well chosen and supported	Agreed	
2	Anon 1	Questioned why have separate priority for Maori or any other race	Agreed with question 3	
7	K Baird	Maori health should not be differentiated – Maori included in other areas	Disagreed with question 3	
11	Anon 2	Maori health should not be separate priority area – feels like positive discrimination	Agreed with question 3	
35	K Keall	Don't think there should be any emphasis on race	Disagreed with Question 3	
42	Name Withheld	Maori health should not be separate priority	Disagreed with question 3	
51	V G Henderson	Have a problem with Maori health being included. Should all be the same in health matters	Agreed with question 3	
53	Name Withheld	No priority based on race	Comment	
55	Anon 4	Why is Maori health separated – health access should be equal for all	Disagreed with question 3	
58	G Keall	Maori health needs to be changed to address poverty – needs based. Maori priorities should be addressed within each priority area	Disagreed with question 3	
71	Anon 2	Stop policies based on race	Comment	
80	J R Austin	No special attention and investment for Maori	Comment	
82	Name Withheld	Stop basing health care spending on ethnicity – base on need	Comment	
84	D Rickard	Why special case for Maori?	Disagreed with question 3	
90	B Cornford	Maori health discriminates	Disagreed with question 3	
119	Name Withheld	Don't believe Maori should be separated. All areas affect them	Comment	
125	Name Withheld	No special treatments for ethnicity	Comment	
137	Name Withheld	Health services should not be provided on racial grounds	Disagreed with question 3	

6	Name Withheld	Oral health is of very low priority	Agreed with question 3	
17	Name Withheld	Question whether oral health a priority	Agreed with question 3	
84	D Rickard	Question whether oral health a priority	Disagreed with question 3	
90	B Cornford	Oral health is an issue that investing now won't make a difference	Disagreed with question 3	
15	Name Withheld	Need more for older persons health	Disagreed with question 3	
51	V G Henderson	Believe even more effort is required for cancer	Agreed with question 3	
84	D Rickard	Question whether child health a priority	Disagreed with question 3	
30	J McNeill	You give me no basis to prioritise – if you concentrate on these areas what misses out	Did not know if priority areas right	
40	J Hammond	Need cost benefit analysis of choice of priorities and criteria to measure the effectiveness of each priority in reaching overall goals	Comment	
123	Feilding & Districts Community Health Group	Plan's priorities should look wider than the 10 national health priorities and address its own community needs	Disagreed with question 3	
125	Name Withheld	Don't see how there can be priorities where health is concerned	Disagreed with question 3	
126	Cancer Society Manawatu	These priority areas confuse health and disease. Specialisation does not recognise the multi-faceted long-term impact of environmental, physical and mental health on wellbeing	Disagreed with question 3	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.3</b>	<b>Whether there are any other priority areas MidCentral DHB should focus on in addition to the nine outlined</b>
<b>Analysis of relevant points raised by submitters</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪ 6 submitters wanted rural health to be a priority area</li> <li>▪ 2 submitters wanted maternity services to be a priority area</li> <li>▪ 8 submitters mentioned reducing waiting lists/increasing elective surgery as a priority</li> <li>▪ 4 submitters mentioned disability, questioning whether this should be a priority area or where disability sits within the priorities</li> <li>▪ 3 submitters said that addressing the wider determinants of health was a priority area</li> <li>▪ 8 submitters mentioned youth, or various issues relating to youth, as a priority area</li> <li>▪ There were four one off priorities mentioned as noted below.</li> </ul>
<b>Recommendation</b>	<p>MidCentral's strategy for child health covers children up to 14 years of age. A strategy for those persons 14 years and over is to be developed. This group may be considered a priority for the next District Strategic Plan. While there is no specific plan for youth, other strategies cover this population group, eg healthy lifestyle components of disease state plans, asthma, and mental health. Current services targeted at youth, such as sexual health and Youth One Stop Shops will continue.</p> <p>MidCentral's young disabled population (0-65 years) is relatively small (&lt;10% of total population based on national disability incident rates), and not expected to increase significantly. Issues facing the disabled community are more societal rather than health specific, eg participation, inclusion, access. Responsibility for funding and planning services for this population group rests with the Ministry of Health.</p> <p>MidCentral's investment in its health priority areas will, over time, reduce demand on secondary care services. In the short term, DAP initiatives are in place to reduce waiting times, eg \$2.3 million spot purchasing, and continued implementation of the elective waiting time tools.</p>

The delivery of health services to rural areas has changed over recent years with the closure of rural hospitals, and establishment of health centres (with a small number of medical and maternity beds). Specialist health services are being provided from a central, regional hospital, creating access issues for the rural population, particularly as the population ages and residents need to access secondary care services more times than historically has been the case. This trend is expected to continue.

Rural areas also face difficulties with workforce. The ratio of clients to GPs is increasing and generally exceeds 1:2,000. A trend is occurring where rural residents are travelling outside their locality to access primary after-hour services.

The change in health delivery, along with recruiting and retaining a rural workforce justifies “rural health” being a priority area.

The draft District Strategic Plan recognises the wider social issues which impact health, and the need for MidCentral District Health Board to work collaboratively with other agencies to address these. It is considered that this is an “approach” rather than a strategy”. Refer also Issue 14.

Maternity services are a small, discrete service. Trends do not project an increase in births. There is a current infrastructure issue in respect of primary care maternity services, particularly in rural areas, that should be addressed as part of the new rural health priority area.

**It is recommended:**

*that the risk section of the Plan be expanded to include a new risk being, “Inability to Manage Waiting Times within Target of Six-Months”, and that this risk read, “The Risk: MidCentral is investing in health priority areas to improve the health status of the population, and reduce demand on secondary care services. If these strategies are unsuccessful, or take longer to achieve, secondary care services will face increasing demand, with an associated increase in waiting times. The Mitigation: MidCentral, through its annual plan, will continue to focus on elective waiting times, and invest resources in this area”*

	<p><i>that rural health be established as MidCentral's tenth health priority area;</i></p> <p><i>that all references to the priority areas within the District Strategic Plan be amended accordingly, including a description of the rural health priority: "Rural health is a priority because of MidCentral's large rural area, and the access issues this creates."</i></p> <p><i>that a new section be incorporated into the District Strategic Plan as follows:</i></p> <p><i>"MidCentral District Health Board covers a wide geographic area, and many of its communities consider themselves to be rural in nature. These areas are serviced by health centres, with specialist health and disability services being provided in Palmerston North. This change creates access issues, including but not limited to, emergency and after-hour services.</i></p> <p><i>Rural health services require health professionals who are able to deal with a wide range of health conditions. Recruiting and retaining skilled staff in rural areas is an issue that cannot be resolved in the short term. A longer term approach is required.</i></p> <p><i>"Strategies to improve Rural health:</i></p> <ul style="list-style-type: none"> <li><i>• Develop a district-wide transport strategy in collaboration with other agencies</i></li> <li><i>• Establish "first response" units</i></li> <li><i>• Address the capability and capacity of the rural health workforce, including primary maternity services, in collaboration with local and regional Councils</i></li> <li><i>• Rural health forums</i></li> <li><i>• Review the district's accident and medical services</i></li> </ul> <p><i>Investment: The value of added investment in this area is yet to be quantified. Regardless, there are funds incorporated within other health priority areas. Specific DHB funds for transport and accident/medical services will be considered in conjunction with initiatives delivered and funded by other agencies, eg Regional Council.</i></p> <p><i>Links to Long Term Outcomes: These strategies will ensure health and disability services are accessible and delivered to those in need.</i></p>
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	<p><i>What will be different in 2015?</i></p> <ul style="list-style-type: none"> <li>• <i>General practitioner levels in MidCentral's rural areas will be more than 1:2,000 population</i></li> <li>• <i>Rural health has improved through better access to health and disability services</i></li> <li>• <i>A primary care maternity infrastructure will be in place to support rural mothers”.</i></li> </ul>			
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
90	B Cornford	Meet needs of those in rural areas	Request additional feature	
105	Tararua District Council	Seek a 10 <sup>th</sup> priority area “Rural Health” – crucial we recognise issues of rural populations	Request additional feature	
110	Rongokokako Women’s Institute	Other priority is rural services	Request additional feature	
136	V Hayward	Greater access for those in rural areas a priority	Request additional feature	
146	Manawatu IPA	Rural health needs to be priority area	Request additional feature	
147	Tararua Federated Farmers	Recommend DHB includes rural health as a priority area	Request additional feature	
110	Rongokokako Women’s Institute	Maternity services is a priority	Request additional feature	
123	Feilding & Districts Community Health Group	Provision of primary maternity services outside secondary hospital setting a priority	Request additional feature	
8	Name Withheld	Shortening waiting times/lists a priority	Request additional feature	
22	Name Withheld	Need to ensure waiting lists are a thing of the past	Request additional feature	
42	Name Withheld	Waiting lists need to be lowered	Request additional feature	
45	Anon 3	Need to focus on increasing surgical capacity	Request additional feature	

67	Anon 6	Need to achieve elective surgery waiting times	Request additional feature	
79	D E Dennett	Reduce waiting list	Request additional feature	
115	Bruce and Marilyn Bulloch	Elective surgery a priority (varicose veins and hernias should be publicly provided) – reduce waiting lists	Request additional feature	
136	V Hayward	Waiting times for hospital care need addressing	Request additional feature	
32	Name Withheld	Question whether disability also needs to be a priority	Comment	
101	Child Development Service	Does not reflect needs of 0-65 disabled population	Comment	
138	M Moxham	Would like disability added in with older persons as many needs overlap	Request additional feature	
146	Manawatu IPA	Need to include disability as priority as needed increasing due to Kimberley DI etc.	Request additional feature	
35	K Keall	Health of lower socio-economic people a priority	Request additional feature	
65	D O'Farrell	Need to address wider social determinants of health	Request additional feature	
131	MidCentral Public Health Service	Addressing the social determinants of health a priority area in itself	Request additional feature	
26	D Jordon	There is nothing mentioned that addresses high levels of youth suicide and pregnancy	Request additional feature	
52	M Duxfield	Young people's sexual health should be a priority	Request additional feature	
56	Name Withheld	Reducing incidence of suicide and suicide attempts a priority, particularly for youth	Request additional feature	
60	E Grieve	Need to address youth pregnancy	Request additional feature	
89	N Gowardman	Need to promote adolescent safe sex	Request additional feature	
112	Tararua	Need to focus on youth (15-24 year olds) and	Request additional feature	

	Community Youth Worker Project	establish separate outcomes for them		
124	Tararua PHO	We would like youth health as a target priority	Request additional feature	
146	Manawatu IPA	Youth are a specific population groups youth needs are a distinct priority area	Request additional feature	
58	G Keall	Need focus on, and strategies for, autoimmune diseases	Request additional feature	
86	Name Withheld	Herbal drugs need to be given priority – need to be proven scientifically so doctors can prescribe them	Request additional feature	
104	Hearing Association Manawatu	Omits hearing impairment which is a significant omission – needs to be addressed	Request additional feature	
109	Name Withheld	The issue of pain management needs to be addressed	Request additional feature	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.4</b>	<b>Whether the outlined strategies for Child Health should be adopted or amended</b>
<b>Analysis of relevant points raised by submitters</b>	<p>Question 5 asked if people agreed with the proposed strategies for child health. Overall 92.9% of submitters who responded to this question (98 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>▪ 5 submitters noted the need to address the types of food and drinks sold in schools</li> <li>▪ 4 submitters noted, in general, the need for better nutrition for children</li> <li>▪ 6 submitters commented on the need to focus on better parenting</li> <li>▪ 3 submitters made comments in relation to at risk children and families, each with different emphasis</li> <li>▪ 2 submitters make specific reference to the Community Paediatric Service – one supporting and another cautioning against reinventing the wheel</li> <li>▪ There were other one-off comments made, as outlined below</li> </ul>
<b>Recommendation</b>	<p>The feedback supports the strategy, and provides suggestions for implementation.</p> <p><b>It is recommended:</b></p> <p><i>that Child Health remain a health priority area, and that the suggestions put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Child Health Implementation Plan, and,</i></p> <p><i>that Child Health strategy bullet point 2, as contained in the draft Strategic Plan, be amended to read, “Develop healthy lifestyle and health education programmes targeted to both children/youth and their parents, eg healthy eating, and, parenting skills”.</i></p>

<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
31	M Minot	Actively encourage school shops to sell only healthy food and remove soft drinks	Comment	
33	P Williams	Support proposals for removing unhealthy food and soft drinks from schools	Agreed with question 5	
108	Living Streets Aotearoa	Schools need to provide better quality food and much less junk in tuck shops	Agreed with question 5	
140	Name Withheld	Schools need to be more involved in food education – soft drinks should not be allowed in schools	Agreed with question 5	
127	Joblin	Need more emphasis on health promoting schools and guidelines for school tuck shops	Comment	
39	C Dromgool	Need to address children being raised on junk food	Agreed with question 5	
64	Name Withheld	Ban junk food ads on television	Agreed with question 5	
67	Anon 6	Need special focus on healthy eating for children	Agreed with question 5	
139	Age Concern Manawatu	Very concerned about obesity and poor nutrition	Agreed with question 5	
43	Name Withheld	Educating mothers in families important for health of children	Agreed with question 5	
50	Name Withheld	Policy largely focused on children - but should be focused on parents. Healthy attitudes start in home	Disagreed with question 5	
5	Name Withheld	Young parents need education to look after children	Agreed with question 5	
26	D Jordon	You must target parents/caregivers as well as children or nothing will change	Agreed with question 5	

