

## **MIDCENTRAL DISTRICT HEALTH BOARD**

**Minutes of the MidCentral District Health Board meeting held on 15 August 2017 at 10.00am at Horowhenua Health Centre, 62 Liverpool Street, Levin**

### **PRESENT**

Dot McKinnon (Chair)  
Diane Anderson  
Adrian Broad  
Ann Chapman  
Brendan Duffy

Michael Feyen  
Nadarajah Manoharan  
Karen Naylor  
Oriana Paewai  
Barbara Robson

### **IN ATTENDANCE**

Kathryn Cook, Chief Executive Officer  
Michele Coghlan, Acting Executive Director, Nursing & Midwifery  
Neil Wanden, General Manager, Finance & Corporate Services  
Ken Clark, Chief Medical Officer  
Craig Johnston, General Manager, Strategy, Planning and Performance  
Gabrielle Scott, Executive Director, Allied Health  
Stephanie Turner, General Manager, Maori & Pacific  
Keyur Anjaria, General Manager, People & Culture  
Jill Matthews, Principal Administration Officer  
Dennis Geddis, Team Leader, Communications Unit  
Jo Smith, Portfolio Manager, Health of Older People  
Kelly Isles, Project Manager  
Willie Kirk, Project Officer  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Lyn Horgan, Operations Director, Hospital Services  
David Andrews, Operations Manager, Enable New Zealand  
Richard McLeavey, Team Leader, Horowhenua Community Mental Health  
Sandra Lester, Co-ordinator, Horowhenua Integrated Family Health Centre (Central PHO)

Public: 26

Media: 1

Opening the meeting, the Chairperson welcomed members of the public.

The meeting commenced with a karakia.

#### **1. ADMINISTRATIVE MATTERS**

##### **1.1 Apologies**

An apology was received from Barbara Cameron, Board Member.

##### **1.2 Late Items**

There were no late items.

### **1.3 Conflict and/or Register of Interests Update**

There were no amendments to the Register of Interest, or advice of any conflicts in relation to the day's business.

## **2. PUBLIC FORUM**

Members of the public addressed the meeting and the following matters were discussed.

- The impact of additional Government funding for mental health services on the DHB's mental health and addiction services. Members of the public advised that access to the mental health crisis team was now only possible if the Police had been called first.

The DHB's CEO advised that mental health services was an area of concern raised at recent forums the DHB had held in Otāki/Horowhenua, Tararua and Manawatu. The DHB had strengthened its community-based mental health service and more investment was planned.

The CEO advised that the DHB was also working with other stakeholders involved, such as local government, providers, and Police regarding community support for people with a mental illness.

Work was underway to increase primary-based mental health services and the DHB was partnering with the Central PHO in this regard. By increasing services in the community, the need for crisis care could be averted.

In respect of crisis services, the CEO advised unprecedented levels of demand were being experienced.

- The experience of a local resident of being cared for in Palmerston North Hospital's Intensive Care Unit, where their bowel care was not attended to. It was agreed the Operations Director, Hospital Services would meet with the person and investigate the concerns.
- The use of Voluntary Bonding Schemes to recruit more general practitioners to the district, including Foxton.

Sharon Lester, Central PHO advised a volunteer bonding scheme was in place and had been successfully used in the district to recruit a clinical nurse specialist. This nurse had remained in the district at the conclusion of the bonded period.

Ms Lester advised that now there was some stability in the local GP workforce and with the Cambridge Street model and development, there was a good platform from which to attract clinicians to the district, including through the use of a bonding scheme.

- MidCentral DHB's funding allocation for 2017/18, including the portion allocated to disability support.

DHB management advised that total funding received was around \$650m. This included base funding of \$490m which was determined based on the DHB's population. On top of the base funding, the DHB received funding for a range of other things, including new services. It had received funding for pay equity and this had been passed through directly to the workers.

At this time, no information was available regarding what funding MidCentral DHB may receive as a result of the additional mental health funding announced by the Government.

- The availability of “Manage my Health” for the Horowhenua district.

Sandra Lester, Central PHO advised the patient portal had been rolled out across MidCentral DHB’s district. In the Horowhenua area, the availability of this system was imminent. Local general practices were at different stages in implementing it.

