
Draft District Strategic Plan
2006/07 – 2011/12
Capital and Coast District Health Board

Response to Public Consultation

August 2005

Prepared by

ACQUMEN
quality solutions

Contents

1	Executive Summary	3
2	Introduction	6
2.1	Background	6
2.2	The Journey Forward.....	6
2.3	Consultation process	6
2.3.1	<i>Public meetings, focus groups and staff meetings</i>	7
2.3.2	<i>Submissions</i>	7
3	Summary of meetings.....	8
3.1	Public meetings.....	8
3.1.1	<i>Key themes</i>	8
3.1.2	<i>Other suggested priorities</i>	9
3.1.3	<i>Indicators and outcomes measures</i>	9
3.2	Focus groups	10
3.2.1	<i>Pacific</i>	10
3.2.2	<i>Refugee Community Meeting</i>	11
3.2.3	<i>Kapiti Community Health Group Trust</i>	12
3.2.4	<i>Porirua Disability Forum</i>	12
3.3	Capital and Coast District Health Board staff meetings.....	12
4.3.1	<i>Key themes</i>	13
4.3.2	<i>Other suggested priorities</i>	13
4	Summary of submissions	14
4.1	Overview of submissions.....	14
4.2	Do you have any overall comments on this plan?	14
4.3	Do you agree with what we want to do?.....	20
4.3.1	<i>Comments</i>	20
4.4	Do you agree with how we could get there?	21
4.4.1	<i>Comments</i>	22
4.5	Do you think the plan and strategies will help people to become more healthy? 25	
4.5.1	<i>If yes, do you think that the plan and strategies will help the people who are most likely to become ill?</i>	25
4.5.2	<i>Comments</i>	25
4.6	Do you think we should focus on some but not all of our strategies?.....	26
4.6.1	<i>If yes, which strategies</i>	26
4.6.2	<i>Comments</i>	26
4.7	Do you think we have missed other things that are important to people and their health?	27
4.7.1	<i>Comments</i>	27
5	Comments on consultation process.....	29
	Appendix 1: Submitters.....	30

1 Executive Summary

Capital and Coast District Health Board (the Board) are funded by the Government to improve the health and independence of people living in the Wellington, Porirua and Kapiti Coast district. The Board is responsible for considering the health needs of its district and deciding what health services are needed and how to best use the limited funding available. The Board must consult with communities within the District as part of making these decisions.

From 14 June to 29 July 2005 the Board consulted with the public on its draft *District Strategic Plan (DSP)*. During this process 104 written submissions and one oral submission were received, and 299 people attended a meeting, focus group, hui or fono. This report is a summary of the meeting notes and submissions made to the draft *DSP*.

Support for the draft *DSP*

Overall there is a high level of agreement from members of the community with the approach outlined in the *DSP*. 90% of written submissions were supportive and discussion at meetings focussed on clarifying the Board's intent and implementation.

The high level of agreement with the approach outlined in the *DSP* extended to its six strategies.

The responses from written submissions were:

Strategy	Agreed (%)	Disagreed (%)
Working with communities	88	12
Promoting healthy lifestyle	91	9
Focussing on people	91	9
Updating hospitals	93	7
Developing our workforce	92	8
Managing our money	92	8

Similar levels of support were indicated through the public meetings with the strategies most frequently discussed being:

- Working with communities
- Promoting healthy lifestyle
- Developing our workforce

Collaboration

The need for the Board to collaborate with City Councils, Housing NZ, Department of Work and Income, ACC, Primary Health Organisations (PHOs) and the wide range of community and non government organisations (NGOs) to develop and strengthen community based supports was mentioned frequently.

People noted the wide range of factors that contribute to poor health including lack of access to healthy, affordable housing of a reasonable standard, poverty and the urban environment including access to affordable public transport systems and recreational facilities.

Many people encouraged the Board to work with Councils especially, to identify local needs and undertake shared planning and work aimed at meeting these needs.

Community Based Support

Overall there was support for the Board's emphasis on working through primary and community care although all groups noted some concerns. These included money being shifted from hospital services that were already seen as inadequate, and assumptions of the capacity of community supports. Sicker people will be home and dependent on the support they receive in the community, yet home based support services have limited capacity.

Healthy Lifestyles

Overall people agreed the goals of promoting and achieving healthy lifestyles was an investment for the future and that children and youth should be a particular focus. However there is some concern that this will draw the DHB away from its core business of treating the sick and injured.

Reducing Disparities

The *DSPs* focus on reducing disparities received many comments. Some consider that the emphasis is disproportionate to the needs of the whole district. A major concern was a reduced availability of care for those people not in the target group, especially where it was perceived that other groups would receive special treatment.

Others focused on the need for a more proactive approach to ensure that this goal was achieved. Many individuals and groups provided guidance on the best way of engaging with their communities to encourage participation in health services at a number of different levels including strategic, service development and accessing services.

Information sharing

It was noted that areas of deprivation also lack information. The Board relies too much on print information and this isn't accessible to these communities. Any strategies aimed

at reducing disparities and health promotion must include engaging communities and using a wide variety of methods to share information.