44	Name Withheld	Child health should be parents job – need to feed healthy food not junk	Agreed with question 5	
133	Winiana	Need focus on developing better parenting, esp. in relation to diet and nutrition. Suggested cooking classes	Comment	
34	K Keall	Need to ensure at risk families get the help they need	Agreed with question 5	
38	Name Withheld	Not hospital's role to get involved in child abuse – report suspected cases only but no social work	Undecided about question 5	
52	M Duxfield	Removing at risk children from families does not help overall health. Families need to be cared for as whole unit	Disagreed with question 5	
97	Name Withheld	Community paediatric service needs to be integrated with Well Child provider network – Don't develop another service and reinvent wheel	Agreed with question 5	
131	MidCentral Public Health Service	Support the community paediatric service and concept of child health advisory committee	Comment	
108	Living Streets Aotearoa	Need to create expectation that pupils walk/cycle to school	Agreed with question 5	
60	E Grieve	Need education programmes in schools targeted at youth (drugs and suicide)	Agreed with question 5	
131	MidCentral Public Health Service	Need to address housing issues – dampness, heating and overcrowding	Comment	
49	S Youthed	Need to keep check on children with obesity/refer them to appropriate services if showing signs of obesity	Agreed with question 5	
97	Name Withheld	Nurse practitioner role in child health would address current fragmentation of services, poor access, lack of flexibility and poor emphasis on prevention and promotion –	Agreed with question 5	

		<b>explore joint contact with Plunket</b>		
127	Joblin	More liaison required between agencies working in child health for children between ages of 0-5	Comment	
36	B R Casey	Strategies too vague	Disagreed with question 5	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.5</b>		<b>Whether the outlined strategies for Health of Older Persons should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 6 asked if people agreed with the proposed strategies for the health of older people. Overall 89.8% of submitters who responded to this question (98 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>▪ 8 submitters mentioned the need for well resourced home help for older people, with some in particular noting the need for adequate remuneration for workers</li> <li>▪ 2 submitters want an assurance that local rest homes in Tararua will remain viable</li> <li>▪ There were a number of other one-off comments made, as noted below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy, and highlights current concerns regarding home support and rest home services. These are funding/contractual matters.</p> <p><b>It is recommended:</b></p> <p><i>that Health of Older Persons remain a health priority area;</i></p> <p><i>that the current contractual/funding issue of residential and home support services for elderly be referred to the Funding Division team;</i></p> <p><i>that other issues put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Health of the Elderly Implementation Plan..</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
90	B Cornford	Keeping people in the home needs to adequately resourced (pay caregivers well +	Disagreed with question 6	

		have proper equipment) and quality of care needs to be ensured		
98	Horowhenua PHO	Need to better coordinate discharge of elderly patients – provide interim care for those at risk, delivery timely needs assessments and have sufficient and well resourced home help	Agreed with question 6	
99	Horowhenua PHO Community Advisory Group	Home help is inadequate, esp. with aging population	Agreed with question 6	
102	F M Wilson	Elderly need more qualified district nursing services and home help urgently	Comment	
106	E. Fraser-Davies	Need proper pay for home care workers, including travel allowance. Must provide decent and realistic home care, esp. for rural areas	Agreed with question 6	
123	Feilding & Districts Community Health Group	Major nationwide problem in providing care for older people (own home or resthome) is lack of suitable staff and caregivers. DHB needs to lobby Govt., via national forums, for realistic funding for training, professional development and remuneration	Disagreed with question 6	
129	Eketahuna Community Board	Need to strengthen home support (pay more wages + compensate for travel costs)	Comment	
138	M Moxham	Shortage of home help workers – need to look at Govt. policy around part-time work & benefits + pay of workers	Comment	
105	Tararua District Council	Retention of local resthomes is of vital importance to our population. Need to ensure they remain financially viable	Comment	
142	Tararua Positive Aging Forum	Want DHB to ensure the retention of local resthomes in Tararua	Comment	
104	Hearing Ass. of	Need special recognition of hearing	Disagreed with question 6	

	Manawatu	impairment issues of elderly		
108	Living Streets Aotearoa	Need to provide practical assistance in homes for elderly to prevent falls	Agreed with question 6	
120	J Olsson	Extend the areas that agencies such as Te Waka Huia can cover and monitor	Disagreed with question 6	
123	Feilding & Districts Community Health Group	Need to develop community nursing roles so they can work in community identifying older people with health needs who may be reluctant to seek help or face barriers to receiving help	Disagreed with question 6	
123	Feilding & Districts Community Health Group	Still need to address issue of strategic plan for psychogeriatric continuing care	Disagreed with question 6	
22	Name Withheld	Subsidise cost of health care for elderly on pension with no insurance	Agreed with question 6	
121	Alzheimers Society Manawatu	Plan does not take into account needs of people with dementia. Need to develop workforce expertise in this area and provide psychological support for suffers and their families	Comment	
127	Joblin	Need more networking between agencies in the area of health of older people	Comment	
26	D Jordon	Need to address elder abuse in resthomes	Agreed with question 6	
63	L Pearson	Address social isolation of older people	Agreed with question 6	
63	L Pearson	Older people need good source of trusted information in health matters	Agreed with question 6	
36	B R Casey	Strategies no not address the needs of older persons	Disagreed with question 6	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.6</b>		<b>Whether the outlined strategies for Diabetes should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 7 asked if people agreed with the proposed strategies for diabetes. Overall 95.6% of submitters who responded to this question (91 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>There were three one-off comments by submitters as noted below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy.</p> <p><b>It is recommended:</b></p> <p><i>that Diabetes remain a health priority area.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
41	R Tinirau	Don't believe diabetes necessarily a priority area	Disagreed with question 7	
58	G Keall	Address poverty issues – change to autoimmune disease in general	Variation	
131	MidCentral Health Public Health Service	Need to make stronger links between obesity and Type II diabetes and ensure those most at risk have access to areas where they can exercise safely and have access to healthy food at affordable prices	Comment	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.7</b>		<b>Whether the outlined strategies for Maori Health should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 8 asked if people agreed with the proposed strategies for Maori Health. Overall 77.3% of submitters who responded to this question (97 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>▪ 12 submitters said that there should be no separate strategies for Maori or that strategies should be need based not race based</li> <li>▪ 3 submitters made comments around have to address the wider determinants of health in relation to Maori health</li> <li>▪ 2 submitters noted that the strategies needed to cover all Maori not just those that identified with hapu or iwi</li> <li>▪ There were a number of other one-off comments, as noted below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports Maori Health as a health priority area. The importance of ensuring other population groups in need receive equal attention is emphasised.</p> <p><b>Recommendation:</b> as per “Issue 2, Whether MidCentral DHB has chosen the right priority areas”.</p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
7	K Baird	Maori will receive equal attention and care surely	Disagreed with question 8	
36	B R Casey	Bad policy to treat people on basis of skin colour	Disagreed with question 8	
39	C Dromgool	Don't understand why Maori overrepresented in some illnesses	Disagreed with question 8	
42	Name Withheld	Maori health should not be separated from the	Disagreed with question 8	

		rest of NZers		
53	Name Withheld	No race based treatment please	Disagreed with question 8	
54	Name Withheld	Maori health is an issue but all health spending should be needs rather than raced based	Agreed with question 8	
55	Anon 4	Health access should be equal for all regardless of ethnicity	Disagreed with question 8	
66	Name Withheld	This I feel is segregation – should cover all health regardless of race	Disagreed with question 8	
79	D E Dennett	We should all be treated equal – “one people, one nation”	Disagreed with question 8	
80	J R Austin	Maori health should not get special attention	Disagreed with question 8	
82	Name Withheld	This strategy is racist. Spending on need not race	Disagreed with question 8	
90	B Cornford	Racist to discriminate	Disagreed with question 8	
58	G Keall	Poverty based – include in prevalent diseases	Disagreed with question 8	
131	MidCentral Health Public Health Service	To ensure substantial improvement in Maori Health status will need to pay attention to high level determinants of health – housing, income etc	Comment	
41	R Tinirau	Maori health needs to be more integrated and holistic – look at warmer homes, drug and alcohol education, job opportunities and cultural development	Comment	
123	Feilding & Districts Community Health Group	Strategies for Maori health need to address ALL Maori not just those that identify with iwi or hapu	Disagreed with question 8	
131	MidCentral Health Public Health Service	Need to remember not all Maori identify with their iwi. Those that don't are often those most disadvantaged in the community	Comment	
63	L Pearson	Maori need to have confidence to visit health	Disagreed with question 8	

		professionals more often. Home visits by Maori nurses and health social visits to small families isolated from Whanau/Iwi is vital		
98	Horowhenua PHO	Maori identified focus for SIA funding but there is no evidence of funding being allocated for Maori initiatives	Comment	
123	Feilding & Districts Community Health Group	Manawhenua Hauora partnership with DHB one sided. It needs to identify what it will do to achieve progress not just identify what it wants the DHB to do	Disagreed with question 8	
131	MidCentral Health Public Health Service	There is a shortage of skilled Maori health promotion staff so need to ensure training is accessible in region – family ties often make it harder for Maori to travel to main centres to train	Comment	
146	Manwatu IPA	Strategy impacts on all other strategies. Coordination and collaboration will be required involving Maori participation	Comments	
17	Name Withheld	Maori health have too many issues – how can you better educate Maori?	No answer provided to question 8	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.8</b>		<b>Whether the outlined strategies for Cardiovascular Disease should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 9 asked if people agreed with the proposed strategies for Cardiovascular Disease. Overall 95.7% of submitters who responded to this question (93 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>There were two one-off comments by submitters, as noted below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy</p> <p><b>It is recommended:</b></p> <p><i>that Cardiovascular Disease remain a health priority area.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
41	R Tinirau	Don't believe cardiovascular necessarily a priority area	Disagreed with question 9	
63	L Pearson	Maori elderly need to get more professional help quicker	Answered yes and no to question 9	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.9</b>		<b>Whether the outlined strategies for Respiratory Disease should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 10 asked if people agreed with the proposed strategies for Respiratory Disease. Overall 97.8% of submitters who responded to this question (90 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>There were a number of one-off comments, as noted below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy.</p> <p>It is recommended:</p> <p style="text-align: center;"><i>that Respiratory Disease remain a health priority area.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
4	I Haggarty	I would like to see the respiratory illness clinics to be better funded and drugs necessary for life enhancement available to those who need them	Agreed with question 10	
41	R Tinirau	Would like respiratory services increased as difficult to get service when needed	Agreed with question 10	
27	Manawatu Breathe Easy Support Group	Self management very important for respiratory disease	Agreed with question 10	
58	G Keall	Address auto immune/allergy factors, genetic research and food processing factors	Agreed with question 10	
131	MidCentral Health Public Health Service	Need increased focus on immunisation for whooping cough and influenza	Comment	
131	MidCentral Health	Needs to be continued encouragement for	Comment	

	Public Health Service	people to make their homes and cars smoke free and for local authorities to declare key outdoor areas smoke free, particularly child play areas and sports grounds		
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A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.10</b>		<b>Whether the outlined strategies for Mental Health should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 11 asked if people agreed with the proposed strategies for Mental Health. Overall 87.0% of submitters who responded to this question (92 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>▪ 2 submitters mentioned the need for a focus on maternal mental health</li> <li>▪ 3 submitters mentioned the need for good or better crisis response</li> <li>▪ 2 submitters mentioned the need for regular follow-up or supervision of mental health clients</li> <li>▪ 2 submitters noted concerns around the availability of inpatient beds for acute or high need patients</li> <li>▪ 2 submitters noted the need to further destigmatise mental illness in the community</li> <li>▪ 3 submitters noted the need for mental health services targeted to children and youth</li> <li>▪ There were a number of one-off comments, as outlined below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy, and provides suggestions for implementation.</p> <p><b>It is recommended:</b></p> <p><i>that Mental Health remain a health priority area, and that the suggestions put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Mental Health Implementation Plan.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
49	S Youthed	Would like review of women's mental health,	Agreed with question 11	

		particularly in the areas of postnatal depression and psychosis support. Suggest providing some type of day-care service for mothers experiencing postnatal depression		
81	Name Withheld	What about a maternal mental health focus	Comment	
26	D Jordon	Need better crisis response of mental health sufferers	Agreed with question 11	
120	J Olsson	Nothing specified in plan for after hours access to services. Mental health can deteriorate rapidly and is not a 9-5 illness	Disagreed with question 11	
143	Bent & Caring Communities	The strategy to build on existing regional risk management leaves too many in need of services unattended to. Need to ensure more people experiencing serious mental illness receive appropriate treatment	Disagreed with question 11	
52	M Duxfield	Mental health needs to be more focused on individual care and regular follow-up	Disagreed with question 11	
134	E Robinson	Many people on medication need more frequent supervision. Perhaps health nurses could visit more regularly	Comment	
110	Rongokokako Women's Institute	Closure of sub-acute unit not promoting wellbeing	Comment	
58	G Keall	Address care of patients in community administered programmes. Make access to acute care more accessible and dignified. Address needs of patients who need intensive mental health resources but compete for hospital facilities with long term patients	Disagreed with question 11	
76	M Jeune	People with mental illness need to be safe while in the community. They do not need stigma attached to their illness	Agreed with question 11	
131	MidCentral Health	Need to increase acceptance of people with	Comment	

