

MidCentral District Health Board

Healthy Communities Advisory Committee

Minutes of meeting held on Tuesday, 25 July 2017 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT

- Brendan Duffy (Chair)
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Ann Chapman
- Dot McKinnon (ex officio)
- Vicki Beagley
- Tawhiti Kunaiti

IN ATTENDANCE

Diane Anderson, Chair, Quality & Excellence Advisory Committee
Barbara Robson, Committee Member, Quality & Excellence Advisory Committee
Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Neil Wanden, General Manager, Finance & Corporate Services
Megan Doran, Committee Secretary
Stephanie Turner, General Manager, Maori & Pacific
Gabrielle Scott, Executive Director, Allied Health
Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
Gopy Sundararajah, Portfolio Manager, Clinical Support
David Jerney, Portfolio Manager, Primary Health
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Debbie Davies, Nurse Director Primary & Integration
Erica Henderson, Coordinator
Sheree Wilton, ASD Coordinator
Amber Barry, Clinical Psychologist
Trish Knight, Developmental Therapist
Dennis Geddis, Communications Team Leader

OTHER

Public: (1)
Media: (1)

1. APOLOGIES

There were apologies from Nadarajah Manoharan and Donald Campbell.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment to the Register of Interests

There were no amendments to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

No declarations were advised in relation to the meeting.

4. OPERATIONAL PLANNING

4.1 Child Development Service Update & Presentation

Gabrielle Scott, Executive Director Allied Health, and Dr Jeff Brown, Clinical Director Child Health, presented to the Committee on Child Health Development service.

A member expressed their concern regarding the current space occupied by the Child Health Team; although staffing numbers have increased the space used by the Child Health Team has not. The Clinical Director Child Health advised that an improvement in where the Child Health Team is housed would help with a much more effective collaboration between the team within the health and disability sector and all other agencies.

There was a suggestion that perhaps there could be a public/private collaboration to enable the Child Health Team's space to increase. It would have to be a cross sectoral approach. The Integrated Service Model was the ideal format for this to be looked at.

It was noted that the Ministry was currently undertaking a review on 'Good Start to Life'. There has only been one update provided which stated that Child Health Services were still being reviewed as part of the 'Good Start to Life'. The update was on breastfeeding and the health target which was built into that piece of work.

The Ministry was currently looking at what their model of funding is and it is trying to narrow it down, particularly to the disability sector, where they were funding one service and not multiple services.

It was agreed that the Child Health Team would go back on the work programme to allow the committee to receive further updates on any progress moving forward.

It was recommended:

that the update on Child Development Service is noted.

4.2 Proposed Multiagency Drinking Water Work Programme

The Medical Officer of Health and Technical Manager Operations, Central North Island Drinking Water Assessment Unit introduced this report. The Committee was advised that the DHB has just submitted on Phase 2 of the enquiry.

A committee member questioned what happens next in terms of Public Health's evaluation of the provision of water services around the region MDHB was responsible for, as it was noted that one of the Councils has appealed?

Every year there was an annual water quality survey and there have been a number of Councils that have not met the appropriate questions. Horowhenua was one Council that had appealed that decision to the Ministry of Health. Advice had been sought from the Ministry of Health on what happens moving forward.

It was recommended:

that the establishment of a multiagency work plan, developed in the aftermath of the Havelock North Drinking Water Inquiry, be noted.

5. PERFORMANCE REPORTING

5.1 Strategy, Planning & Performance Operating Report

Locality Plans update

Nearly 1000 people/groups have had input into the Locality Plans so far. Otaki was an area where community engagement got off to a slow start but the team were working hard to get it back on track. In response to a question from a member, the General Manager, Strategy, Planning & Performance advised that updates on locality planning, including feedback, analyses, etc, would be provided to the Board and Committee on a regular basis.