Other priorities

A range of other priorities that should be considered within the *DSP* were suggested. These included:

- Children and young people
- Family Violence Prevention
- Ensuring all services are accessible to disabled people
- Older people's health
- Injury Prevention
- Palliative Care
- Pain Management
- Oral Health
- Problems with Gambling
- A strategy for managing non preventable illnesses e.g. Epilepsy

Barriers

Concerns with perceived barriers to achieving the stated goals were expressed. These included access to healthcare by children and youth, availability of mental health services, access to affordable housing of a reasonable standard, employment, poverty educational underachievement, poor health knowledge and access to information.

Many considered the timeframes for some of the *DSP*'s strategies and goals were ambitious, as they required long term investment before the gains would be realised. Some intermediate targets or measures were recommended.

Current Local Issues

Respondents raised issues not addressed in the *DSP* that were very current to them. The lack of a hydrotherapy pool in the Wellington District drew many comments. These respondents were very concerned about the loss of this service in Wellington and the subsequent reduction in physiotherapy services.

Other issues included accessibility of the DHBs services including the availability of affordable car parking, the number of beds at the new Regional Hospital, access to Newtown, and the need to continue to develop an appropriate range of services in Kapiti.

2 Introduction

2.1 Background

Capital and Coast District Health Board are funded by the Government to improve the health and independence of people living in the Wellington, Porirua and Kapiti Coast district. The Board is responsible for considering the health needs of its district and deciding what health services are needed and how to best use the limited funding available. The Board must consult with communities within the District as part of making these decisions.

From 14 June to 29 July 2005 the Board consulted with the public on its draft *District Strategic Plan (DSP)*. This report is a summary of the meeting notes and submissions made to the draft *DSP*

2.2 *The Journey Forward*

In the same timeframe the Board also consulted on *The Journey Forward: Capital and Coast District Health Board Mental Health and Addiction Service Development Plan 2005-2010. (The Journey Forward)*.

The Journey Forward proposed a fundamental change in the way Mental Health Services are organised – a move away from the traditional focus on ‘the 3% of the population with the more severe’ mental health needs to a wider perspective that aims to provide easy access to services for people with a wider range of mental needs.

Overall there is a very high level of support for this change in direction.

Many respondents considered the next steps of this project are critical, as further analysis and clarification of issues with some services is undertaken and implementation plans developed.

There is wide support for the establishment of a District Development Group and the use of inclusive processes as this will foster cooperation and collaboration across the mental health sector and service continuum.

2.3 Consultation process

The consultation planned by the Board included opportunities for people to:

- Attend and express their view at any of the advertised meetings, hui and fono
- Request a special meeting (focus group) with the Board

Provide a response on the form provided in the submission booklet published by the Board

Provide a response on the form provided in *Annual Check-Up*, an annual publication published by the Board

Present an oral a submission

2.3.1 Public meetings, focus groups and staff meetings

A range of meetings were held and these were an opportunity for attendees to hear representatives from the Board present the *DSP*, to ask questions and clarify any aspect of the presentation and present their views to the Board. Notes of each meeting were recorded and included in the analysis of the consultation.

2.3.2 Submissions

Submissions to the Board closed Friday 29 July 2005, although late submissions were accepted until Monday 8 August 2005.

3 Summary of meetings

The meetings were opportunities for attendees to hear representatives from the Board present the *DSP*, to ask questions and clarify any aspect of the *DSP*, and to present their views to the Board.

The total number of people who attended a meeting, focus group, hui or fono was 299.

Notes of each meeting were recorded and this section outlines a summary of the key themes that emerged from the meetings.

3.1 Public meetings

As part of the consultation process the following public meetings were held.

Public Meetings	Attendance
Kapiti	25
Wellington – day meeting	20
Wellington – night meeting	30
Wellington Fono	19
Hui	12
Porirua	25
Porirua Fono	20
Subtotal	151

3.1.1 Key themes

Collaboration

A key theme through the meetings was that the Board needs to collaborate with City and District Councils, Housing NZ, Department of Work and Income, ACC and other government departments to promote health and to address social and environmental factors that impact on health.

Although all groups are important, the most frequently discussed were City and District Councils. Many attendees encouraged the Board to work with Councils to identify local needs and undertake shared planning and work aimed at meeting these needs.

Workforce development

The meetings agreed the Board needs to focus on workforce development. This should include recruitment, retention of existing staff, and making the best use of the expertise within the district. It should also include working with the government to develop

strategies to keep new graduates in New Zealand, and working alongside other relevant national and international workforce development programmes.

At one meeting it was noted that nursing students have large debts but relatively small salaries. This, combined with anti-social work hours, means there is little incentive to join the profession, particularly for Maori and Pacific.

Develop capacity of community support

Although the Board's emphasis on community care was welcomed some concerns were noted. These include the number of hospital beds to be developed in the new Regional Hospital against assumptions of the capacity of community supports. Sicker people will be home and dependent on the support they receive in the community. Yet home based support services have limited capacity, and their staff are poorly paid and trained.

Other issues

Latest figures from Statistics NZ say 22% of people in New Zealand have a disability yet there is no mention of the New Zealand Disability Strategy in the *DSP*.

The Board should ensure all services are physically accessible

The Board should give more control to Pacific communities to make decisions for themselves.

If the Board adopts one electronic record for each patient how will it ensure patient privacy?

