

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 19 March 2019 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)	Barbara Robson
Diane Anderson (Deputy Chair)	Michael Feyen
Dot McKinnon	Nadarajah Manoharan
Adrian Broad	Oriana Paewai
Ann Chapman	John Waldon
Barbara Cameron	Vicki Beagley

IN ATTENDANCE

Kathryn Cook, Chief Executive
Andrew Nwosu, Operations Executive, Healthy Aging & Rehabilitation
Celina Eves, Executive Director, Nursing & Midwifery
Claire Hardie, Acting Clinical Executive, Cancer Screening Treatment & Support (part meeting)
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dave Ayling, Clinical Executive, Primary, Public, Community Health
David Andrews, Acting GM, Enable NZ (part meeting)
David Sapsford, Clinical Executive, Acute & Elective Specialist Services
Debbie Davies, Operations Executive, Primary, Public, Community Health
Gabrielle Scott, Executive Director, Allied Health
Jeff Brown, Clinical Executive, Healthy women, Children & Youth
Judith Catherwood, General Manager, Quality & Innovation
Kenneth Clark, Chief Medical Officer (part meeting)
Lyn Horgan, Operations Executive, Acute and Elective Services
Sarah Fenwick, Operations Executive, Women, Children & Youth
Stephanie Turner, General Manager, Maori & Pacific
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation
Vanessa Caldwell, Operations Executive, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary
Lisa Knight, Communications Officer (part meeting)
Angela Rainham, Locality & Population Health Manager (part meeting)
Barb Ruby, Manager, Quality Improvement & Assurance (part meeting)
Kelly Isles, Project Manager (part meeting)
Rob Weir, Clinical Director, Public Health/Medical Officer of Health (part meeting)

Public: 2

Media: 1

Members stood in silence in remembrance of the recent terrorist attack in Christchurch. A vigil was being held at 12noon in the Hospital Chapel today, and it was agreed the meeting would conclude if possible by then so members could attend it. The meeting was then opened with a karakia.

1 ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Members Anne Kolbe and Brendan Duffy.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

Ann Chapmen declared a conflict in regard to pages 213-217 which contained reference to the Otaki Mail. She was part owner of this company.

Vicky Beagley advised that her husband, John Freebairn, was no longer Chair of the Arohanui Hospice but was still a member.

1.4 Minutes of the Previous Meeting

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record. (Moved Michael Feyen; seconded Nadarajah Manoharan).

1.5 Matters Arising from the Minutes

Management confirmed that Francis Health was contracted to the end of June 2019 and that the ongoing work being performed by them was funded from the Quality Improvement & Assurance budget. Management also confirmed the DHB did not currently have any other contracts with Francis Health.

The non-provision of financial information in the cluster reports was raised. Management took this on notice, advising this Committee's focus and terms of reference were around consumer experience, quality, safety and service development and that Financial, Risk and Audit Committee's (FRAC) focus was on finance, audit and risk. Management had therefore chosen to move the financial information to FRAC. Members noted that financial monitoring was included in the Committee's terms of reference and requested some financial information be included in cluster reports to provide the opportunity to discuss financial issues.

2 PERFORMANCE

2.1 Ka Ao Ka Awatea – Maori Health Strategic Framework and Equity Targets Update

The General Manager, Maori spoke to this paper.

The possible use of a mobile multi-purpose medical bus situated on maraes was raised. Management advised this would only work if it utilised the knowledge, experience and skill of the people working in that area. The establishment of the Paiaka Whaiora cluster would help achieve equity for Maori. Training and recruiting staff would be important. The number of Treaty training and cultural programmes had increased.

It was resolved that the Committee:

Unconfirmed Minutes

- *note the progress update on the Equity Work Programme*
- *note the changes in health equity performance*
- *note Ka Ao Ka Awatea Planning Update (moved Karen Naylor; seconded Michael Feyen)*

2.2 Central Region Service Planning forum Equity Framework

The General Manager, Maori spoke to this paper.

Management were advised that the Ministry of Health had developed a series of standards around health statistics, so a lot of monitoring and evaluation could refer to those standards. It was also noted there were many people moving to NZ who were unaware of the Treaty of Waitangi, so some thought should be given to how this could be achieved.

It was resolved that the Committee:

note the Central Region Service Planning Forum (CRSPF) Equity Framework

The agenda order was then changed, so that item 4.8 was taken next.

4. PERFORMANCE

4.8 BreastScreen Coast to Coast Pro-Equity and Wellness Plan

The Operations Executive and Clinical Executive, Cancer Screening, Treatment and Support, spoke to this paper.

Incentivisation was raised and discussed in the context of balancing encouraging participation and informed consent. Dr Hardie spoke to the international evidence supporting breast screen programmes which determined the age range set by the National Screening Unit. It was noted there was a national taskforce considering extending the age range from 69-75 years.

It was resolved that the Committee:

endorse the approach BreastScreen Coast to Coast has taken to reducing inequities in screening participation for Māori and Pacifica women.

