

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 17 May 2016 at 10.30am at St John, Large Hall, 33 Bowen Street, Feilding.

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Lindsay Burnell
Ann Chapman

Kate Joblin
Nadarajah Manoharan
Karen Naylor
Oriana Paewai
Barbara Robson

IN ATTENDANCE

Kathryn Cook, Chief Executive Officer (part meeting)
Mike Grant, General Manager, Clinical Services & Transformation
Neil Wanden, General Manager, Finance & Corporate Services
Janine Hearn, General Manager, People & Culture
Jill Matthews, Principal Administration Officer
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Brian Woolley, Manager, Knowledge & Information
David Andrews, Operations Manager, Enable New Zealand
Greig Russell, Medical Administration Trainee
Vivienne Ayres, Performance & Accountability
Dennis Geddis, Communications Team Leader

Public: 4
Media: 0

1. APOLOGIES

An apology for lateness was received from Board Member Barbara Cameron.

The Chairman advised that Diane Anderson, Board Member was currently involved in the Minister of Health's visit to the EASIE Living & Demonstration Centre and would join the meeting once this had been completed.

Apologies were received from CEO Kathryn Cook, General Manager, Strategy, Planning & Performance Craig Johnston, and General Manager, Maori Health & Pacifica Stephanie Turner.

The Chair conveyed apologies from Manawatu District Council Mayor, Margaret Kouvelis.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Ann Chapman advised that her grandson has commenced employment with the Central Region's Technical Advisory Service.

3.2 Declaration of Conflicts in Relation to Today's Business

No conflicts were declared in relation to the business of the day.

4. PUBLIC FORUM

A member of the public spoke regarding the DHB's mental health and addiction service, particularly in relation to the Hume report. She questioned what significant changes were being implemented across the service to ensure patients' families and carers were involved by clinicians in care planning and delivery.

The General Manager, Clinical Services and Transformation outlined the approach being taken to transform mental health and addiction services, noting that this was a 3-5 year piece of work. There was an intention and spirit to engage more fully with consumers, their families and carers. As a first step the service had embraced the consumer, with consumer representation on the management team. Over time greater engagement with families would occur in an organised way.

Mr Grant further advised that in respect of the issue of who to go to in times of distress, closer engagement was occurring with general practices. Changes to the model of care were also underway. A re-design of the acute management service, and greater availability of the on-call psychiatrist to meet those particularly needs was also occurring.

Mr Grant advised that there was heightened clinician awareness around patient and family involvement, and the pathway forward was a more holistic service which required a significant cultural change.

It was noted that engagement with families was a fraught area and there were often tensions.

Kathryn Cook entered the meeting.

The Chairman welcomed Janine Hearn, General Manager, People & Culture to the organisation.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 5 April 2016 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Finance, Risk & Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 5 April 2016 be received and the recommendations contained therein approved.

6.2 Matters Arising

There were no matters arising from the minutes.

6.3 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 26 April 2016 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

6.5 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 26 April 2016 be received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

6.7 Enable New Zealand Governance Group

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 26 April 2016 be received and the recommendations contained therein approved.

6.8 Matters Arising

There were no matters arising from the minutes.

7. WORK PROGRAMME

The CEO advised that further work on the Master Health Service Plan was to get underway, with a refresh of the previous indicative business case, particularly the service planning elements.

Flowing on from work being done strategically, the new New Zealand Health Strategy and planning across the broader region regarding IT programmes, MidCentral DHB will now be developing a Strategic ICT Plan. From this plan would flow all strategic and ICT investments.

Work was currently being done to look at the governance structures necessary to support Enable New Zealand's sustainability and future business success.

It was resolved:

that the updated 2015/16 work programme be noted.

8. STRATEGIC MATTERS

8.1 centralAlliance

The CEO advised that members of both MidCentral and Whanganui DHBs' management team were currently visiting Canterbury and West Coast DHBs to look at the alliance they had put in

place and to see what could be learnt from their experience. The visit looked at the technical and supporting infrastructure, as well as talking with clinicians.

It was noted that there were some distinct differences in terms of distance and service profiles between the two alliances. It was agreed that there were also many similarities would be assist us the centralAlliance to get traction and move forward.