If services for older people are moved to Porirua what will this do for co-location of services and support for older people living in Wellington

3.1.2 Other suggested priorities

The *DSP* outlined some priorities. Other suggested priorities were:

Family violence prevention

Ensuring all services are accessible to disabled people

Oral health

Maternity services – ensuring most services are delivered in the community

Problems with gambling

Injury prevention

Cystic fibrosis – increase ancillary services and supports

3.1.3 Indicators and outcomes measures

Overall meetings agreed the goals of promoting and achieving healthy lifestyles was an investment for the future and should be subject to long term evaluation. However it was also suggested intermediate targets for health improvement and behavioural changes should be set.

Other suggestions of progress targets, indicators or outcomes measures included:

Collaboration at a higher level e.g. the Board and Council working together to achieve a shared local goal

Dental care
 Accident rates
 Issues related to palliative care
 Patient satisfaction
 Elective surgery targets
 Performance against other DHBs

3.2 Focus groups

As part of the consultation process the following focus groups were held.

Focus Groups	Attendance
Tongan	10
Cook Island	7
Tokelauan	6
Samoan	7
Fijian	0
Niue	5
Tuvaluan	7
Intersectoral Agencies	3
Pacific youth	3
Refugee Community Meeting	15
Kapiti Health Group Community Trust	13
Porirua Disability Forum	10
Subtotal	86

The groups focussed on the specific needs of their communities and below are the summary of the issues raised.

3.2.1 Pacific

The issues raised through 9 Pacific focus groups were:

Engaging with communities

The Board should develop a Pacific communication strategy that encourages Pacific participation in health services at different levels including strategic, service development, and accessing services.

It was noted that communication is most successful when the Board is clear about its purpose, key messages and benefits to the communities; the communication is regular and timeframes for responses or engagement are reasonable.

The strategy should build on known success factors including working through churches, Pacific leaders and Pacific staff employed by health services as channels for communication. It should recognise the characteristics of the different ethnic groups and

adopt an approach most likely to be effective e.g. Niueans are not meeting people and prefer to work through small groups.

Improve information and planning

The Board should focus on gathering data on Pacific communities so there is better information for planning e.g. research on incidences of diabetes by ethnic groups might lead to different strategies and targets. However ethnic specific goals and strategies should be consistent and subject to ongoing evaluation

Collaboration

The Board were encouraged to collaborate with City Councils and other government departments to address social and environmental issues that impact on health, especially housing (overcrowding).

Fostering Pacific community development and capacity building is complex as there are different communities and limited resources. The Board should work with City Councils to avoid duplications.

Capacity building

There is a need to develop the Pacific workforce including nurses, caregivers for older people and support workers.

There is a need to develop some Pacific services e.g. a rest home and support services for Pacific people with age related needs.

The funding of some Pacific services should be reviewed. Currently some work aimed at addressing social issues that are stressors and impact on health are unfunded.

Other key points

It was noted that for Pacific family, culture and spirituality are core aspects of healthy lifestyles.

It was noted that some Pacific people have a fatalistic view of their health and don't want help.

3.2.2 Refugee Community Meeting

The issues raised at this meeting were:

There are a wide range of health needs within the communities ranging from maternity, sexual health, MeNZB, obesity and diabetes.

There are many barriers to accessing health services including shame and lack of awareness within the different refugee communities of what services are available and how to access them. When people do access services there is a lack of interpreters and lack of staff awareness. For some services cost is also a barrier e.g. dental.

There is a lack of information on the needs of refugees.

The Board should support refugee communities to develop some capacity to support themselves. There are lessons to learn from Maori and Pacific.

3.2.3 Kapiti Community Health Group Trust

The issues raised at this meeting were:

The Board has talked about it focus on reducing disparities for some time but there is little information to indicate progress. Although this is a long term goal there should be some intermediate targets.

Concern that Kapiti will lose services because it doesn't have the same levels of deprivation as Porirua. There are some people in the district with very real needs. There is a shortage of GPs on the coast – WIPA currently has 168 people on its waiting lists. Kapiti also has a growing population with most new comers being older people so the problem is not easily resolved.

The *DSP* doesn't include any goals for Kapiti. Given the information on the population in Kapiti there should be planning for people with age related needs in Kapiti. The Trust would like to be involved when any plans are developed.

The Board must not underestimate the impact of travel for people from Kapiti when they access health services. This is an ageing population and the cost of petrol increases all the time.

3.2.4 Porirua Disability Forum

The issues raised at this meeting were:

'If you look after me well and I live longer then inevitably my health needs will increase. Historically people with spinal injuries died early for a whole range of reasons...there are inevitable flow on consequences for the Board'

Areas of deprivation also lack information. The Board relies too much on print information and this isn't accessible to these communities. If people don't have the information and know what is available, how can they access services?

3.3 Capital and Coast District Health Board staff meetings

As part of the consultation process the following meetings with Capital and Coast District Health Board staff were held:

Staff meetings	Attendance
Wellington	0
Wellington	25
Kenepuru	25
Kapiti	12
Subtotal	62

4.3.1 Key themes

The key themes from these meetings were:

Further work is required on the relationship between the Board's own services and Primary Health Organisations (PHOs). Currently some services are duplicated and services are not seamless.

There is a lot of expertise within the Hospital and Health Service (HHS) but more services are being delivered by PHOs. The Board needs to develop methods to ensure expertise flows between the two service settings.