	Public Health Service	mental illness, strengthening the destigmatisation programmes		
75	M Stone	Suggest task force be set up to provide checklist for schools in regard to preventing mental illness	Comment	
92	B Harwood	Have more mental health workers, esp. for children, teenagers addressing drug and alcohol problems and addressing suicide across all age groups	Agreed with question 11	
59	Name Withheld	Need to address youth suicide	Agreed with question 11	
26	D Jordon	There needs to be a holistic approach to mental health and their individual health plans	Agreed with question 11	
131	MidCentral Health Public Health Service	Focus seems to be very clinical. There is scope for promoting good mental health by building resilient communities and increasing support	Comment	
131	MidCentral Health Public Health Service	Build on the good preventative work going on in mental health promotion in the area of alcohol and drug harm prevention	Comment	
143	Bent & Caring Communities	Need sufficient mental health professionals to meet the needs of consumers and their families	Disagreed with question 11	
146	Manawatu IPA	Need to resource primary mental health and weave it into the patient context in primary care setting	Comment	
89	N Gowardman	Mental health issues in Otaki need addressing and drug and alcohol abuse also critical issue in community	Comment	
82	Name Withheld	Priority needs to be given to the area of eating disorders as this is growing problem – establish and fund eating disorder clinic	Comment	
112	Tararua Community Youth Worker Project	Strategies look more like desired outcomes and question is raised to how these will be achieved	Disagreed with question 11	

128	Pathways to Wellbeing	Incorporate directions indicated in second national mental health plan into DSP document to develop a more comprehensive consumer approach	Comment	
95	Name Withheld	Better mental health services required	Agreed with question 11	
36	B R Casey	Strategies too vague – why wait 10 years	Disagreed with question 11	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.11</b>		<b>Whether the outlined strategies for Oral Health should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<p>Question 12 asked if people agreed with the proposed strategies for Oral Health. Overall 89.2% of submitters who responded to this question (93 submitters) agreed with the strategies as outlined.</p> <ul style="list-style-type: none"> <li>There were a number of one-off comments, as outlined below</li> </ul>		
<b>Recommendation</b>		<p>The feedback supports the strategy.</p> <p><b>It is recommended:</b></p> <p><i>that Oral Health remain a health priority area, and that the suggestions put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Oral Health Implementation Plan.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
6	Name Withheld	You can't make people look after their oral health so those that neglect this should not get preferential treatment. Students should get free dental treatment and education	Disagreed with question 12	
108	Living Streets Aotearoa	Move towards dental care being funded in the same way and at same level as other medical care	Agreed with question 12	
36	B R Casey	Nothing new in this strategy	Disagreed with question 12	
43	Name Withheld	School dental care needs to go back to six monthly	Agreed with question 12	
103	Anon 11	Focus should be on healthy eating and brushing teeth rather than fluoridation of water supplies	Agreed with question 12	
124	Tararua PHO	Would like to see more use of the mobile dental unit for Tararua schools (Te Kura Kaupapa and Huia Range)	Agreed with question 12	

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A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.12</b>		<b>Whether the outlined strategies for Cancer should be adopted or amended</b>		
<b>Analysis of relevant points raised by submitters</b>		Question 13 asked if people agreed with the proposed strategies for Cancer. Overall 94.4% of submitters who responded to this question (89 submitters) agreed with the strategies as outlined.  There were a number of one-off comments, as outlined below		
<b>Recommendation</b>		The feedback supports the strategy, and provides suggestions for implementation.  <b>It is recommended:</b>  <i>that Cancer remain a health priority area, and that the suggestions put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Cancer Implementation Plan.</i>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
6	Name Withheld	Be more proactive in areas of prevention, early detection and early treatment	Agreed with question 13	
43	Name Withheld	Need to publicise symptoms of different cancers	Agreed with question 13	
51	V G Henderson	More effort put into cancer would prove economic in long run. Improve diagnosis	Agreed with question 13	
36	B R Casey	Cancer services need to be integrated across other service lines e.g. health of older people	Did not entirely agree with question 13	
131	MidCentral Health Public Health Service	Support providing a psycho-oncology unit – consider extending support to those awaiting diagnosis	Comment	
126	Cancer Society Manawatu	Need to acknowledge Cancer Control Strategy and Action Plan. Need to ensure this plan is implemented in wider central region as DHB is a tertiary provider.	Request Additional Feature	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.



<p><b>5.13</b></p>	<p><b>Whether there are any other strategies MidCentral DHB should adopt in addition to those outlined</b></p>
<p><b>Analysis of relevant points raised by submitters</b></p>	<ul style="list-style-type: none"> <li>▪ 15 submitters outlined the need for various strategies relating to transport issues, particularly from rural areas to Palmerston North</li> <li>▪ 7 submitters wanted strategies to address issues facing the primary care workforce, particularly around GP recruitment and retention in rural areas</li> <li>▪ 4 submitters wanted more health services and facilities in rural or outlying areas</li> <li>▪ 4 submitters noted the need for more community nurses</li> <li>▪ 3 submitters wanted specific strategies relating to youth health in various areas of MidCentral’s district</li> <li>▪ 3 submitters wanted strategies relating to maternity services</li> <li>▪ 2 submitters wanted A&amp;E response times and service improved</li> <li>▪ 4 submitters noted the need to address staff shortages and workforce development (separate from primary care workforce noted above)</li> <li>▪ There were a number of on-off comments, as outlined below</li> </ul>
<p><b>Recommendation</b></p>	<p>For all except workforce issues, refer Issue 3, “Whether there are any other priority areas MidCentral DHB should focus on in addition to the nine outlined”.</p> <p>The draft District Strategic Plan focuses on health and population priority areas, but recognises that to achieve its outcomes across the continuum of health and wellbeing, three key inputs are required – people, planning and infrastructure. Some detail on the strategies planned in these areas is contained in the DSP.</p>

	<p><b>It is recommended:</b></p> <p><i>that the “Supporting the Continuum of Health and Wellbeing” section of the District Strategic Plan be expanded to include examples of the strategies planned and reference to the supporting documents, as follows:</i></p> <p><i>“MidCentral District Health Board has a Workforce Plan, an Asset Management Plan, and an Information Systems Plan. These plans detail the strategies to support health priorities. The long term outcomes to be delivered in the three infrastructure areas are:</i></p> <ul style="list-style-type: none"> <li>• <i>There is sufficient skilled workforce available to meet the district’s needs</i></li> <li>• <i>Health professionals, providers, planners and consumers can access the information they need as and when required</i></li> <li>• <i>The health of the district’s population has benefited from good planning</i></li> <li>• <i>Assets are used efficiently”</i></li> </ul>
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<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
21	W Hansen	Big problem is getting from Horowhenua to PNH. Should there be some system of subsidising transport costs	Request additional feature	
70	Name Withheld	Planning is vital for the provision of transport so there is ready access to all services. People should not have to depend on voluntary drivers	Request additional feature	
76	M Jeune	Need to make services accessible in Horowhenua (transport)	Request additional feature	
83	Joint Transport & Health Services Subcommittee	Another strategy that should be considered is transport – key issue for Horowhenua in terms of accessibility and availability	Request additional feature	
97	Name Withheld	Transport from rural and outlying areas is	Request additional feature	

		needed to improve access		
98	Horowhenua PHO	Need district-wide transport strategy	Request additional feature	
99	Horowhenua PHO	Transport is the stumbling block for many Horowhenua residents – need to address	Request additional feature	
100	Horowhenua Grey Power	Please add transport availability to your strategy list	Request additional feature	
105	Tararua District Council	We seek the provision of transport for patients to attend health services locally and in PN. See the continued financial assistance of St John Shuttle and extension of this service to southern part of district	Request additional feature	
123	Feilding & Districts Community Health Group	Use new monies to support transport initiatives in rural areas + funding for travel and accommodation support	Request additional feature	
129	Eketahuna Community Board	Want the provision of transport from southern end of Tararua District to PNH	Request additional feature	
130	Palmerston North City Council	Getting to the hospital can be difficult so Council asks that MidCentral discusses this with Horizons Regional Council	Request additional feature	
134	E Robinson	Work with council to address availability of transport for disabled people – improve transport to doctors and hospitals	Request additional feature	
137	Name Withheld	Provide health bus at least 2-3 times a week along Kapiti Coast to Palmerston North for patients	Request additional feature	
142	Tararua Positive Aging Forum	Need transport options for Tararua. What DHB to continue supporting St John shuttle and extend this to southern part of district	Request additional feature	
97	Name Withheld	Strategy to focus on greater development/emphasis on the primary health care workforce	Request additional feature	

98	Horowhenua PHO	Need strategies to address lack of GPs – increase medical graduates, bond GPs to rural practice, develop employment schemes etc	Request additional feature	
105	Tararua District Council	Ask DHB to assist new and established rural practices through providing incentives & professional support to attract and retain GPs in Tararua district	Request additional feature	
110	Rongokokako Women's Institute	Not sure plan addresses shortage of health professionals, particularly rural GPs. Attraction and retention of quality staff may need some innovative approaches	Request additional feature	
129	Eketahuna Community Board	Need to address GP shortage in Ekatahuna + increase the number of GP beds in Waireka Home	Request additional feature	
142	Tararua Positive Aging Forum	Request DHB provides additional support to local doctor services, and investigates attracting and retaining doctors in the Tararua district	Request additional feature	
146	Manawatu IPA	Concern around DHB inactivity in addressing primary care workforce issues and expectations of that workforce. Need to align DHB and primary care workforce planning	Comment	
147	Tararua Federated Farmers	Request that DHB develops strategies to improve the accessibility and provision of appropriate health services to rural communities	Request additional feature	
56	G McDonald	An accident and emergency facility for minor accidents at our community hospital	Request additional feature	
107	Anon 12	Need more services and hospitals in outlying areas	Request additional feature	
105	Tararua District Council	Priority for Tararua people is access to local 24/7 accident and emergency and health	Request additional feature	

		services + retention of rescue helicopter and ambulance services		
106	E Fraser-Davies	Boost access to community nurses in rural areas and provide convalescent care for rural folk	Request additional feature	
123	Feilding & Districts Community Health Group	Need more outreach services in the community (mobile services, PHO community nurse initiatives)	Request additional features	
134	E Robinson	More health nurses available to make home visits would ensure many problems picked up earlier	Comment	
140	Name Withheld	I see a great need for adequate public health nurses, as home visitors and educators	Comment	
99	Horowhenua PHO Community Advisory Group	Need strategies for youth health in Horowhenua	Request additional feature	
112	Tararua Community Youth Worker Project	Strategies need to be expanded to health issues relating to 15-24 year olds as this group's identified need is not clear. In Tararua statistics show disproportionate level of service delivery to the needs of young people in district	Request additional feature	
130	Palmerston North City Council	Council asks that services are attractive to young people (youth/students)	Request additional feature	
26	D Jordon	Need to include services and strategies for maternity care/health of pregnant women and unborn babies	Request additional feature	
123	Feilding & Districts Community Health Group	Need a strategy for Primary Maternity Services (outside secondary hospital setting)	Request additional feature	

129	Eketahuna Community Board	Need a resident midwife in Tararua	Request additional feature	
40	J Hammond	Need to improve response times in you're A& E department	Request additional feature	
43	Name Withheld	Need urgent restructure of A&E – make more streamlined, user friendly and stop long waits	Request additional feature	
55	Anon 4	How are you going to address staff shortages and staff retention? Need more staff at coalface & less management	Request additional feature	
122	Manawatu PHO	Need to look at workforce development needs of health professionals – job swaps, mentoring and free health checks mentioned	Request additional feature	
127	Joblin	Need to develop more user friendly staff workplace at PNH – consider providing incentives or alternatives to staff having to use cars to get to work, childcare facility, subsidised gym subscriptions etc	Request additional feature	
91	T Kennedy	Increase specialists numbers to reduce waiting list (Labour force)	Request additional feature	
94	J L Hammond	Need more education of choice of alternative treatments available	Request additional feature	
98	Horowhenua PHO	Disability issues need to be addressed in Horowhenua. Need to support GPs, and the area would benefit from provision of specialist services for people with special needs	Request additional feature	
146	Manawatu IPA	Need strategy about how change to a continuum of care model is going to be managed. Continuum is a patient-centred personal and individual pathway through the health service and needs to be seen as seamless for the patient. Change has to be aided by DHB and the resources required will be significant.	Request additional feature	

		Need to ensure silos not continued.		
146	Manawatu IPA	Quality and safety need to be signalled as a strategic goal	Request additional feature	
146	Manawatu IPA	Robust and quality data management strategies required for the implementation of the strategies	Request additional feature	
131	MidCentral Health Public Health Service	With regard to health promotion, focusing on the individual priority areas runs the risk of people working in silos. Planning around health promotion components of priority areas needs to be coordinated and collaborative. Suggest developing Regional Health Promotion Plan that would guide this, as well as other health promotion initiatives across the district	Request additional feature	
68	G L Bocock	Request that access to dermatological services be provided through PHO at reasonable cost	Request additional feature	
72	Anon 8	Need to include bone illnesses e.g. osteoporosis, osteo-arthritis and rheumatoid arthritis in plan	Request additional feature	
104	Hearing Association Manawatu	Need to provide greater support for hearing impaired. (a number of suggestions provided)	Request additional feature	
110	Rongokokako Women's Institute	Not sure plan addressed providing for ongoing advancements in technology and innovative ways to promote its use, especially in rural areas	Request additional feature	
122	Manawatu PHO	Need to consider the development needs of the volunteer workforce and look at ways to increase and diversify the volunteer workforce	Request additional feature	
127	Joblin	DHBs need to lobby central government about the importance of people having employment	Request additional feature	

		<b>in relation to their health</b>		
145	Applied Research Institute	Recommend DHB take up the Apresi treatment modality (details provided)	Request additional feature	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