The foundation document underpinning the centralAlliance was being reviewed, and it was intended this be refocused on supporting the relationship between the two organisations, rather than the current contractual focus. The new document would reflect new ways of working, particularly within women's health, to ensure strong clinical integration going forward.

It was recommended that management review the population data for the combined district as latest data in respect of the Horowhenua district was markedly changed. Whereas previously slow or stagnant growth had been forecast for this region, significant growth was now expected.

It was resolved:

that the report be received.

8.2 2016/17 Capital Plan

The General Manager, Finance & Corporate Services advised a conservative approach was being taken to capital planning in the short term while an investment plan was being developed. He advised that a draft capital plan for 2016/17 would be submitted to the Board at its next meeting. Work on the investment plan would then get underway and a paper on this would be presented to the Board in August, with a draft investment plan to be submitted in September.

The CEO and General Manager, Finance & Corporate Services provided confirmation that the clinical part of the business was highly engaged in the capital planning process.

Mr Wanden confirmed that it was intended each year's capital programme would be spent or committed within the 12 month period.

It was resolved:

that the report be received.

9. OPERATIONAL REPORTS

9.1 CEO's Report

9.1.1 Visit of Minister of Health

The CEO advised that the Minister of Health's visit to MidCentral DHB had been very successful. He had visited three areas within Palmerston North Hospital - the women's health unit, regional cancer treatment service, and mental health services. The Minister had enjoyed talking to staff and patients in these areas. The Minister had then visited the EASIE Living & Demonstration Centre and was very interested in this initiative.

The Chair advised that in discussion with the CEO and himself, the Minister had expressed his appreciation of all that MidCentral DHB was doing, notwithstanding the difficulties we faced. The Minister regarded MDHB as a well performing DHB, particularly its non-financial target performance. The Minister had acknowledged the DHB's current financial difficulties were being addressed.

9.1.2 Mental Health Hui

The CEO advised that a very successful hui had been held.

Diane Anderson, Board Member entered the meeting.

Oriana Paewai advised that she had attended the hui in her capacity as Chair, Manawhenua Hauora and felt it had been very inclusive and was an excellent space to address whole of system care for those in mental health and addiction services – patients, whanau and family. One group which appeared not to be included was pharmacy.

Adrian Broad advised he too had attended the hui and was disappointed at the lack of senior local government representation. He encouraged management to ensure future invites were targeted at the right people within territorial local authorities.

It was suggested that MDHB governance representation at these hui and other projects and activities should be considered.

9.1.3 Engagement with Local Territorial Authorities and Members of Parliament

Mr Broad advised he had requested MDHB's General Manager, Strategy, Planning & Performance to meet monthly with his counterpart at the Palmerston North City Council.

9.1.4 Financial Position

The CEO advised that the DHB was currently challenged financially. This was not unexpected as the DHB had embarked upon the 2015/16 year knowing achievement of its budget would be challenging. Work continued to look within the business to see where efficiencies and reductions in expenditure could be made. Looking ahead to 2016/17 there was modest growth in budgeted revenue. Long term, the key was seen to be quality, with investment in this area leading to both better services and improved financial performance.

9.1.5 Executive Leadership Team

The CEO advised that recruitment to the Executive Director, Nursing & Midwifery and Allied Health roles was underway.

9.1.6 Information Systems

The regional clinical portal system went live at Whanganui DHB recently, and is the first regional core IT system to go live in the region. This will be followed by the Regional Radiology Information System which will go live in Whanganui. MidCentral DHB would be the next to implement both these regional system.

WebPAS, a regional common solution for Whanganui, MidCentral and Wairarapa DHBs was also being progressed, and would first go live in Whanganui.

A member suggested that a dummy's guide to regional information systems be developed and made available for staff and the public.

Regarding the financial cost of these systems, the CEO advised that there were two elements to the regional programme. One related to the regional components and this had been incorporated into the regional budget. Local elements had not been included in the budget. Therefore, whether systems were core or common, the same costing approach applied. Currently, MDHB was working with other organisations to minimise the costs involved. MDHB had had money on its balance sheet as it needed to make provision for implementing its own programmes, and this would move forward into next year's budget.

9.1.7 Integrated Family Health Centres

The CEO advised that locality plans for each Integrated Family Health Centre were planned, as well as local Maori health plans.