The Board needs to be creative about how it promotes healthy lifestyles. For example currently Mc Donalds sponsor school crossing and road safety. Should the Board sponsor these or source a more appropriate sponsor?

4.3.2 Other suggested priorities

The *DSP* outlined some priorities. Other suggested priorities were:

Family violence prevention

Palliative care – with the ageing population there is a need to address how services are coordination. Maori and Pacific are also under-represented and not accessing these services. International experience is that palliative care needs to be drive top-down so the Board should signal the priority by including palliative care in the *DSP*.

Management of chronic disease and hospital in the home – this services rises and falls in priority but there are many people who could benefit from being able to access it

4 Summary of submissions

4.1 Overview of submissions

The total number of written submissions received was 104.

Most submissions were made on the form provided, with many respondents adding supplementary information. Other written submissions not presented in the form provided were accepted.

74% of submissions were from individuals and 26% of submissions were made on behalf of a group.

Respondents were asked to provide their name, age and ethnicity – although this was optional.

- 69% of respondents provided their name
- 80% of respondents provided their age. Of those who did provide their age the average age was 59 and the median 60
- 77% of respondents provided their ethnicity

The following table outlines the ethnicity of respondents where known.

Ethnic Groups	% of total
NZ European	66
Maori	8.5
Pacific	5.5
Asian	4
Other	16

One person made an oral submission to the Board.

The rest of this section outlines a summary of the responses to each question and the key themes.

4.2 Do you have any overall comments on this plan?

Most comments supported the *DSP* and provided additional emphasis.

For example obesity as a contributor to poor health:

'(We need to) recognise the role obesity plays as a contributor to poor health in our community – (this is an) issue for children, and Maori and Pacific populations.'

Others made suggestions or raised issues considered not adequately addressed by the plan.

Collaboration

The most frequent comment was the need for the Board to coordinate with and work closely with other local and government departments. Respondents noted the wide range of factors that contribute to poor health including lack of access to healthy and affordable housing of a reasonable standard, poverty, employment and the urban environment. It was also noted that these were also issues for single people and older people – not just families.

The Board cannot address all the factors so needs to work with District and City Councils, Housing NZ, CYFS, PHOs, Hutt Valley DHB, Plunket and other community and non government organisations (NGOs).

'A comprehensive long term intersectoral approach will be needed if inequalities are to be reduced.'

Through their submissions local Councils and many NGOs emphasised a willingness to work with the Board to achieve common goals.

'The strategy shows a clear move towards promoting a healthy lifestyle and how that can impact on the overall wellbeing of communities. The Council would like to develop out joint thinking.... We believe there is considerable scope to use the resources and facilities that the Council is responsible for to promote this objective.'

It was noted that for the Board to be able to work closely with NGOs, the systems and infrastructure to support this needs to be developed, particularly technology and information management.

'Broader connectivity issues between the DHB and NGO's is a growing concern.'

Reducing Disparities

The DSPs focus on reducing disparities received many comments. Some considered that the emphasis is disproportionate to the needs of the whole district. A major concern was this would result in a reduction of services for people who were outside of the priority groups. Some people also noted a concern at what they saw as a segregation of health care based on factors other than need.

'Would we get better or faster service if we said we were Maori?'

'All people should be treated on need (not age or racial grounds).'

'Focus on matters of medicine, surgery and care provision not on society manipulation.'

There were some concerns at how the Board has represented the disparities in the district.

'(The DSP) does not mention the pockets of health disparity or deprivation in Wellington City. While small in percentage terms, these still represent a significant number of health consumers.'

A consistent view was expressed by a respondent from Kapiti.

Others focused on the need for a more proactive approach to ensure that this goal was achieved.

'(There is a) necessity for the DHB to continue to work with Maori communities, the focus should be on identifying and implementing solutions. A key part of this is the development of Maori community infrastructure and more specifically Maori Providers, which we see as both pivotal and integral to future progress in this area.'

'Porirua City has the region's highest population of both Maori and Pacific Island per head of capita, it also has some of the highest number of health deprived people in the region. Therefore we believe Porirua City should be an area of additional focus and resources.'

Some respondents wanted further clarification on which groups the Board considered had priority needs. Suggestions were this should include disabled people, and refugee and migrant communities.

There were comments about the term 'reducing disparities.' Some respondents thought this terminology had fallen out of favour with political groups and the government making the plan vulnerable to changes in government or government policy.

Information sharing

It was suggested that any strategies aimed at reducing disparities and health promotion must include engaging communities and using a wide variety of methods to share information.

'We believe having access to early information in a way that works for the high needs populations groups is imperative to making good decisions about one's health care and wellbeing.'

'The challenge has been to identify and capture health priorities utilising the unique and diverse aspects of community engagement. Creekefest: Health and Cultural Festival is one idea of how this could be done.'

'We need to deliver (the messages) in many ways...so they reach out to more (people). Why not make a DVD and ask schools to play it? Why not txt young people? Have material screening in our A&E waiting rooms. Have PHOs taking more responsibility. Saturate the many communities and get the message across that they need to take responsibility for theirs and their families' health.'

Community based services

The move to provide more health care in the community, and to improve the efficiency of how those services are used, was seen as a positive move. However there were concerns that money would be shifted from hospital services that were already seen as inadequate.