5.14	Whether the general strategic approach should be reviewed or amended
<p><b>Analysis of relevant points raised by submitters</b></p>	<ul style="list-style-type: none"> <li>▪ The following submitters supported the strategies in general or felt that the strategies seemed appropriate - 1, 8, 16, 18, 20, 22, 23, 28, 29, 33, 37, 43, 57, 62, 65, 67, 85, 93, 107, 117, 118, 130, 148</li> <li>▪ 5 submitters specifically commented on their support for the prevention and healthy lifestyles approach</li> <li>▪ 7 submitters focused on the requirement for greater inter-sectoral collaboration and closer relationships with community groups</li> <li>▪ There were other one-off comments, as outlined below</li> </ul>
<p><b>Recommendation</b></p>	<p>Issues regarding the volunteer workforce will form part of the rural health priority, and the associated transport strategy.</p> <p><b>It is recommended:</b></p> <p><i>that the desire to work in collaboration with the district and other agencies and providers be emphasised in the District Strategic Plan through this information, as previously incorporated in the “MidCentral DHB’s Health Priority Areas” section of the Plan be presented as a separate section entitled, “Working with Others to Achieve Health Gains”, and that this read:</i></p> <p><i>“MidCentral DHB, on its own, cannot do everything to achieve health gains in these areas. It will take a combined effort - because everyone in the district has a part to play in creating a healthier community.</i></p> <p><i>At an individual level, simple steps can be taken to improve health and avoid diseases that are largely preventable – things like exercising regularly, eating a healthier diet, quitting smoking and getting regular health checks. Self-responsibility for these lifestyle choices is essential, and will be encouraged by MidCentral District Health Board.</i></p>

		<p><i>“At a societal level, there are many factors which impact on the community’s health and wellbeing, such as clean air and water, adequate housing, employment and the environment. Local councils, housing and social agencies, community groups, schools, businesses and many others also have a role in addressing the wider social, cultural, economic and environmental determinants of health. MidCentral DHB will therefore be working on an intersectorial basis with a variety of people and groups to advance health status in these priority areas.</i></p> <p><i>“MidCentral DHB will also be working closely with other providers of health and disability services, Primary Health Organisations and health professionals. Of particular importance will be ensuring new services are sustainable and adequately resourced. Some of the initiatives implemented to health the communities health status will result in increased demand for local providers and health professionals in the short to medium term, eg screening and early detection initiatives, management of chronic diseases (particularly in the primary sector). Implementation planning will ensure a phased, and progressive approach. It will also ensure care is provided across the continuum of health and wellbeing, and is delivered from the most appropriate setting(s).”</i></p> <p><i>that the suggestions put forward through the DSP consultation process be provided to the Implementation Planning Team for consideration in the development of the Implementation Plans.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
1, 8, 16, 18, 20, 22, 23, 28, 29, 33, 37, 43, 57, 62, 65, 67, 85, 93, 107, 117, 118, 130, 148		Support strategies in general / strategies seem appropriate	Comment	
11	Anon 2	Most important thing is prevention, in all areas and healthy lifestyles	Comment	
26	D Jordon	Holistic approach to health and wellbeing essential. A Planned approach that targets all	Comment	

		sections of society important. Healthy lifestyles need to become second nature		
109	Living Streets Aotearoa	I want the DHB to focus on prevention wherever possible	Comment	
134	E Robinson	Health in the future must focus on healthy lifestyles	Comment	
148	Sport Manawatu	We applaud the consistent theme of prevention through healthy lifestyles	Comment	
40	J Hammond	Need to be able to demonstrate the effectiveness of working with other agencies in the area of health – and how to cut costs to DHB	Comment	
81	Name Withheld	Work with local community action groups and support grass roots initiatives	Comment	
122	Manawatu PHO	Needs to be greater recognition of intersectoral contributions to making a healthy community and stronger intersectoral collaboration	Comment	
126	Cancer Society Manawatu	Strategies are isolated and in danger of competing with each other. Needs to be much greater intersectoral collaboration with local government and community agencies	Comment	
133	Winiana	Need to focus on developing close collaboration between providers and sharing of health information	Comment	
139	Age Concern Manawatu	Most of these strategies will involve cooperation and partnership with community based agencies	Comment	
146	Manawatu IPA	How will the DHB work intersectorally with the other government and community agencies involved in addressing the wider determinants of health?	Comment	
122	Manawatu PHO	Need greater understanding of the barriers	Comment	

		people face when accessing health system. Need greater investigation of this		
144	Downey	PHO governance should be in the hands of community members and independent chair with no conflicts of interest	Comment	
131	MidCentral Health Public Health Service	Need to make the healthy choice the easy choice. This means an increased emphasis on a settings approach e.g. health promoting schools and healthy workplaces	Comment	
136	V Hayward	Need better utilisation and funding of existing services	Comment	
146	Manawatu IPA	There is a heavy reliance on volunteer community who are challenged with requirements for certification/accreditation	Comment	
146	Manawatu IPA	Success of the plan depends on the ability of MidCentral DHB resourcing and supporting its providers to make a difference	Comment	
30	J McNeill	You give no basis to assess the efficacy of different strategies. This is very close to asking for a rubber stamp	Comment	
38	Name Withheld	Is the hospital's role really educational? How much will all this cost when surgical waiting lists are longer than ever	Comment	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.15</b>	<b>What is the best way MidCentral DHB can support individuals enjoy a healthier lifestyle</b>
<b>Analysis of relevant points raised by submitters</b>	<p>98.3% of submitters (116 submitters) agreed that everyone has a part to play in creating a healthier community</p> <p>Many submitters noted the key things that would help them enjoy a healthy lifestyle</p> <ul style="list-style-type: none"> <li>▪ Eating a healthy diet or encouraging people to have healthy diet was mentioned by the following submitters: 8, 20, 29, 34, 44, 67, 77, 78, 91,95, 125</li> <li>▪ Getting regular exercise or encouraging exercise or sport and recreation activities was mentioned by the following submitters: 8, 20, 22, 27, 29, 34, 39, 59, 65, 67, 78, 79, 80, 87, 89, 91, 106, 107</li> <li>▪ Taking responsibility for keeping healthy or parents taking responsibility for children’s health was mentioned by the following submitters: 18, 23, 38, 43, 98</li> <li>▪ No smoking, encouraging people to stop smoking or enforcing no smoking laws was mentioned by the following submitters: 26, 77, 78, 80, 79, 125, 136</li> <li>▪ Regular health checks was mentioned by the following submitters: 29, 31, 55, 91, 98</li> <li>▪ More work/life balance (expressed in various ways) was noted by the following submitters: 34, 43, 81, 90, 94, 106</li> <li>▪ The need for a clean and safe environment or less pollution was mentioned by the following submitters: 81, 95, 115, 134, 140</li> </ul>

	<ul style="list-style-type: none"> <li>▪ 14 submitters mentioned, in various ways, the requirement for speedy or easy access to health services or reduced waiting times</li> <li>▪ 19 submitters mentioned that information was required. The specific types of information varied.</li> <li>▪ 7 submitters mentioned having access to lower cost gyms and sports facilities</li> <li>▪ 2 submitters mentioned having better access to organic food</li> <li>▪ 3 submitters mentioned having better access to fruit/vegetables and high quality food</li> <li>▪ 4 submitters mentioned having more income or alleviating poverty</li> <li>▪ 3 submitters mentioned having more cycle and walking friendly urban areas</li> <li>▪ 3 submitters mentioned more home care for older people</li> <li>▪ 5 submitters mentioned having lower cost primary care services (incl. dental)</li> <li>▪ 2 submitters noted that not everybody was able to take responsibility for their health due to their social conditions</li> <li>▪ 2 submitters noted the need to address TV advertising or general advertising of unhealthy food and lifestyles</li> <li>▪ There were other one-off comments, as outlined below</li> </ul>
<p><b>Recommendation</b></p>	<p>The response to MidCentral’s question of what support people were looking for in order to live a healthy lifestyle was overwhelming and will assist implementation planning.</p> <p><b>It is recommended:</b></p>

		<p><i>that the ideas submitted through the consultation process as to the support required by local residents so that they could live a healthy lifestyle be shared with local territorial authorities, Primary Health Organisations, Sport Manawatu, and the Ministry of Health's Public Health Directorate;</i></p> <p><i>and that they be provided to the Implementation Planning Teams for all health priority areas for consideration in the development of a Health Lifestyle Implementation Plan.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
8, 20, 29, 34, 44, 67, 77, 78, 91, 95, 125		Have a healthy diet / encourage people to have a healthy diet	Comment	
8, 20, 22, 27, 29, 34, 39, 59, 65, 67, 78, 79, 80, 87, 89, 91, 106, 107		Getting regular exercise / encourage sport and recreation activities	Comment	
18, 23, 38, 43, 98		Taking responsibility for keeping healthy / parents taking responsibility for children's health	Comment	
26, 77, 78, 80, 79, 125, 136		No smoking / encourage people to stop smoking/ enforce no smoking laws	Comment	
29, 31, 55, 91, 98		Regular health checks	Comment	
34, 43, 81, 90, 94, 106		More work / life balance	Comment	
81, 95, 115, 134, 140		Need for a clean and safe environment or less pollution	Comment	
6	Name Withheld	When there is ill health, treatment needs to be immediate, affordable and easy to access. Treatments need to be the best available	Comment	
16	Name Withheld	Better access to all health systems	Comment	
21	W Hansen	Speedy access to treatment if required	Comment	
63	L Pearson	Access to professional health care when I need it	Comment	

85	M Christensen	Assurance of easily accessible health care	Comment	
90	B Cornford	Getting specialist/hospital care when needed or within a few weeks without having to mortgage our homes to do so	Comment	
119	Name Withheld	Being there in times of need regardless of time of day etc	Comment	
42	Name Withheld	Lower cost treatment and medications + making operations more accessible to those that need them	Comment	
17	Name Withheld	Shorter waiting lists for surgery so don't have to pay for private care	Comment	
35	K Keall	Reduction in waiting times for specialist attention	Comment	
43	Name Withheld	If you need an operation you have it quickly rather than waiting then having to go private	Comment	
45	Anon 3	Reduce waiting lists	Comment	
55	Anon 4	Reduce waiting lists for elective surgery	Comment	
92	B Harwood	Shorter waiting times for operations	Comment	
14	Name Withheld	Need information on preventative measures and how to reduce risks	Comment	
25	Name Withheld	Need clear and unbiased information on healthy foods to suit people with particular conditions	Comment	
26	D Jordon	Have access to dieticians for accurate information on healthy foods and their preparation	Comment	
51	V G Henderson	Provide information to young parents and elderly – suggestions for daily menus of nutritious food	Comment	
52	M Duxfield	Health lessons in high schools	Comment	
63	L Pearson	Use early childhood centres to educate	Comment	

		teachers and parents about healthy food and activities etc		
33	P Williams	Need an information pack about medical and dental services available for new residents in Palmerston North + information on immunisation opportunities	Comment	
29	Name Withheld	Continued promotion of public health information	Comment	
50	Name Withheld	Being able to access information without having to go to the doctor	Comment	
54	Name Withheld	There is too much conflicting information on healthy lifestyles – just give us the facts and let us decide	Comment	
55	Anon 4	Access to information	Comment	
60	E Grieve	Adequate publicity to inform people of our opportunities to access health services	Comment	
67	Anon 6	More information on keeping well	Comment	
69	Name Withheld	More friendly and sensitive information on what one should do	Comment	
82	Name Withheld	Free education and support on preventative health steps	Comment	
85	M Christensen	Reliable, clear information on health matters	Comment	
94	J L Hammond	Provide information and education	Comment	
128	Pathways to Wellbeing	Knowledge and information on what resources are available important for those on limited incomes	Comment	
144	Downey	Need access to good information – suggest local equivalent to national healthline	Comment	
4	I Haggarty	Reasonably priced gym memberships for older people	Comment	
14	Name Withheld	Having financial assistance to access gyms,	Comment	

		pools etc. for low income families		
41	R Tinirau	Access to funded gymnasiums and programmes (for those that may not necessarily be sporting people)	Comment	
59	Name Withheld	Cheap gym and swimming facilities	Comment	
107	Anon 12	Availability of sports facilities	Comment	
133	Winiana	Identify gyms that are user friendly and non-threatening and see if discounts can be obtained then promote these facilities to disadvantaged and high risk patients	Comment	
135	Name Withheld	More access to 'free' healthy things like pools, gyms etc. More organised family things e.g. family sports days	Comment	
11	Anon 2	Having access to organics – DHB should encourage people to buy organic	Comment	
81	Name Withheld	More organic food	Comment	
60	E Grieve	Cheaper fruit and vegetable prices and lean meat costs	Comment	
107	Anon 12	Availability of fresh fruits and vegetables	Comment	
136	V Hayward	Lower cost health alternatives especially food	Comment	
13	N P Delaney	More income	Comment	
30	J McNeill	More money please	Comment	
58	G Keall	Reduce poverty through humanitarian social welfare policies	Comment	
76	M Jeune	The income to be able to afford to eat healthy food, heat my home and dress warmly, afford dental and optician services and access health services	Comment	
33	P Williams	Provide more cycle routes in Pamerston North and have bike racks on buses	Comment	
108	Living Streets	A city that is designed permanently for	Comment	