- STAR 4 Review.

DHB management advised that consultation on this document had just closed and a report and recommendation would be made to a future meeting of the Board. The review was based on supporting the longer term development of the Horowhenua Integrated Family Health Centre. The DHB was partnering with the Central PHO to ensure the sustainability of medical cover for the Centre, as well support for older people.

The review was part of the DHB’s wider strategy to provide more services closer to peoples’ homes, or in their home.

- Support for the education and development of young doctors.

Sandra Lester, Central PHO advised the GP workforce was stabilising and the PHO had recruited a couple of doctors able to support the trainee and registrar programme. A good relationship had also been established with a Wellington-based GP at an educational level to provide remotely, support for GPs.

The CEO advised that the DHB was aware it needed to do more in the technology space, such as telemedicine and telehealth.

- The future of STAR 4 and local dialysis services, and, the availability of dialysis care for people visiting the district.

The CEO advised that the DHB was committed to the ongoing development of its dialysis service and was encouraging and starting more people on dialysis in their home. The dialysis service at Horowhenua offered another option for people unable to dialyse at home.

The DHB was looking to secure a sustainable medical staffing model for STAR 4 and the Horowhenua Health Centre going forward. This included partnering with the Central PHO to ensure cover for the Centre, as well as in the community.

- Whether MidCentral DHB’s Standing Orders and Code of Conduct in respect of collective responsibility and media engagement, were aligned to the NZ Bill of Rights, particularly around members’ ability to freely express their own opinions.

The Chairperson advised that people had the right to speak while there was also a desire to have a collective agreement if possible.

- A member of the public, John Bent, advised he had stated last year that the DHB’s CEO could not sign MDHB’s Health Charter unless all staff and contracted staff signed up to the principles contained in it. He now considered that in respect of the DHB’s Strategy

and Charter, MidCentral DHB's mental health and addiction services had got worse not better.

- Michael Feyen stated that the Horowhenua district had much higher statistics regarding diabetes, cancer and mental illness and he encouraged the DHB to consider looking into the trace elements of the area's water which was known to have high levels of magnesium, iron and arsenic. It was suggested this could be a research project undertaken with a University.
- David Clapperton, CEO, Horowhenua District Council advised that through the Accelerate 25 programme, the Council had worked with others, including MidCentral DHB, to produce a master plan for looking after older people, entitled, "Project Lift – Master Plan, Quality Care and Lifestyle for Older People".

The Plan had been well received at a recent meeting of Accelerate 25's lead team who had lent their support to the Council's funding application. If successful, the implementation of the master plan would benefit both the local district and other regions of NZ.

Members of the Board congratulated the Council, including the previous Mayor, Brendan Duffy for the development of the Plan.

Adrian Broad, in his role as Councillor, advised that the Palmerston North City Council supported the work done in developing the Plan.

## **1. ADMINISTRATIVE MATTERS CONTINUED**

### **1.4 Minutes of Previous Meeting**

#### *a. Minutes*

It was resolved:

*that the minutes of the previous meeting held on 4 July 2017 be approved as a true and correct record. (Moved Dot McKinnon; seconded Brendan Duffy)*

#### *b. Matters Arising*

An update was sought on MidCentral DHB's application for \$1m from the Government's social investment funding provision to progress primary mental health initiatives. The CEO advised that while MidCentral DHB had hoped to be able to make application, this had not turned out to be the process and the DHB would now need to look at alternative approaches.

The CEO advised that an update would be provided through the Board's Healthy Communities Advisory Committee.

Stephanie Turner entered the meeting.

### **3. STRATEGIC & ANNUAL PLANNING**

#### **3.1 Integrated Services Model**

It was suggested that management consider the use of Apps as part of the project's communication plan.

The budget for the project was discussed, including whether there would be any offsetting savings for the \$400,000 investment. The CEO advised the cost of the leadership structure change, as outlined in a previous paper, had been cost neutral. For the current phase, being the establishment of the cluster model, \$400,000 had been provided in the 2017/18 budget. For future years, the budget would be developed on an annual basis.