After hours

The main concern for after hours care was the affordability of the After Hours Medical Service and consistency in charges, particularly as the Board are seeking to reduce the use of the Emergency Department by people whose needs can be met by primary care services.

Healthy lifestyles

The promotion of healthy lifestyles was seen as an important part of providing health care services with several people noting that *'prevention is much better than cure.'* However the issue of individual responsibility was raised. Some respondents wondered if it was appropriate for the DHB and/or government to be telling people how to live.

Others noted that differences in life expectancy among Maori and Pacific people (up to 20 years earlier than non-Maori and non-Pacific people) remains a serious issue which must be addressed.

'All people must be accountable for managing a healthy lifestyle as best they can. Smokers and other 'self inflicted' types need to pay their own way perhaps by having insurance cover to prevent public health money being wasted.'

Other priorities

While the *DSP* outlined some priorities, people suggested other priorities they considered were particularly important for the DHB.

The most common suggestions were:

- Children and youth

Several respondents said children and youth have specific needs that must be addressed through the *DSP* as they impact on the person's quality of life and ability to achieve their potential in the present and future.

'Focusing on prevention and early intervention with children and youth would benefit the whole population and reduce the cost of chronic disease in the future.'

Children's specific needs include oral health, reducing factors that can lead to poor health, and family violence.

One recommendation was to focus on those from low socio economic backgrounds as these children *'face a greater struggle to secure outcomes comparable to those achieved by the population as a whole.'*

For youth their specific needs include alcohol and drug use, vulnerability to developing mental health disorders, sexual health, family violence and developing healthy lifestyles. There is a need to ensure sustainable funding for youth-orientated services and to reduce the barriers young people face when accessing services. These barriers include cost, attitudes of staff, acceptability of services to youth, transport issues – including for disabled young people and others with limited means of mobility.

- **Family Violence Prevention**

Closely linked to child and youth health, it was noted that the government has highlighted child and partner abuse as a priority and that this should be reflected in the *DSP*.

'Clearly people living in violent situations will not be in a position to give proper attention to their own or their children's health.'

'CCDHB is the only tertiary DHB that does not provide this service and is in the bottom four of all DHB's in this area. This is an essential gap in essential services.'

- **Oral Health**

A lack of oral health services for children and the corresponding high levels of tooth decay was seen as a matter of urgency for several respondents. There was also concern at the availability of services for those who could not access services due to the high cost of private care.

'Availability of services for children and low income people unable to meet the costs of private dentists.'

- **Access to health care for people with a disability**

It was noted that the *DSP* gave no specific consideration to the needs of people with disabilities of all ages.

'This needs to be done properly – there are many layers in the community – one shoe type does not fit all and we have many diverse communities out there to consider if we want to make an impact.'

'Staff training is required in how to care for people who may find it difficult to express their needs.'

- **Older people's health**

A lack of planning to address the growing number of people within the district who are ageing and living longer was raised by several respondents.

'For care to take place in the community assumes that there is a healthy caregiver at home most of the time...The ageing of the population alone will increase the incidence of illness in the community.'

'Over the next 10 years people over 65 in the district will increase by 32%, need to prepare accordingly.'

- **Injury Prevention**

Due to the high cost of injuries within the region and the impact this has on emergency care, rehabilitation services and accident compensation costs, *'injury prevention needs to be considered and included in the strategy.'*

- **Epilepsy and non-preventable illnesses**

Epilepsy was highlighted as an illness which is non preventable and not easily managed by primary care physicians. The *DSP* focus of reducing chronic diseases and avoidable admissions by improving primary and community care and encouraging healthy lifestyle don't address this issue. It was suggested that a specific and additional strategy for non-preventable illnesses which cannot be adequately managed by primary care was required.

'(Epilepsy is) estimated to affect at least 1% of the population'

Specific service gaps were also identified and these included:

Palliative Care.

Teenage pregnancy rates in Pacific communities - *'(These) may lead to STD, HIV/Aids, concealed pregnancies, terminations – leading to mental health issues later on'*

Provision of hydrotherapy services - a number of people commented on the lack of a hydrotherapy pool in the Wellington region.

Pain management, both acute and chronic.

Access to services

A range of issues related to accessing the DHB's services were raised and these included:

Keeping and extending the shuttle services that run in Paraparaumu, Kapiti, Kenepuru

Affordable and available car parking

A need to increase the number of beds planned for Wellington Hospital

Access issues to the regional hospital

Increased demand for dementia services

The geographical isolation of Kapiti residents was noted as an issue. One submission from Kapiti noted:

'The distance to travel south to Kenepuru or Wellington hospital and the roading issues are significant. The financial costs and the time to travel south are increasing. We are very keen to continue to work with the DHB to ensure the best mix of services are provided locally, where appropriate.'

Linkages with other government strategies

Some respondents consider the *DSP* did not acknowledge key government strategies. These included the New Zealand Disability Strategy, Palliative Care Strategy and the Youth Development Strategy Aotearoa (Ministry of Youth Development, 2002).

Building on strengths

Many respondents noted that the *DSP* celebrated areas where progress and been made and were working well. They urged the Board to build on these and use them as models for making further improvements in other areas. Some examples of initiatives were the Hora Te Pai Health Services in Kapiti, Defeat Diabetes in Porirua, and the new Accident and Medical Centre at Kenepuru as a model of primary and hospital services working together.