	Aotearoa	movement by foot or cycle rather than by car		
115	Bruce & Marilyn Bulloch	Traffic free cities and towns	Comment	
42	Name Withheld	Having more people for helping the elderly in keeping of their homes	Comment	
47	D & G Logan	Looking after the elderly. Assistance with meals / transport etc.	Comment	
93	Anon 10	More home care for the elderly so less worry re: future	Comment	
82	Name Withheld	Cheaper primary care	Comment	
120	J Olsson	The ability to afford doctors medical services	Comment	
31	M Minot	Dental care should not be so expensive	Comment	
55	Anon 4	Free immunization	Comment	
60	E Grieve	Free annual doctors and dental check up, free smear tests, reduced regular doctors and dental fees	Comment	
98	Horowhenua PHO	Not everyone has skills and knowledge to take responsibility for own health and require others to take that responsibility	Comment	
99	Horowhenua PHO Community Advisory Group	Agree that everyone has a part to play, but everyone is not equally able to contribute because social conditions to not allow	Comment	
113	K Mullins	Less TV rubbish promoting unhealthy foods and lifestyles in prime time viewing	Comment	
127	Joblin	DHBs need to lobby MPs for reduction in adverts promoting unhealthy food (locally and nationally)	Comment	
39	C Dromgool	Less TV/Gameboys/Videos/DVDs for children	Comment	
58	G Keall	Improved coordination of service delivery between GPs, social welfare and hospitals	Comment	
62	Name Withheld	Better education in schools on health, cooking,	Comment	

		child care etc.		
81	Name Withheld	Parenting and life skills skills education	Comment	
65	D O'Farrell	Having facilities open after hours to suit the requirements of working parents and cheaper doctors visits	Comment	
89	N Gowardman	More client centred providers – need choice of GP to meet needs of diverse client base	Comment	
94	J L Hammond	Local and central government need to be more responsive to community concerns about environmental issues	Comment	
95	Name Withheld	More off road cycling and walking tracks + vehicle and dog free beaches	Comment	
102	F M Wilson	Far more alternative health treatments to be made available – less prescribed drugs	Comment	
115	Bruce & Marilyn Bulloch	Emphasis on energy efficient, well insulated and warm homes	Comment	
6	Name Withheld	Central advice bureau where a range of problems can be dealt with on one on one basis	Comment	
6	Name Withheld	Formation of support groups focused on health issues	Comment	
49	S Youthed	Affordable weight loss programmes and help with joining/forming walking groups etc	Comment	
134	E Robinson	Work with schools in not allowing any drinks other than water at school, and continue to fluoridate water supplies	Comment	
140	Name Withheld	Fat/sugar reduction in schools	Comment	

A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.16</b>		<b>What is the best way MidCentral DHB can partner with organisations to achieve a healthy environment and community</b>		
<b>Analysis of relevant points raised by submitters</b>		Collaboration and communication are consistent themes, however, each response generally reflects the specific needs and priorities of the individual groups or organisations.		
<b>Recommendation</b>		<p>Refer also Issue 14.</p> <p><b>It is recommended</b></p> <p><i>that the ideas put forward about partnering with organisations to achieve a healthy environment and community be provided to the Implementation Planning Teams for all health priority areas for consideration in the development of their respective Implementation Plans.</i></p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
27	Manawatu Breathe Easy Support Group	Encourage/recommend patients from hospital and clinics to join “Breathe Easy” and “Hearty Striders”	Comment	
83	Joint Transport and Health Services Sub-Committee	Horowhenua District Council’s community outcomes process will influence the strategic and operational relationship between MidCentral and the Council	Comment	
89	N Gowardman	Be more communicative with the groups already present in the community	Comment	
98	Horowhenua PHO	DHB already acting as effective and supportive partner for Horowhenua PHO. PHO looks forward to receiving more contracts to address gaps in service delivery and expanding service	Comment	

		provision by taking advantage of opportunities provided by the development of the new health centre		
97	Name Withheld	Take a greater primary health care focus – emphasising the development of comprehensive services through coordinate care across service areas. Take a leadership role in developing primary care workforce, esp. nursing workforce	Comment	
99	Horowhenua PHO Community Advisory Group	Access funding is needed to address social issues in Horowhenua + need to resolve transport issues	Comment	
100	Horowhenua Grey Power	Continue with excellent current communication between relevant organisations and groups – counsellors and representatives who identify concerns	Comment	
101	Child Development Service	By assisting with adequate consulting support. Look at utilisation of equipment/spaces in hospital for community services to access for exercise	Comment	
104	Hearing Ass. of Manawatu	I think joint action between DHB and community can achieve enhanced health, making the best use of all resources	Comment	
108	Living Streets Aotearoa	To advocate improvements in facilities catering for active transport	Comment	
110	Rongokokako Women's Institute	Community education and information to the grassroots. Liaison with groups such as ours, in a non-clinical setting.	Comment	
112	Tararua Community Youth Worker Project	Access to, and establishment of youth service health delivery in Tararua (15-24 years old). (types of services needed listed)	Comment	
114	Railway Land	Lobby TLAs to retain and expand areas of	Comment	

	Action Group	public green space, particularly in urban areas + retain landscaping of hospital grounds which is important for patient recuperation		
117	Kapiti Community Health Group Trust	Regular communication. Include us on your mailing lists for updates, input on new initiatives	Comment	
118	Name Withheld	Support Abbeyfield residents with medical care	Comment	
123	Feilding & District's Community Health Group	Partner with F&DCHG and Manawatu District Steering Group to develop a Manawatu District Medical Facility in Feilding	Comment	
124	Tararua PHO	We are desperate to see how you are going to address our need for rural GPs. Need more doctors in Dannevirke/Pahiatua and to retain current GPs. Also need after hours GP cover	Comment	
126	Cancer Society Manawatu	Ensure the Cancer Control Action Plan is implemented within whole central region. As tertiary provider DHB has an obligation and opportunity to do this	Comment	
130	Palmerston North City Council	PNCC is keen to cooperate with MidCentral in achieving the "healthy people" community outcome. PNCC has many roles in this	Comment	
139	Age Concern Manawatu	Cooperate in education and programmes. Give information to our large group of members as requested. Education for and preach 'positive aging'	Comment	
141	Central Districts PHA	Need to recognise groups already in place in the community and use 'bottom up' approach to working with them. Essential that DHB plan is joined to the CTCC plan.	Comment	
148	Sport Manawatu	Sharing information/statistics to allow our	Comment	

		<p>organisation to target physical activity programmes more effectively. DHB should support physical activity initiatives that encourage collaboration to enable various parties to achieve their goals</p>		
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A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

<b>5.17</b>		<b>Should the format, layout or content of the DSP document be amended</b>		
<b>Analysis of relevant points raised by submitters</b>		<ul style="list-style-type: none"> <li>▪ 3 submitters wanted the photo accompanying the mental health section changed to something more positive</li> <li>▪ Submitters made other one-off comments regarding the content or format of the plan as outlined below</li> </ul>		
<b>Recommendation</b>		<p>A new photo has been included in the Mental Health section of the Plan.</p> <p>Refer issue 15 re healthy lifestyles and self-responsibility issues.</p> <p>MidCentral's guiding principles, as per draft DSP, include its commitment to working with its communities and ensuring consumer participation in planning and evaluating health service delivery. The suggestion to include a further principle re working with PHOs to implement the NZ Primary Health Care strategy incorporates one part only. If adopted, further principles would be needed regarding other strategies, eg disability. It is considered that the current principle is sufficient and all encompassing. (Refer also Issue 14 re Working with Others to Achieve Health Gains.)</p> <p><b>Recommendation:</b></p> <p>No change to the Plan is recommended.</p>		
<b>Cross Reference:</b>				
<b>Submission No</b>	<b>Submitter</b>	<b>Submission</b>	<b>A, R, C, V, D</b>	<b>Comment</b>
28	Lindsey Bates	Suggest that a stronger emphasis be placed on the public's need to actively take responsibility for slowing down demand for services by adopting healthy lifestyles	Variation	
123	Feilding & Districts Community Health Group	Recommend adding another guiding principle "will work collaboratively with its four Primary Health Organisations to implement the requirements of the NZ Primary Health Care Strategy to provide the health and wellbeing	Variation	

		model of service to the MidCentral community”		
126	Cancer Society Manawatu	Page 34 of plan should be page 1	Variation	
128	Pathways to Wellbeing	Don't include image of dead tree for mental health. Maybe an alternative that expresses hope and recovery	Variation	
131	MidCentral Health Public Health Service	Suggest that the photo for mental health be changes to something more appropriate than a dead tree	Variation	
141	Central District PHA	Mental health image is a negative stereotype, whereas mental health can be positive as well as negative.	Variation	
131	MidCentral Health Public Health Service	Photo in DSP document next to cancer suggests an association of cancer with age. Suggest a photo of children wearing hats instead	Variation	
131	MidCentral Health Public Health Service	Key risk factors missing from the list relating to cardiovascular disease – need to include smoking and exposure to second hand smoke	Variation	
131	MidCentral Health Public Health Service	Need to avoid inferring that the aging population is a burden on society – should rewrite health of older people section accordingly	Variation	
131	MidCentral Health Public Health Service	Logically the assessment of health needs should precede the priority areas	Variation	
131	MidCentral Health Public Health Service	There is a section on healthy lifestyles but no background information on the environment – healthy behaviours easier to sustain in a supportive environment	Comment	
131	MidCentral Health Public Health Service	Measures focus heavily on illness, injury and disability but health is more than just the absence of disease etc. Suggest reframe some of the measures (examples provided)	Variation	

141	Central District PHA	The plan seems to be presented back to front. It would read better if the appendix were at the beginning	Comment	
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A=Agree, R= Recommend Change, C = provide comment, V = suggest variation; D = disagree.

## **6. CONCLUSION**

There is good support for MidCentral District Health Board's vision and long term strategic plans and priority areas.

Rural health has emerged as an area the public would like to see given greater priority.

The emphasis on healthy lifestyles is supported, and it is accepted that there is some level of self-responsibility in this regard. Many ideas have been put forward as to how MidCentral DHB and other agencies can assist people to adopt healthier lifestyles.

The importance of working collaboratively with other agencies and communities is endorsed.

**APPENDIX A**  
**List of Submitters**

<b>Submission No</b>	<b>Name</b>
1	Name withheld
2	Name withheld
3	Name withheld
4	I Haggarty
5	Name withheld
6	Name withheld
7	K Baird
8	Name withheld
9	R Freeman
10	B N Monk
11	Anon 2
12	E Beuving
13	N P Delaney
14	Name withheld
15	Name withheld
16	Name withheld
17	Name withheld
18	Name withheld
19	K Lishman
20	N Loveland
21	W Hanson
22	Name withheld
23	T A McGaffin
24	Name withheld
25	Name withheld
26	D Jordan
27	P MacGillivray, Manawatu Breathe Easy Support Group
28	Lindsey Bates
29	Name withheld
30	J McNeill
31	M Minot
32	Name withheld
33	P Williams
34	Name withheld
35	K Keall
36	B R Casey
37	Name withheld
38	Name withheld
39	C Dromgool
40	J Hammond
41	R Tinirau
42	Name withheld
43	Name withheld
44	Name withheld
45	Anon 3
46	Name withheld
47	D & G Logan
48	Name withheld

49	S Youthed
50	Name withheld
51	V G Henderson
52	M Duxfield
53	Name withheld
54	Name withheld
55	Name withheld
56	G McDonald
57	Name withheld
58	G Keall
59	Name withheld
60	E Grieve
61	D P Mayes
62	Name withheld
63	L Pearson
64	Name withheld
65	D O'Farrell
66	Name withheld
67	Anon 6
68	G L Bocock
69	Name withheld
70	Name withheld
71	Anon 7
72	Anon 8
73	Mrs McKinnon
74	Anon 9
75	M Stone
76	M Jeune
77	N E Evans
78	I Walker, Grey Power Dannevirke
79	D E Dennett
80	J R Austin
81	Name withheld
82	Name withheld
83	Joint Transport & Health Services Subcommittee
84	D Rickard
85	M Christensen
86	Name withheld
87	Name withheld
88	R L McEwen
89	N Gowardman
90	B Cornford
91	T Kennedy
92	B Harwood
93	Anon 10
94	J L Hammond
95	Name withheld
96	Name withheld
97	Name withheld
98	Horowhenua PHO
99	Margaret Robins, Horowhenua Primary Health Organisation Community Advisory Group
100	A Brodie, Horowhenua Grey Power

101	Child Development Service
102	F M Wilson
103	Name withheld
104	Prof D Earle, Hearing Association Manawatu Inc
105	Tararua District Council
106	E Fraser-Davies
107	Name withheld
108	C Teo-Sherrell, Living Streets Aotearoa (PN)
109	Name withheld
110	Rongokokako Womens Institute
111	D I Liddicoat
112	Tararua Community Youth Worker Project Inc
113	K Mullins
114	Mrs M Bulloch, Railway Land Action Group
115	Bruce & Marilyn Bulloch
116	K Ledbetter
117	Kapiti Community Health Group Trust
118	Name withheld
119	Name withheld
120	J Olsson
121	Alzheimers Society (Manawatu) Inc
122	Manawatu Primary Health Organisation
123	Feilding & Districts Community Health Group
124	Tararua PHO Limited
125	Name withheld
126	Cancer Society of New Zealand Manawatu Centre Inc
127	Angela Joblin
128	Rightpath
129	Eketahuna Community Board
130	Palmerston North City Council
131	MidCentral Health Public Health Service
132	MidCentral Health
133	L Winiana
134	E Robinson
135	Name withheld
136	V Hayward
137	Name withheld
138	M Moxham
139	Age Concern (Manawatu)
140	M Moxham
141	Central Districts PHA
142	Tararua Positive Ageing Forum
143	John Bent & Caring Communities Inc
144	Edna Downey
145	Dr John TA Ely, Applied Science Research Institute
146	Manawatu Independent Practice Association Ltd
147	Tararua Province of Federated Farmers of NZ (Inc)
148	Sport Manawatu

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Clinical Management and Advisory Team
<b>Date</b>	12 July 05 - 4.00pm
<b>Attendance</b>	Nicholas Glubb, Acting General Manager MCH Jeff Brown, Child Health Jurriaan de Groot, Rehab & Therapy Robert Holdaway, Public Health Andy Swain, Emergency Kevin Smidt, Clinical Support Simon Allan, RCTS

**Outcomes**

- 'The disabled' is now commonly 'people with disabilities'.