A series of acting arrangements in terms of operational and clinical management, had been put in place as the cluster went through the co-design process. In respect of whether there would be any corresponding savings, the CEO advised that this would be brought back to the Board once the cluster model was developed as it was too early to do this at the current time.

The establishment of the Hauora Maori cluster was discussed, including whether the cost had been included in the 2017/18 budget. The CEO advised that in effect the cluster was included in the budget and noted that during the consultation phase there was support for the Hauora Maori cluster to be established with the other clusters, and in discussions with Manawhenua Hauora this had been confirmed. Mrs Cook advised that MidCentral DHB had much stronger relationships and partnerships which sat outside the DHB, such as in the social sector area and the two Whanau Ora collectives. This provided the opportunity for the Hauora Maori cluster to be developed and to include non-staff members.

Members noted that the Hauora Maori cluster would be quite different to other clusters and emphasised the importance of ensuring that the Board was kept informed and understood the new arrangements. The CEO confirmed this would occur.

The CEO confirmed that work was now underway to determine the design of the clusters and the maturity model. For example, while clusters may differ depending on their specific needs, consistency would be necessary in respect to how they contracted with providers and IT system development. The CEO advised that the investment in information and data analytics required to ensure the success of the clusters was not part of the Integrated Service Model project, but formed part of another piece of work.

It was resolved:

*that this report be noted.*

### **4. INTERGRATION & PARTNERSHIP**

#### **4.1 Manawhenua Hauora Minutes**

Oriana Paewai as Chair, Manawhenua Hauora advised Manawhenua Hauora supported the development of the integrated service model, particularly the Hauora Maori cluster. It had held a workshop to ensure its members had a good understanding of the cluster's role and how it would add value to Maori in terms of health.

Following the workshop, Manawhenua Hauora was seeking feedback from individuals as to whether they felt Manawhenua Hauora was on the right track. This was very important given the many cross sector initiatives and work underway. An example was the Whirokino

Bridge work which had iwi involvement that was not directly connected to health, however had an impact on the health of the whanau connected with that land.

The Chairperson drew members' attention to the Board-to-Board hui scheduled for 30 October and requested that this be diaried.

Members noted that MidCentral DHB would be hosting Tu Kaha 2018. The Executive Director, Maori and Pacific said the date of the conference was being finalised. Care was being taken to ensure the date supported attendance by secondary school students. It was likely to take place sometime during September-November 2018.

It was noted that Sir Mason Durie had received the 2007 Blake Medal, and it was agreed this honour be acknowledged by the Board.

It was resolved:

*that the minutes be noted.*

## **5. PERFORMANCE REPORTING**

### **5.1 CEO's Report**

#### *5.1.1 Regional Clinical Portal*

The CEO advised that the Regional Clinical Portal had "gone live" at MidCentral Health on 15 August.

Management was requested to give consideration to developing an information sheet and/or pictorial representation of the regional health information system and how it worked, including details of what clinical records clinicians would be able to access and what records the patient could access.

The CEO advised that a lot of work was occurring in the national IT space, including a business case for an electronic health record, and the development of a Digital Strategy. At a regional level, a workshop was planned to develop an IT roadmap focused on the next stage of IT development, as well as maximising value from the current investment. Locally, work on a MidCentral DHB Strategy would get underway in the near future.

#### *5.1.2 National Health Strategy*

The CEO advised that the Ministry of Health was to review the first year of progress in implementing the Strategy. A stakeholder hui would take place in September.

#### *5.1.3 Speaking Up for Safety*

The Executive Director, Allied Health advised that expressions of interest had been received from a wide variety of staff, and the selection process for trainers was underway.

#### *5.1.4 Interim Management Arrangements*

The interim management arrangements for Specialist Regional and Community Services were noted.

### *5.1.5 Hospital Operations Centre*

The CEO advised that detailed implementation planning had got underway once the contract for service had been finalised. She was not aware that further funding would be required.

Mrs Cook advised that it had been decided that implementation would not commence until after the new patient administration system was in place so as to avoid re-work.