4.3 Do you agree with what we want to do?

90 % of respondents agreed with the approach proposed by the Board in the draft *DSP* and 10 % disagreed.

4.3.1 Comments

Although most respondents agreed with the approach outlined in the *DSP* many had concerns about how the stated goals would be achieved. Concerns already noted in this report are not repeated and only new points are covered here.

Approaches to healthy lifestyle promotion

It was noted that there are a myriad of promotion and prevention type programmes. The Board need to work alongside these and ensure any additional programmes are linked and coordination.

Education and creating awareness by sharing information in way that was accessible and easily understood for the target group was considered key to achieving this goal.

'Motivating people to care for themselves better is the challenge. I don't think at risk people in general respond that readily to leaflets and written material. Ideas include personal attention from Care Managers (this is where ethnic workers are most valuable), group facilitation i.e. public talks in places where at risk people congregate such as City Mission, child care centres, women's groups, men's working clubs, schools. Simple food budget plans and market spaces for vegetable shopping weekly in suburban areas.'

'Educating and working in the community can help minority groups only, the rest of the population often prove non-receptive when change is suggested in their lives.'

The Board's role

There were different views on the Board's role in health promotion and prevention. Those who considered it was not the Board's role were concerned that promotion and

prevention would be at the expense of what they saw as the Board's core business – caring for the ill and injured.

'What we want is better service when we are ill.'

'By extending the scope of the CCDHB to all health issues in the District has blurred the distinctions between the provision of hospital care ('hospital' – an institution providing medical surgical treatment and nursing care for ill or injured people. Oxford Concise Dictionary). For the average citizen providing of hospital services is looked upon as the Board's prime concern – community health is a relatively new concept and needs to be promoted with sensitivity and understanding.'

'Spend your money on good doctors and facilities – not on advertising, bureaucracy and public relations.'

Some saw a more appropriate role for the Board was to lobby for a central and separately funded agency focussed on health prevention and promotion.

'Don't spend as much time on people who may become ill. Encourage government to set up a separately funded 'Wellness' body.'

Community care

Some families were concerned about the direct impact on them if care in the community was extended.

'Not all family enjoy caring for sick people especially long term illness or if family may be able to provide care they may not be able to provide counselling, or even folk may not take family members advice seriously?'

'What about the care and support for the main caregivers? Especially where they are an older person as well.'

4.4 Do you agree with how we could get there?

This question outlined six strategies and respondents were asked whether they agreed or disagreed with each strategy.

76 people answered the question.

Strategy	Agreed (%)	Disagreed (%)
Working with communities	88	12
Promoting healthy lifestyle	91	9
Focussing on people	91	9
Updating hospitals	93	7
Developing our workforce	92	8
Managing our money	92	8

4.4.1 Comments

While the majority of people agreed with the stated strategies many also chose to comment on them individually.

Working with communities

Further detail on the particular strategies to be used to work with communities was requested.

'How do you intend to work with the communities? What is your definition of communities? Society today is very complex and general answers could be the easy way out?'

Other respondents made suggestions on how the Board could work with communities:

'Bringing care service into community is a positive move. Easy visual access to community care services in local shopping centres where people may walk in should help.'

'Working more seamlessly with NGO providers should produce better continuity of care and therefore outcomes. Better than trying to integrate everything within the DHB then 'popping patient out' to the community. Don't do it – help others (working in the community) to do it better.'

'Strategy needs to focus more strongly on the use of intersectoral action to lever for positive health gains and reductions in disparities.'

Promoting healthy lifestyles

The importance of this strategy was confirmed with several people again suggesting that an intersectoral approach was an integral part of promoting health lifestyles. For example, the Board should work with local council on urban design, the availability of affordable public transport systems and increasing availability and usage of recreational facilities.

'The primary focus must be on ensuring that the wider socio-economic environment that communities live in is healthy and that the healthy choices are the easy and cheaper choices.'

It was suggested that the strategy be broadened to include support for health lifestyles.

'We already know that the promotion of these ideas is not enough, particularly for Maori and Pacific people. The strategy must be broader and more considerate of the multiple dimensions of the Ottawa Charter and broader determinants of health, if it is to be effective.'

Focussing on people

Although overall there is a very high level of support for this strategy and the focus on reducing disparities, again there was both positive and negative comments.

'Engaging Maori feedback needs to become a prioritised effort - not just a token but a yes - and then allowing Maori to get on with the work at ground level.'

'Treat all patients alike – no special treatment for Maori'

The role of private finance in reducing the long term impact of chronic disease was also noted.

'I would like to see some acknowledgement of the money that is spent on private health care services in our community. Private finance spent reducing the ongoing long term impact of chronic diseases such as diabetes is rising with little acknowledgement from the public sector.'

Updating hospitals

While the need to have good hospital facilities was recognised, this was balanced with the need to focus on prevention and primary care as the main approaches to improving health in the district.

The issue of payment for hospital treatment by some patients was also raised.

'Hospital updating seems sensible as long as it treats all in need (even if different New Zealanders). All others that are non citizens should pay.'

Developing our workforce

Most comments referred to the need for developing mainstream health services' ability to meet the needs of specific population groups. The issue of how to attract young people to health careers was noted, along with ensuring that the current workforce is sufficiently skilled, especially where there will be a requirement to work both within the hospital and community services.

