

# MidCentral District Health Board

## Healthy Communities Advisory Committee

Minutes of meeting held on Tuesday, 30 August 2016 at 9am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

The shared matters of interest section of the meeting commenced at 9.00am.

### **PRESENT**

#### **HCAC Members**

- Diane Anderson
- Adrian Broad
- Ann Chapman
- Nadarajah Manoharan
- Oriana Paewai
- Phil Sunderland (ex officio)
- Vicki Beagley
- Donald Campbell
- Jonathan Godfrey
- Tawhiti Kunaiti

#### **QEAC Members**

- Barbara Robson (Chair)
- Lindsay Burnell (Deputy Chair)
- Kate Joblin
- Karen Naylor
- Phil Sunderland (ex officio)
- Duncan Scott
- Cynric Temple-Camp

### **IN ATTENDANCE**

Kathryn Cook, Chief Executive

Craig Johnston, General Manager, Strategy, Planning & Performance

Mike Grant, General Manager, Clinical Services & Transformation

Megan Doran, Committee Secretary

Neil Wanden, General Manager, Finance & Corporate Services

Stephanie Turner, General Manager, Maori & Pacific

Gabrielle Scott, Executive Director, Allied Health

Michele Coghlan, Acting Executive Director, Nursing & Midwifery

Ken Clark, Chief Medical Officer

Vivienne Ayres, Manager, DHB Planning and Accountability

Jill Matthews, PAO

Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships

Jo Smith, Senior Portfolio Manager, Health of Older Persons

Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions

Mahashewta Patel, Intern Portfolio Manager

Ian Ironside, Portfolio Manager, Secondary Care

Lyn Horgan, Operations Director, Hospital Services

Nicholas Glubb, Operations Director, Specialist Regional & Community

Chris Nolan, Service Director, Mental Health Services

Barry Keane, Nurse Director, Mental Health Services

Muriel Hancock, Director, Patient Safety & Clinical Effectiveness

Kelly Isles, Project Manager

Dennis Geddis, Communications Team Leader

## **OTHER**

Public: (3)

Media: (1)

## **1. APOLOGIES**

There were apologies from Healthy Communities Advisory Committee (HCAC) member Barbara Cameron, and, Quality & Excellence Advisory Committee members Dennis Emery and Lindsay Burnell (for lateness).

## **2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

### **2.1 Amendment to the Register of Interests**

Barbara Robson advised she had been appointed to the Ministry of Health's Oral Health Electronic Record Programme Advisory Group as a consumer representative.

### **2.2 Declaration of Conflicts in Relation to Today's Business**

No HCAC members identified any conflicts in relation to the day's business.

Lindsay Burnell entered the meeting.

## **3. INTEGRATED SERVICES PLANNING**

### **3.1 Mental Health Report**

There was full discussion of the report. There was general support for the good progress made to date but mindfulness of the areas still requiring development. With regard to Dr Gloria Johnson's report from her follow-up visit on 1 July, it was noted that she had since met with Mr and Mrs Hume and that her letter to the Service Director regarding this visit would be formally tabled at the next meeting.

From the discussion, the Chair of the Healthy Communities Committee summarised the following key points from that committee's perspective:

- The importance of ensuring further integration with the primary and community sectors. This was beginning to build and was critical for the future. The aim was to achieve 'one team'. Of particular importance was the linkage with general practice to ensure there are no gaps in services.
- The importance of ensuring primary care had the capacity and capability to support people with a mental illness in the community.

Management advised that consultation and liaison support to primary care was a key element, and was being built. Contacts and relationships were key. The primary mental health services were being reviewed and would be relaunched to strengthen the 'one team' approach.

- Equity was a key issue across communities and across ethnic groups and its visibility needed to be increased in future reports. The Strategic Plan provided a good framework for developing a mental health service plan with a strong emphasis on equity.
- The need to further strengthen mental health services in rural communities, with Tararua and Horowhenua cited as examples. It was noted these were being built up around Integrated Family Health Centres. It was also noted there needed to be consistency in the naming of the proposed Locality Plans.

From the discussion, the Chair of Quality & Excellence Advisory Committee summarised the following key points from that committee's perspective:

- The issue of the unsatisfactory physical environment in Ward 21 needed to be addressed, and a timeframe for this was critical. Management advised a lot of planning work had occurred and an options paper (indicative business case) would be presented at the Committee's next meeting.
- The need for Service Improvement Audits to be further developed and embedded across the MHAS.
- The need to determine the budget and resource requirements for the Mental Health Service is a priority. This work needed to take into account the expected increase in mental health needs in future. Management advised this was occurring from a "bottom up" approach.
- The 'Integrated Service Model' (cluster) approach was supported in principle but the Committee required more information on how this would be structured and would work. The Chief Executive advised a paper would be brought to the next Board Meeting, and that the cluster model development supported joined up decision making, particularly between the provider arm and funder.
- The reporting framework and dashboard would need to evolve to include a fuller picture of the entirety of mental health services. This includes bringing forward information contained in other reports – for example, the measures to be found in the Non-Financial Monitoring Framework & Performance Measures Report. It was also important to include ethnicity data for all services.
- Family/Whanau input to service development was very important and should be made more visible. It needs to be included in all areas, including service and locality plans and service design.

- There needed to be more visibility in future reports on the matters of ‘caution and concerns’ as raised by Dr Gloria Johnson. Management advised these would be brought forward into the work programme.
- A workshop on Community Mental Health Teams was required to support the Committee to develop a more complete understanding of mental health services in the district.
- It was agreed that Dr Gloria Johnson should attend a Board meeting to speak to her report on her follow-up visit of 1 July.
- Follow up after discharge is notable in the KPIs (KPI 19) as an area requiring further work, along with better discharge planning to other services.

The importance of workforce was discussed. Management advised that recently there has been success in recruiting across a range of professional groups, for example psychologists. It was noted that the service was nearing a full complement of psychiatrists and that the New Entry to Practice programme had had a very positive effect in terms of nursing.

The Mental Health Awareness week was discussed. Management advised that this is a national initiative but at the local level it involves activities across the entire mental health network.

The Chairs of both Committees thanked the clinical leadership and management team for their efforts and congratulated them on progress to date. There is still a lot to do, but this does not detract from the excellent progress to date.

It was recommended:

*that this report be received*

#### **4. DHB PLANNING**

##### **4.1 2016/17 Annual Plan – Priorities, Accountabilities and the Production Plan**

It was recommended:

*that this report be received*

##### **4.2 Proposed Annual Planning Approach – 2017/18**

The Chair noted this paper was for information only purposes.

It was recommended:

*that this report be received.*

## **5. DHB and Regional Reporting**

### **5.1 Regional Services Plan Implementation – Report for Quarter 4, 2015/16**

It was recommended:

*that this report be received.*

### **5.2 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2015/16**

Vivienne Ayres, Manager, DHB Planning and Accountability introduced this paper and advised that although this report and the Regional Services Plan Implementation Report for Quarter 4 2015/16 had the same topics this was an entirely different report as it is based solely on MidCentral DHB results.

It was recommended:

*that this report be received.*

## **6. DATE OF NEXT MEETING**

11 October 2016

22 November 2016 (Shared matters of interest)

The meeting closed at 10.55am.

Confirmed this 11<sup>th</sup> day of October 2016

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Chairperson