**Priorities**

- The risk in the past has been an assumption that all is well and therefore ignored. Need to resist complacency, and be active in looking after.

**Measures**

- Need thorough evaluation and monitoring, and good data analysis around prime targets to ensure delivery of outcomes.

**General Comments**

- Very positive
- Might it be an idea to consult with people living just outside the MidCentral District but still users of services, particularly RCTS? Bulls, Marton, Kapiti, Hawkes Bay. etc.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Operational Management Team
<b>Date</b>	13 July 05 - 8.30 am
<b>Attendance</b>	Oriana Paewai, Maori Health Advisor Julie Nitschke, Operations Manager Muriel Hanratty, Group Manager Jeanette Wylie, Acting GM Susan Wood, Director of Nursing Simon Floris, Management Accountant Nicholas Glubb, Acting General Manager Lindsey Bates, Group Manager Brett Sheehan, Group Manager Surgical Services Anne Amore, Group Manager

**Vision**

- There is a socio-economic component to quality living. DHB might be able to influence but cannot change.
- Think the order could be reversed e.g. healthy lives – quality living. Healthy living leads to quality lives.

**Outcomes**

- use the word 'journey' rather than 'transition'

**Priorities**

- Community groups are claiming that there are no funds tagged for Elder Health.

**General Comments**

- Need to start promoting self responsibility.
- Even people with a disease can enjoy quality living. The UK is concentrating on an holistic management of the person not the disease. Maybe we should do the same.
- Need to use assets efficiently.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Enable NZ Management Team
<b>Date</b>	13 July 05
<b>Attendance</b>	Lynley Broad, Corporate Support Manager Guy Sextus, IT Manager Maria Greig-Anderson, Supportlinks Manager Sarah Hamlin, Acting Manager Info. and Prof. Advice Graeme Hughes, Manager Enable Stores Hare Arapere, Kaupapa Maori Craig Campstle, Manager Enable Processing Heather Browning, General Manager

**Vision**

- Easier to remember – fits on a t-shirt
- The two statements seem to be saying the same things – don't know if people reading it will get the subtle connotations.
- Implies that you can be disabled and have quality living which is good.
- Embraces the healthy lifestyle and health promotion element
- Feel more comfortable in being able to put that vision statement on Enable NZ documentation
- Shifts focus away from un-wellness to being well
- Give a more holistic view – not just about health and independence but about living quality lives (which everyone can relate to)
- Can aspire to it and is more in line with leading for outcomes

**General Comments**

- Biggest challenge will be the ability of the district's workforce to deliver services. Need to reduce demand for services by focusing on keeping people well and investing in health promotion.
- Need to encourage self responsibility – but need some carrots for people
- Workforce issue is huge for older people in particular – the workforce needs to be able to respond to a number of changes – e.g. the continuum approach and the changing profile of people in rest homes (co-morbidities etc). Need a workforce that is open to working with older people.

**MidCentral DHB**

**APPENDIX B**  
**Minutes of Consultation Meetings**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Horowhenua District Council
<b>Date</b>	13 July 2005
<b>Attendance</b>	His Worship The Mayor, Mr B J Duffy (Chair) Cr D A Allen Cr L R Burnell Cr D Colling Cr G Good Cr L E Griffen Cr N Guy Cr A Hunt Cr L Pearce Cr R Shaw Mr G S Boyle (CEO) Mr D C Cole (Admin Mgr)  4 members of the public and 1 local press representative

**General Comments**

Does the planning process take into account the 'baby boomers' that are now coming closer to the 'older' category?

is funding for community schemes such as Kere Kere going to continue? It's great that a Health Centre is being set up in Shannon but it's important that the funding will be there long-term.

Quality staff are essential. What initiatives are being used to attract quality staff? This region may not be perceived as attractive as others.

(in answer to previous question) MCDHB recognises the importance of retaining good staff. GPs are encouraged to be the first providers of after-hours services in rural areas which also discourages people coming first to hospital.

What is the 'science' used for setting priorities? How contestable are these priorities? Which services did not 'make the grade' in order to allow the nine that MCDHB is concentrating on?

Where are we at with the new centre?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Corporate Team
<b>Date</b>	20 July 2005
<b>Attendance</b>	Barry Morris, IT Manager Bob Phillips, Manager - Contracts Robert Brown, Manager – Financial Services Brian Wooley, IT manager – ISSP Simon Floris, Management Accountant Stuart Wilson, GM Corporate Doug Jones, Manager - Health Statistics Anne Kitchen, Manager - Library Chris Stevenson-Wright, Risk Manager  Apols: Vivienne Ayres, Andrea Lobyn

**Vision**

What is Quality Living?

**Priorities**

- Can't argue with the 9 priorities, however, over time an increase in the treatment for something like cancer will be necessary, will the \$3.3m cover it?
- People can't get their surgery quickly enough now so how will it improve?

**General Comments**

- Does the \$15m include Capex?
- It is essential that the continuum of care is communicated properly between the groups involved.

Stuart advised this group that there had been a very positive response so far, more than 30 posted and almost 40 phoned submissions had been received.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Palmerston North City Council
<b>Date</b>	21 July 2005
<b>Attendance</b>	John Hornblow, Deputy Mayor Cr Pat Kelly Cr Ann Pond Paul Wylie, CEO Jason Pilkington, Analyst? Andrew Boyle, Cmte Secy?

**Vision**

Great, it's what we have.

**Outcomes**

Will you have a dedicated database for .....?? **Analysis of submissions?? (not sure what was said here)**

Are other DHBs doing the same thing? Are there set standards to ensure that everyone does things the same way?

Are we (PNCC) doing anything to assist?

**Priorities**

'Child' health is up to what age?

Are the \$'s realistic amounts?

**General Comments**

Andrew has been liaising with Jill with regard to PNCC's role in health.  
Individuals have a huge role to play in keeping fit and healthy  
Co-operation, healthy lifestyles, encouragement.  
Should there be a workshop held for each outcome over the next month? Then meet annually?

Communication is important -  
What are we doing, who is doing it, when?

Very impressed with the Plan, it's very easy to read.

May put in a submission, via Andrew. Are there to be any public meetings?

## **APPENDIX B**

### **Minutes of Consultation Meetings**

Could DHB meet and present to the Ward Committees? (has been arranged, 10/8).  
It's all about trends, gathering data, etc. We all know the population is ageing. Need to share knowledge between organisations.

Timeframe, there's no time to go through the proper process but very happy to meet in the meantime and then give retrospective approval at the appropriate committee later.  
Very supportive, committed to help where he can.

They are each more aware of the others' involvement in the community. Murray has a very high reputation out there which enhances the city. Thank you.

There are some problems in the district, particularly rural areas with access to services, we need to be involved in promoting access availability. Horizons may be able to help?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Manawatu District Council, Strategic Planning Committee
<b>Date</b>	21 July 2005
<b>Attendance</b>	His Worship the Mayor, Ian McKelvie Cr John Gregory Cr Kevin Argyle Cr Ross Barnett Cr John Baxter Cr Matt Bell Cr Mervyn Craw Cr Del Gibb Cr Prue McBeth Cr John Salmon Cr David Stroud

**Priorities**

Are they in any order of preference?

Are they additional funds or taken from elsewhere

These indicators – are they the proper data to use? Many people are reluctant to go to Drs so may not be captured.

Where does the child health plan start? Is there development with Sport Manawatu etc, and other agencies?

**General Comments**

What's your view on bonding? (nursing staff / students)

The \$7m you mention that the Govt is providing for aged care, is that only for hospital care or does it include rest home care? Some providers operate both parts, does DHB fund both?

Indicators – is there any benchmarking/leveraging off international standards? Best practise etc. Has there been successful engagement with PHOs, MIPA etc. It's a big challenge – the risk is to be sure that all are “paddling in the same direction”

Maori health – there's a risk of it becoming over-resourced; a possibility of duplication of service provision by taking it to rural areas. Whilst recognising that by Maori for Maori is useful it shouldn't be at the risk of duplication. That would be a waste of resources. Should they take the draft plan to their submissions sub-committee to consider a sub from council.

It's a big opportunity.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Manawhenua Hauora
<b>Date</b>	25 July 2005
<b>Attendance</b>	Matt Matamua, Chair, MWH Dennis Emery, DHB Ruth Harris, Rangitane Mary Sanson, Raukawa Aroha Elwood, Ruakawa Stephanie Wirihana, Muaupoko Irene Gregory, Kahungunu Oriana Paewai, MCH, MDHB

**General Comments**

Is this new money? Is it per annum? Is it for new priorities?

It's an excellent document, easy to read and well set out.

For clarification – early screening and detection can incur 'blow out' costs, is this accounted for in the budget allowance?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Board of Directors, Manawatu PHO
<b>Date</b>	25 July 2005
<b>Attendance</b>	Brad Grimmer, Chair Debbie Davies, Director Ben Goddard, Director Carol Fernandez, Director Bella Rooney, Director Ralph Saxe, Director Bruce Stewart, Director Kate Malone, Client Service manager Doug Maclean, General Manager Margaret Strawbridge, (Minute taker)

**Priorities**

Do not appear to include a disabilities focus.

Is any of the funding going back to the PHOs

Has there been any thought about the problems that occur outside health care such as employment, housing, social situations etc. this needs to be hammered home to the politicians.

**General Comments**

Volunteers in Feilding – there's an ageing population of volunteers, it's very difficult to find volunteers particularly with the new police checks, OSH issues, etc.

Would hope the doc sets out in simple terms

A lot of people don't like ringing a number and getting voicemail

Linking to other departments, ie, Education. Going from informal learning to formal learning, particularly with emigration. Workforce development arena.

Need to have quality workforce but the supporting schemes must also be there. Workforce development should start with our own staff.

With regard to the workforce and business plan – all services and key people, we need to think of them working collaboratively.

From the PHO provider point of view. Clearly the biggest challenge is at the work place level. The sheer workload pressure that GPs are under. Need to be able to capture the hearts and minds of GPs, hopefully moving on from scepticism – PHOs are now supported by GPs and this must continue. There's a huge capacity for change to incorporate these

## **APPENDIX B**

### **Minutes of Consultation Meetings**

ideas into busy practices. We may have the funds but we need the time, energy and capability to fit it all in.

Primary providers feel it's a MidCentral DHB-driven thing. Need openness and honesty from DHB. The HR issues are a huge challenge.

This feeling could be interpreted as not wanting to engage which is the wrong impression. There's a great willingness and appreciation – the biggest impediment is HOW? It's very hard to find staff.

There is a known shortage of nurses, pharmacists, and others. Is there anything for the promotion and funding for training?

Doug Maclean advised that he has already agreed some initiatives with Mike, they propose scoping the DHB/MIPA requirements over the next 305 years. He hopes that the exercise will look at more than secondary care.

How transparent is the process? How do people access information about how money is spent?

Can some of the money be targeted to training?

Already have some difficulty in getting release time for training staff. The crux is not lack of funds but lack of people to train.

Is the spending going to be monitored?

Have you done a swat assessment

Brad – the most pertinent point is that MCDHB is in a good position and we should celebrate that. The challenge is not to redistribute but to provide the capacity. PHOs are competing for the best GPs, not adding, but redistributing. We should focus on getting the good news message out there. It's an opportunity so good that PN could be the envy of NZ.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Medical Reference Group
<b>Date</b>	26 July 2005
<b>Attendance</b>	Mr Bruce Murdoch, Chair Dr Neil Pollock Dr Ngaire Smidt Dr Kate White Dr Kirsten Holst Dr Ken Clark

Re the cancer slide – are these things evidences-based?

Where does the funding for/from Kimberley come into the equation?

A lot of work has gone into this, will a change of Govt make any difference?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Horowhenua PHO Board of Directors
<b>Date</b>	26 July 2005
<b>Attendance</b>	Matt Matamua, Chair Stephanie Wirihana, Director Piers Hamid, Director Paul Eaton, Manager, Client Services Allan Hull, Director Paddy Jacobs, Director Ike Miritana, Director Dorothy Moore, Director Margaret Robins, Director Sylvia Roetens, Director Ian Kirton, Chairman (Kere Kere) Doug Maclean, ex officio Margaret Strawbridge, minute taker

\$15m that's left, in which areas will it be used?

Is this every year?

\$3.3m is out of \$15m, have you done preliminary assessments for each priority?

Is it a two-way process of communication? If we have ideas for the process can we contribute to the plan? PHO has the opportunity to be heard?

The key issue in this area is workforce. In our area it's more acute than in Palmerston North, the question of having enough providers. Accessibility and availability are the main problems. Transport is a problem that we have to do something about before keeping people well.

A key issue for older people is home help. GPs can't access home help because of workforce issues (takes too long to get an assessment done because of a shortage of staff).

It's good to see the focus on health and healthy lifestyles, have to think about other determinants though such as employment education and housing.

MCDHB was blocked by MoH in the past, is this still the case?

It's much easier to get volunteers to take people to a local venue (outpatients etc) than to take them to PN.

Doug Maclean – thinks it exciting and challenging. He's pleased to know that the team are serious about putting in place the mechanisms to put the plan in place. It's good that PHOs

## **APPENDIX B**

### **Minutes of Consultation Meetings**

and contracted providers can be involved, they don't want to slow the progress but do want to be involved.

Is there a risk? Does the money have to be spent within a certain time? Is it 'ring-fenced'?

Don't forget the 'giant silent partner' WINZ. They fund transport, doctor's fees and drugs that are not on Pharmac's list for their clients. Maybe they should have a seat on the MCDHB? The Ministry of Health could cut back because WINZ will provide the funds.

If all the priorities are launched in one go it will cause immense problems re capacity. Would cause an 'enormous bout of indigestion'. He's not keen to see everything implemented at once, just too much to take on. It needs to be staged in very carefully and include the provision of extra resources.