### *5.1.6 Community Engagement*

A member acknowledged the extraordinary level of engagement occurring across the district by the DHB, stating that the magnitude of influence the DHB had by engaging with communities was often not appreciated. Community engagement was a very effective means of communication.

The CEO advised that MidCentral was unique in the respect that it had one primary health organisation in its district and had a very close working relationship with it. This was very effective.

The DHB's strong relationship with Manawhenua Hauora was also acknowledged.

MidCentral DHB's relationship with Massey University was raised and the CEO confirmed that a Memorandum of Understanding was being established.

It was suggested that a similar approach be undertaken with Te Wānanga o Raukawa. It was further suggested that there were opportunities for collaborative work between the Wānanga, Massey University and the DHB.

It was resolved:

*that the CEO's report for June/July 2017 be noted.*

Kelly Isles and Willy Kirk left the meeting.

## **5.2 Finance Report for MidCentral DHB – June 2017**

The 2016/17 result was noted. The General Manager, Finance & Corporate Services advised that provision was made for the Pharmac rebate on advice from Pharmac based on the best available information at the time. MidCentral DHB had taken a less prudent approach to this in 2016/17 than it previously had.

Kathryn Cook left the meeting.

Mr Wanden advised that the higher than budgeted transport costs were related to fleet roll-over. This was not an annual event.

The positive finance results for Enable New Zealand were acknowledged.

It was resolved:

*that the Finance Report for June 2017 be endorsed. (Moved Brendan Duffy; seconded Ann Chapman)*

### **5.3 Board's Work Programme**

It was resolved:

*that progress against the 2017/18 work programme be noted, and that the review of governance arrangements commence in August 2018.*

Kathryn Cook re-entered the meeting.

## **6. POLICY & GOVERNANCE**

### **6.1 Standing Orders and Code of Conduct**

The issue raised by a member of the public regarding alignment of the Standing Orders and Code of Conduct to the NZ Bill of Rights was noted.

It was agreed that the Board looked for collective agreement on an issue where possible and there was ample opportunity during discussion of items for members' to state their views. If a member opposed a decision, there was provision for this to be recorded in the minutes.

The CEO noted the distinction between an individual member of society and a member of the Board who had signed up to a role.

The provision in the Code of Conduct for members to advise the Chairperson of media contact was discussed. It was agreed this was a matter of courtesy so that the Chairperson was advised on all matters in line with a "no surprises" policy.

A member suggested that a review of the terms used in the Standing Orders could be undertaken, eg recommendation, resolution, and motion.

A member suggested that the style of minuting meetings be amended to name members in respect of comments made. It was agreed that identifying members was appropriate for local government but not necessary in a DHB environment except in special circumstances as identified, eg declaration of a conflict of interest.

It was resolved:

*that the proposed changes to the Board's Standing Orders and Code of Conduct be approved, and that these policies be reviewed in 36 months. (Moved Brendan Duffy; seconded Karen Naylor)*

Barbara Robson requested that her vote against the motion be recorded.

### **6.2 Training Policy**

The Chairperson stated that the Board was now in a new financial year and training requirements for members could be considered. She confirmed that the \$1,000 per member budget was for training fees only, and excluded travel and accommodation expenses.

The importance of members sharing what they had learnt from individual training was noted. It was further noted that it was important the opportunity for members to share lessons learnt be provided.



It was resolved:

*the proposed changes to the Board's Training Policy be approved subject to the word "learnings" being replaced with "lessons", and that the policy be reviewed in 36 months. (Moved Diane Anderson; seconded Barbara Robson)*

## **7. COMMITTEE RECOMMENDED PAPERS**

### **7.1 Health & Safety System**

The view of the Chair, Finance, Risk & Audit Committee regarding the need for active Board involvement in this area was noted. The CEO advised that this was work-in-progress. A methodology for engaging with staff needed to be established, together with a system for engagement.

It was resolved:

*that the health and safety system update be noted.*

### **7.2 Review of Delegation Policy**

It was noted that the Policy had been endorsed by the Ministry of Health on behalf of the Minister, and also the Finance, Risk & Audit Committee. The draft policy contained one material change, being the delegation to the Chief Executives for removal and negotiation of existing contracts. This delegation had been omitted in error in the previous version.