3 QUALITY IMPROVEMENT

3.1 Clinical Governance and Quality Improvement Report

The General Manager, Quality Improvement & Assurance spoke to this report, advising that the team had been restructured to support the cluster leadership arrangements and the delivery of the clinical governance framework.

Members were reminded of the compliments/complaints process which provided an opportunity for the public to provide feedback.

It was resolved that:

the content of the clinical governance and quality improvement report be noted and that progress in delivering improvements in Clinical Governance and Quality Improvement be endorsed.

3.2 Update on Speaking Up For Safety and Promoting Professional Accountability Programme

The Executive Director Allied Health spoke to this paper. She confirmed the staff survey on the SUFS programme would not be confidential. Concern was expressed that the Promoting Professional Accountability programme reporting could affect staff morale. Management advised that at every point where a staff member elected to use the reporting tool, there was a statement that advised it was confidential but discoverable. Everything was open to the Official Information Act process. That would also be communicated to staff. It was only when three informal conversations in 18 months happened that a formal investigation occurred. The process provided an opportunity for the person to reflect on their behaviour. The level of investment in the two programmes was questioned. Management undertook to provide this later.

It was resolved that the Committee:

note the update on the Speaking Up For Safety programme and the development of the Promoting Professional Accountability programme.

3.3 Withdrawal of RiskMan from New Zealand

The General Manager, Quality Improvement & Assurance spoke to the paper and the implications.

It was noted the withdrawal of RiskMan would involve some additional costs that had not been anticipated.

It was resolved that:

the withdrawal of RiskMan from the New Zealand market be noted, and that the new enterprise risk and current mitigation strategies be noted.

4 PERFORMANCE cont'd

4.1 Uru Whakamauora – Healthy Ageing & Rehabilitation Cluster Report

The impact of the DHB NZ nursing MECA settlement was noted. Management explained whilst this was outside the cluster's control, it was absorbed by the various clusters according to how staffing contract expenditure and staffing was allocated.

Andrew Nwosu noted the difference between DNA and DNWs. There were very few DNWs and small numbers can show greater range in variation month to month. The Committee noted that hard to reach population groups will feature in DNA rates.

Dr Syed Zaman and Andrew Nwosu, Clinical and Operations Executives then spoke to their presentation.

Key issues covered included:

- Contribution older people made to society

- Consequences of living longer
- Healthy aging strategy
- Frailty (chronic condition)
- OPAL (Older Persons Assessment and Liaison) Unit
- Social isolation and loneliness
- Younger people with disabilities

The presentation was well received and it was suggested some posters should be developed and displayed from it, eg portraying the value of older people. Other issues briefly raised included things that work for Maori eg the treatment of Kaumatua, loneliness, styles of living eg retirement villages, gated villages etc and the ability of older people to change lifestyles. Management offered to send the document source relating to loneliness to Ms Beagley, for her information.

It was resolved that the Committee:

endorse the progress made by the Uru Whakamauora - Healthy Ageing and Rehabilitation cluster in 2018/19.

4.2 Uru Kiriora – Primary, Public and Community Health Cluster Report

The Operations and Clinical Executives presented this report.

Barbara Robson queried the decision to present the Child Adolescent Oral Health service plan to the Organisational Leadership Team and then publish it on the Governance SharedNet site instead of presenting it to this Committee, as it had been listed on the Matters Arising Schedule for this Committee since October 2018. She listed numerous issues with the service and asked that the decision be reversed. Ms Robson felt discussion of this report would provide an opportunity to develop a specific suite of measures to report on to reflect the performance and outcomes of the service going forward.

Management explained they were trying not to overwhelm the Committee when responding to issues or follow up questions as a result of reports. It was agreed discussion on this matter would be held under item 5.2 – Committee’s Work Programme.

Management advised a report on the Primary Care After Hours Pilot was being completed and would be presented to the next PHO/ALT board meeting. HDAC would also be updated at their April meeting.

The reconfiguration of the District Nursing Service was briefly discussed, noting this was not an acute service and that generally people should receive their regular district nursing care during the day and early evening.

The Medical Officer of Health updated members on the measles outbreak in Christchurch and the current local situation. Every endeavour possible was being made to contain the outbreak. It was noted that the Public Health Unit had been in contact with Sports Manawatu who were holding an event this weekend.

It was resolved that the Committee:

endorse the progress made by the Uru Kiriora - Primary, Public and Community Health Cluster in 2018/19

note the positive progress in scaling Primary Options for Acute Care to the Horowhenua
note the independent review of Horowhenua General Practice
note the progress in transitioning the District Nursing Service care delivery configuration.

4.3 Pā Harakeke - Healthy Women, Children & Youth Report

The Operations and Clinical Executives spoke to this report. The Committee was asked to note a correction to section 5 on ESPI performance.

Adrian Broad advised he had offered to help the Women's Health Collective with fund raising, but his offer had been declined.

It was resolved that the Committee:

note the ESPI position for the cluster
note the improved caesarean rate
note the Mokopuna Ora wānanga work
endorse the progress of Uru Pā Harakeke.

4.4 Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster Report

The Operations and Clinical Executives spoke to this report.

It was noted that presentations from clusters were made on a rotational basis. A request for a presentation from this cluster would therefore have to wait until the cluster's next presentation.