'Important to have a workforce that reflects the cultural diversity of the constituent population.'

'Having a sufficiently skilled workforce available will be a real challenge and may well be an impediment to achieving the plan.'

It was noted that workforce development was relevant across the sector and not just to services delivered by the Board.

'Workforce development in the community should be at the same level as you are attempting in the acute setting.'

An area of particular concern was the availability of GPs in some areas, including Kapiti, and the need for the Board to work closely with PHOs to address this.

Although the workforce is one the Board's responsibilities respondents saw that this should be shared with central government and other groups such as City Councils, Universities and other tertiary education facilities. Work should include developing short and long term solutions.

Managing our money

This was recognised as a vital part of achieving the principles managed in the *DSP* (effectiveness, equity and value for money). Several people were concerned that CCDHB is over administrated and that some of this money could be better spent at the coalface'.

Others acknowledged the difficulty in balancing the need to provide adequate health services for people against the Board's need to live within its budget.

'While we understand the Board does have to make some tough financial decisions we would like to stress the importance of increasing access to health care services, particularly for those that live on the poverty line and have poor health. We have always maintained that it is vital to be vigilant in reducing health disparities and that this needs to be taken into account in any hard financial decision that may have to be made in the future.'

Others thought that the Board's funding was insufficient and that it should actively lobby for an increase.

'Strongly advocating for funding to provide an adequate service to its population should have more emphases.'

Other Issues

A range of other issues were raised. These included:

- More inclusive of alternative health care professionals
- Provision of regular updates on work progress and achievements towards meeting these goals.
- Development of specialist units in the community so people can learn about their illnesses and disabilities and how best to manage them.

4.5 Do you think the plan and strategies will help people to become more healthy?

69 people answered this question. 72% agreed that the plan and strategies would help people become more healthy, while 28% of people disagreed.

4.5.1 If yes, do you think that the plan and strategies will help the people who are most likely to become ill?

57 people answered this question and of those 52% thought the plans and strategies would help the people who are most likely to become ill.

4.5.2 Comments

There was a variety of comments on why the plan and strategies would not necessarily help the people who are most likely to become ill.

Some people thought this was because the plan does not target the right groups.

'Young people are among those groups in society whose outcomes, on average, are poor relative to the population as a whole.'

'Focus on everyone.'

'People with an intellectual disability may be missed out.'

Others thought that the people who are most likely to become ill are also least likely to have the knowledge and ability to protect their own health. In contrast, other respondents thought that to a large extent being healthy was a choice and that there needs to be clear incentives for people to look after their own health.

'The majority of people who become ill tend not to abide by healthy strategies and ignore or are unable to read basic plans.'

'Depends if those at risk are prepared to make the necessary lifestyle changes.'

'Rather than hand out fruit at low decile schools, it would be more useful to give those parents budgeting and cooking advice. After all how difficult is it to buy your family apples? If kids have bad teeth haul their parents in for a talking to!'

'Not enough incentives in the health system for people to stay healthy (i.e. costs too much to see GP for regular check ups and prescriptions).'

The timeframe of the *DSP* was also a concern for some respondents with many noting that changes to the scale required would take time.

'I think it will take longer than this timeframe to achieve – 2012 is too soon for some of the changes to show results.'

'The problems you consistently identify are inter-generational problems. You must adopt strategies that lead to deprived children experiencing better health and expect to wait generations to see improvements that are sustained.'

It was also noted that there will always be illness regardless of strategies and plans.

'Everyone can become acutely ill at some time, and this will not change in spite of these strategies.'

4.6 Do you think we should focus on some but not all of our strategies?

55% of respondents support a more focussed approach while 45% thought all six strategies should be progressed together.

4.6.1 If yes, which strategies

Most respondents who supported a more focussed approach identified their priority areas.

Preferred Strategies (in priority order)	Number
Developing our workforce	13
Promoting healthy lifestyle	12
Working with communities	7
Focussing on people	7
Managing our money	7
Updating hospitals	5

4.6.2 Comments

Many respondents identified issues or barriers they considered would prevent the Board from achieving the stated goals. Most have already been noted in this report so only new points are covered here.

Comment was made on the difficulties facing youth when accessing healthcare, the availability of mental health services and other factors such as educational underachievement, poor health knowledge and relative poverty that would mitigate the success of some of the strategies.

'Myself and my social circle are not comfortable accessing healthcare at present. To seek help feels like such a big ordeal. We use A & E which we understand is a misdirection/drain on resources when seeing a GP is more suited but A & E is just so accessible.'

'I would like to see more resources put into Mental Health Services. Having worked with children who needed urgent mental health services – it took too long to access those services.'

Other new issues included:

- Inclusion of subsidised access to natural therapies
- Extending Community Service Cards to include more health benefits
- Attitudes of staff to acknowledging the knowledge people already have and building on it

4.7 Do you think we have missed other things that are important to people and their health?

46% of respondents thought that the plan missed something important to people and their health.

4.7.1 Comments

Many of the issues identified as being important to people and their health have already been discussed.

Additional issues noted are:

'Palliative Care patients – when out in the community have to fund things themselves. In Hutt Valley they can access after hours medical and nursing care, drugs, equipment, home help etc through the hospice. Admissions to Hutt DHB have dropped because of this initiative – why doesn't CCDHB consider this?'