The General Manager, Finance & Corporate Services advised that in line with feedback from a board member, the following amendments be made to section 7.2 of the Policy: - update the name of the Children, Young Persons and their Families Act 1989, and include the Vulnerable Children Act 2014. This was agreed.

The term "staff travel/expenses and entertainment" was raised and a member questioned whether expenditure of staff entertainment was appropriate. It was noted that this delegation was restricted and enabled the CEO and General Managers to recognise staff.

It was resolved:

*that the Board approve the Delegation of Authority Policy and the Delegation Schedule, subject to section 7.2 of the Policy being amended to reflect the current name of the Children, Young Persons and their Families Act 1989 and the inclusion of the Vulnerable Children Act 2014. (Moved Dot McKinnon; seconded Adrian Broad)*

## **8. COMMITTEE MINUTES**

### **8.1 Finance, Risk & Audit Committee**

### **8.2 Quality & Excellence Advisory Committee**

### **8.3 Healthy Communities Advisory Committee**

Diane Anderson drew members' attention to the acknowledgement of Duncan Scott's service contained in the Quality & Excellence Advisory Committee's minutes. She advised that she and the CEO had met with Mr Scott and thanked him for his contribution.

MidCentral DHB's partnership with the Ministry of Social Development and Orion Health to undertake a research project regarding data sharing for shared clients was raised. The

importance of ensuring robust processes were in place to support any data sharing was emphasised, particularly as this practice was likely to increase as cross sector collaboration grew. It was noted that if processes were not robust, there was potential for privacy breaches and reputational risk.

Management advised that this was an exploratory piece of research and factors such as ethics approval, were being worked through. The Ministry had a track record of data sharing but this was largely outside the health field. The project's steering group had been strengthened to include Dave Ayling, Central PHO and Materoa Mar, Te Tihi Whanau Ora alliance. The Privacy Commission was engaged in the project.

It was resolved:

*that the unconfirmed minutes of the meetings of the Finance, Risk & Audit Committee held on 4 and 18 July 2017 be received;*

*that the unconfirmed minutes of the meeting of the Quality & Excellence Advisory Committee held on 25 July 2017 be received; and,*

*that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 25 July 2017 be received.*

## **9. LATE ITEMS**

There were no late items.

## **10. DATE OF NEXT MEETING**

Tuesday, 26 September 2017.

## **11. 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>Ref</i>
"In committee" minutes of the previous meeting	For the reasons set out in the order paper of 4.7.17 meeting held with the public present	
Strategic and Operational Planning <ul style="list-style-type: none"> <li>• CEO's report – 2017/18 Annual Plan, and, Health Partnership Limited's National Oracle Solution</li> </ul>	Subject of negotiation	9(2)(j)
Governance Matters <ul style="list-style-type: none"> <li>• CEO &amp; Board Only time</li> <li>• Board only time <ul style="list-style-type: none"> <li>○ Remuneration Committee – CEO's Performance Review</li> <li>○ Other – no decision</li> </ul> </li> </ul>	To protect personal privacy	9(2)(a)

<p><b>“In committee” minutes of committee meetings:</b></p> <ul style="list-style-type: none"> <li>• Finance, Risk &amp; Audit Committee, 4 and 18 July 2017: <ul style="list-style-type: none"> <li>○ Final draft 2017/18 budget – detailed financial statements</li> <li>○ Phishing attack review</li> </ul> </li> <li>• Quality &amp; Excellence Advisory Committee, 25 July 2017</li> <li>• Healthy Communities Advisory Committee, 25 July 2017</li> </ul>	<p><b>Subject of negotiation</b></p> <p>To maintain security of MDHB’s systems</p> <p>For the reasons set out in the order paper of 25.7.17 meeting held with the public present</p> <p>For the reasons set out in the order paper of 25.7.17 meeting held with the public present</p>	<p>9(2)(j)</p> <p>9(2)(k)</p>
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Diane Anderson and Nadarajah Manoharan left the meeting.

Confirmed this 26<sup>th</sup> day of September 2017.

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Chairperson

Unconfirmed minutes