It was resolved that the Committee:

endorse the progress made by the Uru Mātai Matengau - Cancer Screening, Treatment & Support Cluster in 2018/19
note the progress in developing a business case for outreach linac facilities
note the Improving Value Projects for outpatient clinics and systemic therapy.

4.5 Uru Rauhi – Mental Health & Addictions Cluster Report

The Operations Executive spoke to this report noting several key issues eg progress towards the goal of zero seclusion, and discussion on providing support for the high level of demand on community providers.

It was also noted that Levin has been identified as one of the localities to assist with refugees from May 2020. Concern was expressed that Levin already had high levels of stress, for example with housing problems, so care must be taken when planning for the new refugees.

Recruitment and the high demand for services were noted. Management said the home based treatment programme had had great impact and was already run in several DHBs. It would mean a more proactive approach to avoid readmission of those exiting the inpatient service.

Management were advised of the usefulness of the dashboard in understanding whether or not processes were working. The recommendation in the report was discussed and it was suggested this should reflect a co-design approach to the dashboard revision for the purposes of governance in terms of the Board and Committee. Management advised they were happy with that and would present a proposed dashboard for discussion. It was agreed the recommendation be amended accordingly.

It was resolved that the Committee:

*endorse the progress made by Uru Rauhi, Mental Health & Addiction Services Cluster in 2018/19
endorse further work continue to revise the dashboard in conjunction with committee members. (Moved Karen Naylor; seconded Michael Feyen.)*

4.6 Enable New Zealand Report

The Acting Operations Executive spoke to this report.

It was noted this report focused on Mana Whaikaha and management agreed to provide a range of other aspects of Enable NZ business so the Committee could consider what else they would like reported on.

It was resolved that:

the Enable New Zealand report for the period 1 January to 28 February 2019 be noted.

4.7 Uru Arotau – Acute & Elective Specialist Services Cluster Report

The Clinical Executive spoke to this presentation.

It was noted that DHBs have been asked to produce recovery plans for elective services. General Surgery and Orthopaedic services will take longer to recover some of the lost capacity from the industrial action. Management was working with Crest Hospital to see if they could provide some outsourced surgery between now and the end of the financial year.

Management clarified that the renal service has three more patients who were able to dialyse in Horowhenua. They were also looking to see if further chairs could be located in the community for self-managed renal patients who could not install dialysis facilities in their homes, to avoid them having to travel for treatment.

It was resolved that the Committee:

*endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19
note the improving value programmes of work continue to be progressed, namely Takatū, Medimorph which includes Frailty and Transfer of Care.*

The media representative left the meeting.

4.9 Locality Planning Update

Ann Chapman declared her conflict of interest relating to her ownership of the Otaki Mail.

The Locality & Population Health Manager spoke to this report.

It was noted annual forums would be held in each area to receive feedback from residents on whether there had been any changes. Various groups would be visited to get their perspectives and hear about any issues. It was also hoped to update the population profiles for each area.

It was resolved that the Committee:

endorse the progress that has been made in each locality regarding the development and progress of each Health and Wellbeing Plan.

The meeting then adjourned so that members could attend the 12noon vigil for victims of the Christchurch terror attack on 15 March 2019.

The meeting reconvened at 12.30pm.

5 POLICY & GOVERNANCE

5.1 Smokefree - Auahi Kore Policy

It was noted there were a number of chain-events to the policy. Other DHBs that had gone with the opt-out policy had achieved better results, which was why MDHB was moving to that approach.

It was resolved that the Committee:

approve the revised Smokefree - Auahi Kore policy.

5.2 Committee's Work Programme, 2018/19

The CEO said there were two areas to the discussion regarding reports, ie the work programme and matters arising. She did not think there was enough clarity in terms of adding items to the work programme, and that it should be explicitly clear when requests were made for information as to whether they were to be included in the work programme or not.

The Chair suggested Management provide a list at the next meeting of reports/updates members were expecting to receive. Barbara Robson stated her understanding that it had been clear following the Child Adolescent Oral Health stock take in June 2018, that there needed to be a follow up report. This had been noted on the matters arising schedule for March 2019. She did not think it unreasonable to expect that report be presented to this Committee. Members noted the importance of public transparency re responses to matters raised at meetings.

It was resolved:

that the Committee endorse the progress being made in the delivery of the 2018/19 work programme.

6 LATE ITEMS

There were no late items.

7 DATE OF NEXT MEETING

30 April 2019. Ann Chapman tendered her apologies for the April meeting.

8 EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>"In committee" minutes of the Health & Disability Committee meeting</i>	<i>For the reasons set out in the order paper of 5.2.2019 meeting held with the public present</i>	
<i>Health and Disability Commissioner Complaints for May 2018 to January 2019</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>Potential and Actual Serious Adverse Events for July 2018 to January 2019</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>Uru Whakamauora Healthy Ageing and Rehabilitation Cluster Part 2 Paper</i>	<i>Subject of Negotiation</i>	<i>9(2)(j)</i>

Confirmed this 30th day of April 2019.

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Chairperson