Horowhenua suffers a 'double whammy' as they have half the number of GPs to PN and access is a problem.

The de-resourcing has made the GPs weak and unable to deal with the increase in provisioning.

Need a substantial boosting to the number of nurses and doctors.

There are a number of overlapping areas of disease states.

Overlap – there's better funding if several are covered at once.

9 areas of priority is disconcerting for communities.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Manawatu Independent Practitioners Association Board of Directors
<b>Date</b>	28 July 2005
<b>Attendance</b>	Tim Crowe, Chairman Dave Ayling, Director Debbie Davies, Director John Drake, Director Andy Greenway, Director Andrea Ropiha, Director Karen Lowe, (Practice (Nurse observer) Doug Maclean, ex officio Margaret Strawbridge, minute taker

Is it (the plan) reviewed every 3 years in line with the DHB elections?

Is some of the money (\$15m) due to population changes?

\$15m for priorities – how much of this is for Primary Care?

How do you see oral health unfolding - Outside secondary care?

Schools already removing junk foods. They have 'lunch box patrols'. In one school the children checked the staff room lunch boxes.

I like the report, it's straightforward, idealistic but it always comes back to who/when/where.

The workforce capacity is a big issue particularly for PHOs and volunteers.

*If statistics are showing that 1/10 healthcare interactions result in harm to the patient shouldn't we be concentrating on this? 1/3 of people are injured, harmed or killed by screening or intervention.....*

We have to co-ordinate the variety of programmes so that there are not layer upon layer of changes to deal with. We need to stagger implementation. Can't take on more work in General Practices while their capacity is decreasing.

We see and 'extra layer of gold laid upon us' there's a high level of scepticism because we can't see how it can be done.

Not only will these increases impact on our current workload but there will be an increase in provider's requirements. There are hidden costs in promoting; the statistics on the hidden costs of screening etc are horrendous.

New money will impact on what we are doing now.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Funding Division
<b>Date</b>	1 August 2005
<b>Attendance</b>	Mike Grant - General Manager Richard Fong – DSS researcher Gordon Ngai – Finance manager Roger McEwan – Project manager Harold Wareta – Maori Health Advisor Susan Neal - Communications Co-Ordinator Annabelle Hore – PC to GM Brad Grimmer – Project manager Stuart Simpson-Smith – DSS Portfolio manager Joy Christison – Portfolio manager Shirley-Anne Gardiner – Health planner Ian Ironside – Portfolio manager

Could we discuss the workforce strategy – more information

I note that mental health is not listed

Is the funding for nurses sustainable? What is the annual funding amount? (05/06)

There needs to be significant commitment to providing around the 9 priorities, how will the process go? What if the unexpected arises?

Can anyone make submissions?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Nurse Practitioners Group
<b>Date</b>	3 August 2005
<b>Attendance</b>	Jane Richards Annet Bouwmeester Angela Mountford Val Yeoman Stephanie Parsons Petro Nel Folole Fai Jeanette Townend Yvonee Stillwell Anne Russell Maree Hoggard Adrienne Kennedy Adel Gray Victoria Perry Dina Cole Colleen Bary Noeline King Trish Grant Sharon Porteous

Good plan.

Do the priorities come mainly from the Primary Healthcare Strategy?

During a planning meeting with clinicians pain management was identified as a high local need. Is this in the priorities?

AT&R services review underway, does the \$15m support the business plan?

Obviously the MoH are directing us as to how the money is spent and the data collected. Is there a 'feedback loop' to the MoH for us to inform them? Is DHB NZ the right forum for this? (as it's not service based)

The group intend to make a joint submission.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Tararua District Council
<b>Date</b>	3 August 2005
<b>Attendance</b>	Maureen Reynolds, Mayor Roger Twentyman, CEO Cr C W Southgate Cr W H Keltie Cr J G Swenson Cr A W Davidson Cr C D Matthews Cr D A Lea Jenny Coulson, Planner  Rep from Dannevirke News and 1 other media person.

Is the Minister's input a technicality or does she actually have an input?

The Ministry are focussing on well-health

What did 'the science' tell you about Oral health?

Does the \$3.3M include Capex?

It occurs to me that expense lie mainly with screening programmes, MRI's, technical issues, etc. And the treatment side requires capital.

I didn't notice any mention of primary rural medical services. There's a difficulty in attracting GPs to rural areas. Is this a concern to MCDHB? It would be nice to see the word Rural in the Plan. Does the Govt. recognise these difficulties?

Is the mobile surgical bus coming to Paihiatua?

Our big issue is improved quality of drinking water, it's going to cost millions, the Govt should be contributing to that.

I think the plan lacked specifics, will that change when MCDHB have defined the base-line data?

The rescue helicopter is very important to people in our area. Having spent huge money it would be wrong to see it whipped out from under our feet. We will fight very hard to retain the service.

## **APPENDIX B**

### **Minutes of Consultation Meetings**

(Jenny) Council's Community Outcomes report cites the importance of retaining:

A 24-hours GP services  
Access/transport to health services  
St John's shuttle  
Rest homes  
The Helicopter  
Ambulance services

How can they 'connect' with MCDHB to exchange information?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Otaki PHO
<b>Date</b>	3 August 2005
<b>Attendance</b>	Michelle Baker, chairperson Dawn Wilson, PHO Manager Cathy O'Malley, CEO Janet Murray, Community rep Barbara Rudd, Iwi Christine Clements, GP John Sprunt, GP Jane Stojanovic, Community rep Rapene Waaka, Iwi

Is the planning process a compliance issue?

This particular PHO, where does it fit into the MCDHB's plan? Are you looking for help from Otaki PHO?

Are we competing for the same money?

Is the plan addressing the disparity for Maori?

We may have the money but workforce problems are an issue to flag. The Maternity centre in Otaki needs more Maori midwives but appointing them is hard because Iwi and family needs preclude them being on call. They also need financial support.

The DHB must recognise differences between PHOs priorities. Youth health is a top priority in Otaki.

Palliative care is an issue in Otaki too, it's important that care is available at night and during the evening.

It's exciting and we look forward to working together, we're keen to make it happen.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Team Leaders, MidCentral Health
<b>Date</b>	5 August 2005
<b>Attendance</b>	Pip Matheson, Manager Clinical Quality Jan Scott, Admin Ass, CQ & service Improvement Clare Lynn, CQ co-ordinator Lois Ogier, Customer Relations Co-ordinator Cecily Kwan, Document Control Co-ordinator Helen Whitten, Team Leader Breast Screen Kate Aplin, District Co-ordinator Rural Judy Boxall, Project Leader Margaret Meads, RMO Unit Co-ordinator Robyn Williamson, TL Women's Health

Are we making a commitment to continue what we're doing now?  
There may be some small ones that we want to cease.

Schools – are we going to remove soft drinks from hospitals too? Can we keep the ice-cream ones? (!)

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Horizons Regional Council
<b>Date</b>	Tuesday, 9 August 2005
<b>Attendance</b>	Chairman Garrick Murfitt Councillor Vern Chettleburgh Councillor Bruce Gordon Councillor Malcolm Guy Councillor Weston Kirton Councillor Annette Main Councillor David Meads Councillor Paul Reiger Councillor Tom Robinson Michael McCartney, CEO

**Outcomes**

- Clarification provided regarding “most in need”.
- It was suggested that low income families be included as a separate population group, such as Maori, elderly and children. It was considered that low income groups will continue to feature in MidCentral’s needs analysis. Low income should be a priority regardless of race.

**Vision**

- Clarification provided regarding “quality living”

**General**

- A proactive rather than a reactive approach was supported, with the case of vets being cited. It was noted that this required leadership at all levels.

**Distribution of Plan/Newspaper**

- Living on a corner section in Palmerston North, one Councillor did not regularly receive community papers.

**Boundaries**

- The opportunity for Waimarino district to make a submission was raised, and it was agreed that they could. (Copies of documents provided.) It was stated that they were very interested in the air ambulance issue and would likely want to make a submission. The purpose of MidCentral’s review of air ambulance services was clarified.
- Members questioned whether any consideration had been given to changing MidCentral’s boundaries so that they aligned to the Regional Council. It was noted that people from Bulls and district accessed MidCentral’s services. The process of cross boundary flows was clarified.

## **APPENDIX B**

### **Minutes of Consultation Meetings**

#### **Horowhenua Health Centre**

- Confirmation of the completion date for the new health centre was sought (February 2007).

#### **Research**

- MidCentral's involvement in research was questioned and discussed. It was noted that research was taking place in cancer services and nursing, and the special interest areas of medical staff.

#### **Aged Residential Care**

- The importance of ensuring financial sustainability of residential aged care providers was stressed as at the moment many stated they were struggling. This was seen as a priority area.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Kapiti District Council
<b>Date</b>	10 August 2005
<b>Attendance</b>	Ann Chapman, Acting Mayor Mark Dacombe, CEO Gordon Straun, Margaret Brooker

Keeping people well is very important

Do the MoH control the funding?

Will some activities be localised?

People in the Otaki area have poor oral health, poor Maori health and un-fluoridated water.

Does the DHB have an opinion on that?

The vending machines in schools contain far too much sugar.

The Healthy Lifestyle fits in 'both camps' and is an opportunity to collaborate with each other.

Otaki has a Physical Activity proposal (that the DHB declined to be involved in) that is a typical opportunity for a partnership approach, it needs a time commitment not a cost commitment.

It's important to be seen 'out there' – it's part of the cross-over between towns.

Regarding the cancer programme, have you identified with different stakeholders and providers?

Cross-boundary issues – is there any blurring of boundaries? or is it quite rigid?

Have we linked with Local Authorities' outcomes?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Tararua PHO
<b>Date</b>	10 August 2005
<b>Attendance</b>	Donna Milner – Chairperson/Maori Representative Stephen Paewai – Deputy Chair/Maori Representative Murray Pringle – Community Representative John Gardiner – Community Representative Sheryl Bryant – Nurse (Pahiatua) Helen Thomas – Nurse (Eketahuna) Mahalia Paewai – Maori Representative Brian Quick – GP (Dannevirke) Sam Wilson GP (Pahiatua) Sandra Lester – Manager Tararua PHO Chrissy Karena – Health Promoter Joy Stevens – Administrator Tararua PHO

Oral health should be taken very seriously, children with bad teeth can suffer heart problems and other issues later on. The mobile dental unit could be better utilised, (our assets used effectively)

I'm an 'ill-health' professional, there is a need for education.

Some schools receive sponsorship from soft drink companies, that might make it hard to remove the vending machines.

How much liaison is happening between DHBs on a National level? Are you sharing information?

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Palmerston North Ward Groups
<b>Date</b>	10 August 2005
<b>Attendance</b>	Cr Jim Jefferies Cr Alison Wall Cr Lew Findlay Cr Peter Claridge Cr Phil Etheridge Cr Vaughan Dennison Mayor Heather Tanguay  Pam Frith (Ward Committee) Peter Wheeler (Ward Committee) Pat Hickson (Ward Committee) Noel Olsson (Ward Committee) Marise Clarke (Ward Committee)  Jim Sutton (staff member)

**Feedback**

Common themes were:

- Good DSP; easy to read; agree with thrust and outcomes.
- Sometimes spending money can be a waste as people don't turn up. (Dentist).
- Must encourage healthy living.
- Keep the gardens at the hospital.
- Transport and access. Talk to Horizons re transport.
- Should work together on attracting staff to Palmerston North.
- Can we help lonely old people.
- Can we fund community projects.
- Like to do joint research on people's health needs in a wider context, eg more bike tracks etc; fix pavements to stop accidents.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Clerical Reference Group
<b>Date</b>	12 August 2005
<b>Attendance</b>	Allan Hansen, IT Joanne Fraser, PA/Secy - CSS Max Adamson, Professional Adviser Sue Langford, Medical Sec, Operating Theatre Carol Bradshaw, MH Rep Liz Jones, PA/Secy Rehab John Manderson, Health Information PPU Glenda Houston, HR admin

Are the nine priorities in any particular order?

Will funding these additional priorities relieve the pressure on existing wait-lists/departments? Ie, if you fix cardiovascular will it help the cardiology unit.

Prevention is better than cure, people should take responsibility for themselves.

Will a change of Government or Minister hold back the process?

The Key areas make perfect sense.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Allied Health
<b>Date</b>	15 August 2005
<b>Attendance</b>	Virginia Travers, Manager Clinical dietetics Sharon Vera, Public Health Karen Pratt, Occupational Therapy Barbara O'Driscoll, Professional advisor Lucy Hastings, Neurodevelopmental Therapist Guy Breakwell, Senior Clinical Psychologist Christina Cooper, Radiographer Kim Fry, Social worker

The Allied Health negotiations, are they direct with the DHB? Or govt.

Services that cross lines, such as cardiovascular, cover all the priorities, we need to deliver to them all. There doesn't seem to be a lot of planning towards the diverse supply of services. Must take sufficient account of services providers across all areas.

We have a project that we intend to take to the General Manager in due course, about parity with nurses within MCDHB. We're looking at various models for Allied Health to be a bigger part of the DHB. We're pleased to have been included as part of this consultation process.

There must be a link to the contractors too, services that are contracted out. There's a flow-on effect and it will be necessary to include them early on in the process.

From a workforce development perspective how can we feed back our concerns regarding the need for more practitioners. There could be a drag on existing resources and problems with losing trained people, particularly in psychology, in order to meet these priorities.

Workforce issues are a uniform problem across Allied Health.

The focus seems to be on physical health and not including social issues like family violence etc.