Consumer & Clinical Council Update

The first meeting of the Consumer Council would take place on 27 July 2017. There would be a joint meeting of the Clinical and Consumer councils in August, which would also serve as the first meeting of the Clinical Council.

2017/18 Funding Arrangements Document Update

The General Manager, Strategy, Planning & Performance, asked for the members' views on the continuation of the Funding Arrangements document. This document summarises the services that MidCentral DHB funds, including details of providers. The DHB has published this document each year for the last ten years, but was the only DHB to do so.

The Funding Arrangements document is a useful reference point for staff and for the public, and was particularly useful for Official Information Requests. On the other hand, it was resource intensive to produce and indications are that it was not well used. It is largely available on line and in the last 12 months it was drawn down only 51 times.

It was suggested that this year instead of publishing a full Funding Arrangements document, the DHB could publish a cut down edition that concentrates on the contracting/service tables. The committee agreed unanimously on the process going forward and that no Funding Arrangements Document would be produced for the 2017/18 year.

Partnership project with Ministry of Social Development & Orion

The General Manager, Strategy, Planning & Performance outlined this small exploratory piece of work that was being undertaken in conjunction with Orion Health and the Ministry of Social Development. It was looking at people with health related benefits and it was trying to identify whether by combining the data from across health and MSD insights can be gained into service changes that would make people's lives better. From a health perspective the DHB was really interested in anything that flags up where early intervention could occur. It was an exploratory piece of work with a fixed six month timeframe.

Horowhenua STAR 4 Staffing Report

The timeframe for feedback has been extended at the request of the unions. To date only one letter has been received and that was from Grey Power.

Pay Equity

Implementing the Pay Equity Settlement has been a major piece of work for the Senior Portfolio Manager, Health of Older People, and the Contracts team. Feedback locally was that it has gone quite well. There were a few risks for DHBs in the changes which MidCentral was keeping a close watch on.

In response to a member's inquiry, the General Manager, Strategy, Planning & Performance, indicated that the Ministry had now clarified that its early direction to DHBs concerned the importance of not using Pay Equity funding to address pay equity issues relating to mental health workers. These issues were being dealt with through the Employment Court. The Ministry and DHBs were taking a facilitative role in supporting the parties to achieve a speedy resolution.

Implementation of the St John 111 Clinical Hub in MDHB

The Chair inquired about how the new service would be communicated to health services and the community. The Portfolio Manager, Primary Health Care, advised that St John has a formal roll-out process, which includes communicating with both health services (eg, MidCentral Health) and the community. In our district, the Urgent Care District Group would take an active role in supporting the new service. The CEO confirmed that the proposed approach to getting the information out to the community would be provided to the Committee in due course.

The General Manager, Strategy, Planning & Performance, noted that the new service would potentially be a real advantage to rural communities, such as Tararua. At the recent board meeting in Dannevirke, ambulance responsiveness came up as an issue. The Clinical Desk, would be quite advantageous for those types of communities, particularly given the issues with the Manawatu Gorge, which impose an additional barrier in terms of people from Tararua travelling through for care.

It was recommended:

that this report be noted.

6. MINUTES OF THE PREVIOUS MEETINGS

It was recommended:

that the minutes of the previous meetings held on 2 May 2017 and 13 June 2017 be confirmed as a true and correct record.

7. COMMITTEE'S WORK PROGRAMME

In response to an inquiry from the General Manager, Strategy, Planning & Performance, the committee indicated it would like presentations from the following:

- Ministry of Health and Education on disability programmes
- The Enabling Good Lives programme
- Levin Children's Team
- Kaianga Whanau Ora.

It was recommended:

that the progress against the 2017/18 work programme be noted

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

5 September 2017 (Shared matters of interest)
17 October 2017

10. EXCLUSION OF PUBLIC

It was recommended:

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>
"In Committee" minutes of the meeting held on 2 May 2017	For reasons stated in the Agenda of 2 May 2017	

Confirmed this 25th day of July 2017

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Chairperson