The CEO confirmed that an IFHC was being considered for the West End of Palmerston North, including Awapuni, Highbury and Takaro.

9.1.8 *New Zealand Health Strategy*

Copies of the new New Zealand Health Strategy had been provided to members.

9.1.1 *Visit of Minister of Health continued*

Diane Anderson reported that the Minister of Health had enjoyed his visit to the EASIE Living & Demonstration Centre.

A visit by the Minister for ACC had been suggested and this would followed up.

It was resolved:

that the report be received.

9.2 **Financial Report**

The General Manager, Finance & Corporate Services advised that the result for March was a deficit, and the DHB was running behind budget on a year-to-date basis. He believed dealing with the mental health review, delivering acute services and the flow-on effects of this was making it hard to get back on track. Accordingly, the outlook was for a year end deficit of around \$2.97m. Management wished to bring this back to \$2m previously advised and this was the current area of focus.

In respect of placements at MASH, the General Manager, Clinical Services & Transformation advised currently the DHB had mental health consumers getting beds in the community that should be cared for within aged residential care facilities. The issue related to one of service co-ordination.

It was noted that growth in acute services had increased in the current year. Management advised this was a cyclical issue which occurred from time to time. Budgeting and planning for 2016/17 had been done on the basis of increased acute volumes.

It was agreed that a considered approach be taken to reducing expenditure, ie quality first.

The possibility of community funds was raised and the CEO advised that the possibility of a Foundation was to be considered. It was noted that care was needed with community bequests for capital projects as these had operational costs which the DHB had to be meet on an ongoing basis. It was further noted that some work had been done on the establishment of a Foundation previously and it would be beneficial for management to look at this.

Kathryn Cook left the meeting.

It was resolved:

that the report be received.

9.3 **Contracts Update**

It was resolved:

that the report be received.

10. GOVERNANCE MATTERS

10.1 2016 DHB Elections

It was noted that the trial of on-line voting would not occur.

The Chairman drew members' attention to their obligations during the election period.

It was resolved:

that the report be received.

10.2 Enable NZ Limited – Annual Reporting Requirements

It was resolved:

that pursuant to section 211(3) of the Companies Act 1993, the annual report of Enable New Zealand Limited for the year ended 30 June 2016 shall incorporate the financial statements and auditor's report thereon and exclude information specified in any of the paragraphs (a) and (e) to (j) of subsection (1) of that section.

10.3 Trans Pacific Partnership Implications

It was resolved:

that the report be received.

11. LATE ITEMS

There were no late items.

12. DATE OF NEXT MEETING

Tuesday, 28 June 2016 at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

13. EXCLUSION OF THE 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 23.2.16 meeting held with the public present	
"In committee" minutes of committee meetings: <ul style="list-style-type: none"> • Hospital Advisory Committee, 26 April 2016 	For the reasons set out in the Committees' order paper 26.4.16 meeting held with the public present	
<ul style="list-style-type: none"> • Community & Public Health Advisory Committee, 26 April 2016 	For the reasons set out in the Committees' order paper 26.4.16 meeting held with the public present	

<ul style="list-style-type: none"> • Enable New Zealand Governance Group, 26 April 2016: Ministry of Health Hearing Aid Service Contract; ACC national housing modification service approach and contingency plan; and quarter contracts report • Remuneration Committee, 26 April 2016: CEO's performance review and measures 	<p>Subject of negotiation</p> <p>To protect personal privacy</p>	<p>9(2)(j)</p> <p>9(2)(a)</p>
<p>Strategic Matters</p> <ul style="list-style-type: none"> • 2016/17 annual planning update 	<p>Subject of negotiation with Ministry of Health</p>	<p>9(2)(j)</p>
<p>Operational Matters</p> <ul style="list-style-type: none"> • CEO's report: serious adverse event 	<p>To protect personal privacy</p>	<p>9(2)(a)</p>
<p>Governance Matters</p> <ul style="list-style-type: none"> • Banked Revenue • Insurance negotiation updates • CEO/Board and Board Only time (no decision) • Board Only Discussion (no decision) 	<p>Subject of negotiation</p> <p>Subject of negotiation</p>	<p>9(2)(j)</p> <p>9(2)(j)</p>

Confirmed this 28th day of June 2016.

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Chairman