**APPENDIX B**  
**Minutes of Consultation Meetings**

**MidCentral DHB**

**District Strategic Plan Consultation Feedback 2005**

<b>Group</b>	Federated Farmers, Pahiatua
<b>Date</b>	16 August 2005
<b>Attendance</b>	Bill Wallace, Chair Andrew Day Gary Munford John Gardiner Allan Ballentyne Andrew Mitchell George Ross Tim Hewitt Matthew Tylee Justin Read Sandy Anderson Lance Williams Carron Perry Nick Perry Karen Fitzgerald

Whilst I fully support the idea of Quality Living I wonder what proportion of the money will be spent before you get to Quality Living. How much money will be spent on people before they get sick?

The "Sunsmart" campaign has been a great success. Will it be as easy with nutrition though? It takes generations to change people's habits of a lifetime. We have to target the children. It's hard as the 'bad' stuff, sugar etc. is what they like.

Waiting lists – hips operations etc. There doesn't appear to be any goals or objectives in the plan for this?

Obesity in children is on the rise. Children and well as parents need to be educated to keep the weight off. Need to target schools.

Planning is not just a DHB issue, it's nationwide. Is there a National Strategy?

Obesity was not recognised years ago, did it not exist?

How do you target Maori specifically, Iwi Maori is different to all Maori. You mentioned the study done in the Hawkes Bay area, how did MidCentral compare?

How much of the rescue helicopter services is funded by MCDHB? It's an essential item in this rural area, we'll fight to keep it. There appears to be a feeling that it may be at risk.

## **APPENDIX C**

### **Minutes of Hearing Committee**

#### MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the District Strategic Plan Hearing Committee meeting held on 1 September 2005 at 10.00am at the Rooms A & B, Education Centre, Palmerston North Hospital.

#### **PRESENT**

Diane Anderson (Chair)  
Lindsay Burnell  
Jim Jefferies  
Barbara Robson  
Cynric Temple-Camp

#### **IN ATTENDANCE**

Murray Georgel, Chief Executive Officer  
Stuart Wilson, General Manager, Corporate Services  
Jill Matthews, Principal Administration Officer

#### **1. APOLOGIES**

Apologies were received from submitters Nicola Gowardman, and, John Bent and Caring Communities Inc.

#### **2. LATE ITEMS**

There were no late items.

#### **3. HEARING OF SUBMISSIONS**

##### **3.1 Overview**

It was resolved:

*that the Committee notes and hears the submissions received in respect of the draft District Strategic Plan and notes that all submissions have been acknowledged.*

##### **3.2 Presentations**

###### *3.2.1 Bruce & Marilyn Bulloch and Railway Land Action Group*

Bruce and Marilyn Bulloch, and Larry Haste addressed the meeting, and tabled a copy of their presentation, together with an article entitled "trees and people". The presenters encouraged MidCentral DHB to take an advocacy role in such matters as retention of public green space.

## APPENDIX C

### Minutes of Hearing Committee

They highlighted the links between green space and wellness. Overseas approaches, such as green roofs and green gyms were cited. MidCentral DHB was also encouraged to maximise use of its hospital grounds for outpatients, visitors, etc.

Mrs and Mrs Bulloch stated that elective surgery such as varicose veins and hernias should be made publicly available. They expressed concern regarding the management of waiting lists, and considered the current system was not effective as people had to get a lot sicker before they got treatment.

#### *3.2.2 Paul Eaton, Horowhenua Primary Health Organisation*

Mr Eaton considered that MidCentral's strategic plan must include a long term, district-wide strategy for workforce development. He stated that the local GP workforce was in crisis, and this would be exacerbated with the deinstitutionalisation of Kimberley Centre when 120 residents would be resettled into the Horowhenua community. Their discharge from the Centre was reliant upon GP registration. In addition, the GP workforce was decreasing, both within Horowhenua and throughout MidCentral's district. He estimated the district was short 25 GPs. Within Horowhenua, GP numbers were down. One had recently retired and locum arrangements for cover had fallen through.

The Horowhenua PHO sought resolution of transport issues. It stated this was a particular issue for Horowhenua given its demographic profile, and the ageing volunteer workforce.

The Horowhenua PHO urged MidCentral DHB to ensure its discharge strategy included the safety of patients, both in terms of transport and availability of support services such as home help.

#### *3.2.3 Don McLean, Hearing Association Manawatu Inc*

In presenting his submission, Mr McLean differentiated between the Hearing Association, which provided help to the hearing, and the Deaf Association which dealt with the profoundly deaf.

Mr McLean requested that "hearing" be included in MidCentral's District Strategic Plan, together with increased resources/focus in this area. He further sought greater awareness amongst hospital staff of hearing disability issues, as well as increased audiology staffing. With NZ's ageing population, he noted that hearing impairment issues would increase.

#### *3.2.4 Margaret Robins, Horowhenua Primary Health Organisation's Community Advisory Group*

The Horowhenua PHO's Community Advisory Group expressed concern at the lag in implementation of strategies in priority areas, particularly Horowhenua youth. The under 15 years age group was the second biggest in Horowhenua and was projected to grow.

The Group saw transport as a priority area for the Horowhenua area given its demographics. Mrs Robins proposed that MidCentral establish a committee comprising representatives from the District Council, Horizons, ACC, community voluntary groups and MDHB to address the transport problem.

More emphasis on wellness, such as wellness clinics, was recommended by Mrs Robins. Also, attention to home help services which GPs were currently having difficulty accessing for their patients.

Mrs Robins tabled a copy of her presentation.

## APPENDIX C

### Minutes of Hearing Committee

#### *3.2.5 B R Anderson, Feilding & Districts Community Health Group*

Bella Rooney and Andy Anderson, Feilding and Districts Community Health Group spoke to their submission, and tabled a copy of their presentation.

The importance of Primary Health Organisations was raised by Mr Anderson, and it was stated that MidCentral DHB must ensure PHOs had the workforce they needed to carry out their role. It was also recommended that MidCentral DHB adopt an additional guiding principle reflecting its commitment to working in collaboration with PHOs to implement the NZ Primary Health Strategy.

Inclusion of maternity services in MidCentral's District Strategic Plan was also sought by Mrs Rooney.

It was noted that "CDHB" referred to Central Region District Health Boards.

#### *3.2.6 Maurice Lefevre, Cancer Society of NZ Manawatu Centre Inc*

The Cancer Society acknowledged the support, co-operation and understanding that existed between it and MDHB.

The Society sought acknowledgement that MidCentral's tertiary cancer service extended beyond the boundaries of the district, and that future investment in new services would be available to wider district.

The continuum of care approach was supported by the Society, and it was suggested that this should be repositioned to the very front of the District Strategic Plan.

Mr Lefevre stated that strong reference to the national Cancer Control Strategy was necessary, and the Society recommended that MDHB adopt this strategy and associated action plan as the basis for cancer care.

The importance of collaboration with other organisations involved in cancer care was stressed by Mr Lefevre, and it the establishment of the Cancer Management Committee was supported. He considered this group could undertake the co-ordination and oversight role.

#### *3.2.7 Annette Brodie, Horowhenua Grey Power*

Transport availability was stated by Mrs Brodie as being essential, and she recommended this be included as a strategy. The demographic profile of the Horowhenua area (high concentration of older people, lower socio economic group, etc) means its requirements were high. Mrs Brodie noted that transport options currently available, such as St Johns and taxi services, were costly. Volunteer services were available and it was considered a subsidy of around \$30 was necessary for these to be viable.

The new national travel and accommodation policy was referenced by Mrs Brodie, including the \$18 million additional associated funding.

#### *3.2.8 Peter MacGillivray, Manawatu Breathe Easy Support Group*

Mr MacGillivray stated that sport and recreation contributed hugely to healthy lifestyles, and there was considerable scope to bring these into MidCentral's plans.

## APPENDIX C

### Minutes of Hearing Committee

He emphasised the importance of self-management, and supporting/encouraging people to manage their health conditions, and felt this should be reflected in MidCentral's plan. Similarly, the importance of follow-up was stressed, eg cardiac patients accessing services like Hearty Striders.

#### *3.2.9 David Colling, Joint Transport & Health Services Sub-Committee, Horowhenua District Council*

Dave Colling, Margaret Robins and Chrissy Blackmore addressed the meeting.

They saw youth health and disability support services as priorities for the Horowhenua area given its demographic profile. Within the area, a community collaborative effort was underway to present a proposal the Horowhenua District Council for a Youth Centre. This Centre would engender partnership with MidCentral DHB and other stakeholders.

The speakers sought a separate MidCentral DHB strategy for youth.

The deinstitutionalisation of Kimberley Centre and the relocation of many residents into the Horowhenua community was raised by the speakers. The importance of ensuring primary health capacity to meet this new demand, as well as current requirements was also emphasised. They stated that the professional health workforce was rapidly depleting thus creating access issues, and additional GPs were urgently required. A strategy for primary health workforce was sought. Nursing initiatives, such as the Foxton Beach project, were not seen as being a viable short term solution given the considerable amount of work that would be required to get this up and running.

Transport availability was also raised by the presenters. They considered that new requirements on volunteer drivers, such as first aid qualification, were onerous and discouraged people from volunteering.

#### *3.2.10 Kate Malone, Manawatu Primary Health Organisation*

Ms Malone stated that workforce development was a priority area, including recognition of the voluntary workforce. Home-grown solutions were necessary, eg nurturing development within the local community.

Ms Malone recommended that a new, inter-sectoral approach be taken to recruiting volunteers, including employer incentive schemes, encouraging younger people to participate through marketing the skills they would acquire. The possibility of a bank of volunteers was discussed.

The need to change people's attitudes was raised by Ms Malone, and she suggested MidCentral DHB could survey the district to identify barriers to accessing primary health services, etc.

#### *3.2.11 Dr Dave Ayling & Doug McLean, Manawatu Independent Practice Association Ltd*

Dave Ayling, Doug McLean and Andrea Ropiha addressed the meeting.

They stated that barriers existed which prevented primary care practitioners delivering the best service to the patients, eg pressure of time. These barriers needed to be addressed.

The presenters stated that workforce development was a priority area, and MidCentral's workforce plan did not have sufficient emphasis on the primary care workforce.

Dr Ayling considered that MidCentral's District Strategic Plan had insufficient focus on integration, quality and safety. Specific strategies for these areas were required.

## APPENDIX C

### Minutes of Hearing Committee

The continuum of health care was supported by the Manawatu IPA, but it was considered there also needed a parallel “plug and play” focus for the community so that people could plug into the health service as required with minimal interference from the system. The continuum approach was seen as a provider/management perspective. A community perspective was lacking, eg “plug and play”.

#### *3.2.12 Pathways to Wellbeing*

Philleen Macdonald addressed the meeting and focused on the mental health component of MidCentral’s District Strategic Plan.

Ms Macdonald considered the picture used within the Plan to represent mental health was inappropriate as it did not depict hope. She also considered the proposed long term measure for mental health of suicide mortality was inappropriate, and suggested other possible measures, such as less people using the service, increased service choices and potential “outcome” measures such as people returning to employment.

Ms Macdonald supported the planned investment in primary health services.

MidCentral’s emergency mental health service was considered by Ms Macdonald to be inadequate and not performing well. She recommended that consideration be given to the impact of Kimberley Centre’s closure on mental health services. Ms Macdonald sought an increase in mental health consumer advisory services. She considered that these services should be based outside the District Health Board, but accountable to it. The Auckland DHB model was cited as being a good example.

The meeting adjourned for lunch at 12.27pm, and reconvened at 1.10pm.

#### *3.2.13 George Ross & Andrew Mitchell, Tararua Province of Federated Farmers of NZ (Inc)*

George Ross, Andrew Day and Andrew Mitchell addressed the meeting.

They stated that there was an urgent need for more general practitioners, and considered this was essential to the implementation of the Plan. GP numbers in Tararua were low. In terms of attracting GPs, working conditions were seen as being a potential draw card.

The presenters recommended that MidCentral established a further priority area, namely rural health as it required specific attention.

Strategies to improve accessibility and provision of rural health services were sought, including accident and emergency care. The helicopter service was considered to be vitally important.

#### *3.2.14 Jeanne O’Brien, Tararua Community Youth Worker Project Inc*

Jeanne O’Brien and Carolyn Barrell addressed the meeting, and they requested that MidCentral’s plan be expanded to include an increased focus on the needs of youth. They sought the following specific services:

- an active A&D service
- whanau counsellor and support workers
- sexual health worker
- pregnancy support worker

**APPENDIX C**  
**Minutes of Hearing Committee**

Local solutions to local problems were sought by the presenters, and the demographic profile of Tararua was noted. They noted that many local children had fallen through the cracks, with a high level of school stand downs or expulsions. These “at risk” children were also unlikely to be enrolled with a PHO or accessing health services through a GP.

The youth services provided by the Dannevirke District Nurse were considered excellent.

*3.2.15 Maureen Reynolds, Tararua District Council*

Maureen Reynolds and Jenny Cawston addressed the meeting.

They recommended that MidCentral DHB establish a 10<sup>th</sup> priority area being rural health.

The shortage of general practitioners was raised, and the Mayor recommended a collaborative, district-wide approach to addressing this situation. The Tararua District Council was very willing to participate in any such initiative. The Mayor reported that two GPs had been recruited to Dannevirke through a national initiative. They would job-share, working four days a week in total, and were due to commence in mid January. The tenure of their contract was unknown.

The Mayor stated that the transport shuttle service piloted in Dannevirke was working well, and was likely to be extended to the southern part of the District. St Johns was looking at an additional vehicle. The helicopter service was vital, and was something the Council would fight to retain.

The Mayor stated the importance of retaining rest homes within the Tararua district.

The meeting closed at 1.52 pm.

Confirmed this 20th day of September 2005.

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Chairman