'How will you reach Maori like me with no iwi links in this district? I am away from my turangawaewae, but I would like support to help me make healthy choices.'

'Far more innovation and resources are required for psychiatric patients.'

'Maternal mental health.'

'We encourage the DHB to promote positive images of young people in the media and society in collaboration with other agencies and sectors. The attitudes of member of society towards ethnic young people are of particular concern. We urge the DHB to look at its role in contributing to a society which values all it's member.'

'If you are focussing on a preventative strategy to health, young people, unequal access to services etc then I think sexual health should get a mention in here somewhere.'

'Pacific Island people tend to have a much higher level of tolerance when it comes to illness. Very often they do not seek medical help until the illness becomes very

serious and life threatening. There could be a lot of reasons for this e.g. accessibility, affordability, transportation, language barrier, fear, religious beliefs or even a feeling of unworthiness or undeserving. It is important that this problem is adequately addressed within the proposed strategies.'

5 Comments on consultation process

Many of the people who completed a submission thanked the Board for the opportunity to comment on the draft *DSP*. The Board's extensive efforts to engage with people in the District by including the draft *DSP* in the *Annual Check-up* and distributing to every household for the first time, was particularly appreciated.

'It is great to have the opportunity to comment on the plan. The fact that you sent the plan directly to me and it is relatively short has made it much easier to provide feedback.'

However some submissions expressed concern at the cost of publishing and distributing the *Annual Check-up*.

'A waste of money better spent on providing health services'.

Many of the people who attended the many meetings, focus groups, hui and fono held through the consultation period also thanked the Board for the opportunity to meet, share information, discuss ideas and provide feedback. They looked forward to further discussions on how to implement and achieve the goals in their community.

There were differing views on the consultation document.

'Congratulations on a clear, readable and informative presentation.'
'The document is well written and provides an excellent opportunity for a lay person to understand the DHB's business and what they do and what they are trying to achieve.'

Others thought there should be more detail in the consultation document including examples of how the Board proposes to address specific issues e.g. managing waiting lists

There were some suggestions on how the Board's process for consulting with people in the District could be improved in the future.

Consultation processes are valuable and the Board should continue to develop ways of engaging people and communities in these – *'A HUGE portion of our population who a) do not know about b) do not know how to engage c) do not access the forums and become a part of [the consultation process]...we need to think more outside the square and be more adventurous to get their buy-in on 'their' health.'*

At some meetings it was suggested that the timeframe for consultation should be increase - *'By the time I leave this meeting and talk to others the timeframe is very short'* and there is not enough time for discussions.

Appendix 1: Submitters

Submissions were received from:

Ernest Asher
Linda Hill
Ora Thompson
Vincent Gray
Alison Rudd
Maureen Lange
Judy Kirby
Mrs Andie Forrestal
J M Norling
Ruth Nichols
L Stonyer
Peter and Denise Davis
Gordon McLean, Sukyo Mahikari Organisation
L M and B B Noble
Joanna Robson
Dorothy Clingin
L L Ng
R Wilson
John Roberts
Bryan Pannett
Mabel Randall
Bruce Campbell
R Giese
Jane Hayes
Phillippa Boardman
Elizabeth Clements
David Perry
Miss Delys Reed
Verity Doak, The Personal Advocacy Trust
Patricia Margaret Howard
Ian Williams
Carol Lindgard
Graham Turley
Marjorie Barlow
Gaynor Nairn, Welcoss
Anaria Tangohau
Mrs Ivy P Hancox
Hayley Fisher
Denis Hayman
Marge Jackson, Kites Trust
G M Robinson
Julia Barton, NZ Pain Society
Dr N R Fraser
Aaron Packard

G T Nicol
Langi F Sipeli, St James Presbyterian Church
Lysbeth Noble, Age Concern
Shirley Cranch
Ross Wilson
John Tovey
Maori Partnership Board
Maurice Priestly
Robyn Toomath
Doreen P White
Sargunam Sivaraj, C&C DHB
Peter Graham
Ligi Igasia
Rodney Murphy
Lynette Sadleir
Jo Reade
Gaynor Nairn, Wellington Alzheimers Society
T R Nolan
Jim Delahunty, Western Health Network
John Murphy, C&C DHB
Marcus Reade, EVOLVE Wellington Youth Services
Kiri Parata, Kapiti Community Health Group Trust
A & A Mitcalfe
Lynette Wharfe, Pauatahanui Residents Association
Roger Blakely, Porirua City Council
Ioane Teao, Porirua Tokelau Society Inc
Aaron Packard, Te Whanganui a Tara Youth Development Trust
David Thorp, Epilepsy NZ Wellington Branch
Jo Hodge, C&C DHB
Rob Beaglehole, Regional Public Health
Margaret Sanders, **Allied Health Reference Group**
Frances Acey
G J Barnard
Tua Asofaga Leau
Jane Trolove, Child Protection Service
Jocelyn Brooks
Peri Te Wao
Paul Desborough, Wellington City Council
Esther Read, Royal NZ Plunket Society
J R Graham
Phillippa Brosnahan
Joan Corry
Ian Moir
Mr W A Moore
Mrs J M Wellings

Oral Submission:

Julia Barton, President Pain Management Society