



MidCentral District Health Board

Health and Disability Advisory Committee Minutes

Meeting held on 1 March 2022 from 9.00am

via Zoom due to COVID-19 restrictions

PART ONE

Members

John Waldon (Committee Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Norman Gray, Muriel Hancock, Materoa Mar (Deputy Committee Chair), Karen Naylor, Oriana Paewai, Stephen Paewai, Jenny Warren.

Apologies

Brendan Duffy (Board Chair).

In attendance

Kathryn Cook, Chief Executive; Dr Kelvin Billingham, Chief Medical Officer (and Clinical Executive, Te Uru Kiriara); Gabrielle Scott, Executive Director, Allied Health (and Acting General Manager, Quality and Innovation); Emma Horsley, Communications Manager; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhi; Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Sarah Fenwick, Operations Executive, Te Pā Harakeke and Te Uru Mātai Matengau; Lyn Horgan, Operations Executive, Te Uru Arotau and Te Uru Whakamauora; Dr David Peel, Radiation Oncologist; Angela Rainham, Locality and Intersectoral Development Manager; Michelle Riwai, General Manager, Enable New Zealand; Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora.

Media – 1

Public – 0

1. KARAKIA AND HE WHAKATAU

The meeting opened with the organisational karakia.

He Whakatau – Greetings from the Chair

“This is the second to last meeting for the Health and Disability Advisory Committee (HDAC) and I wish to take this opportunity to thank Kathryn Cook, Chief Executive, and her management team who have supported and responded to HDAC. We are a sub-committee of MidCentral District Health Board (MDHB), a sub-committee of the Board who are part of the necessary governance for the oversight of healthcare. An important and necessary part are the people who rely on the DHB’s services and hold us accountable in our commitment to provide better healthcare for the community. This includes members of the press and I especially acknowledge Owen and Carey Hume, whose daughter Erica died here in Palmerston North in May 2014. Owen and Carey have attended many of our meetings since. I would also acknowledge those who served on HDAC and its predecessors, the dedicated health workers, professional staff and senior management who supported this committee with their service and goodwill; not forgetting previous members of the Quality and Excellence Advisory Committee chaired by Barbara Robson, the Community and Public Health Advisory Committee chaired by Diane Anderson, with Barbara Cameron serving as her deputy.”

2. ADMINISTRATIVE MATTERS

2.1. Apologies

The apology from Brendan Duffy, Board Chair was accepted.

2.2. Late items

No late items were advised.

2.3. Register of Interests Update

No updates to the Register of Interests were advised.

Materoa Mar noted the following interests in relation to agenda items for this meeting that had previously been declared:

Item 3.4 – Chair of Emerge Aotearoa

Item 6.1 – Upoko Whakarae Te Tihi O Ruahine Whānau Ora Alliance

2.4. **Minutes of the 23 November 2021 meeting, Part One**

It was resolved that:

the Part One minutes of the 23 November 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.

(Moved John Waldon; seconded Karen Naylor)

2.5. **Matters arising from previous minutes**

No discussion.

The Clinical and Operations Executives joined the meeting.

The meeting agreed to reorder some agenda items. The original agenda item numbers are used in these minutes.

3. DIRECTORATE WITH CLUSTER FUNCTIONS REPORTING

3.1. **Directorate Dashboard**

The Operations Executive, Te Uru Rauhi, Mental Health and Addiction Services presented this report, which was taken as read. Executives provided the following responses to questions raised by Committee members.

Most District Health Boards (DHBs) had been unable to provide regular childhood immunisations at the same time as COVID-19 vaccinations due to resourcing issues. The childhood immunisation rate had been affected by the 'Anti vax' and 'No vax' movement. The best way to get people to change their mind about vaccinations is for someone who is trusted by the whānau to talk with them.

There are 3731 people on the ESPI 2 (First Specialist Assessment) waiting list – 354 have waited more than four months; 245 of those people have an appointment which is just outside of the four-month target wait time. There are 2006 patients on the ESPI 5 waiting list – 1026 have waited more than four months; 92 of these people have a date for surgery booked. Staff shortages are expected to increase as staff become unwell with Omicron. This is a challenge for the whole country and the Chief Operating Officers in the central region are working together to try and reduce surgical waiting lists.

The COVID-19 testing site on Main Street, Palmerston North has been busy and caused traffic congestion in surrounding streets. A further testing site has been set up at the Central Energy Arena Trust for people to collect Rapid Antigen Tests, with PCR testing carried out at the Main Street site.

3.2. **Te Uru Mātai Matengau – Cancer Screening, Treatment and Support**

The Operations Executive, Te Uru Mātai Matengau presented this report, which was taken as read.

Unconfirmed

3.3. **Te Uru Pā Harakeke – Healthy Women, Children and Youth**

The Operations and Clinical Executives, Te Uru Pā Harakeke presented this report, which was taken as read. They noted that the results of the Tūngia te Ururua community engagement would be available soon. Analysis would include ethnicity and locality.

In response to a question, the Operations Executive advised that before being able to practice in New Zealand, midwifery staff from overseas were required to complete a cultural module as part of their midwifery registration. They would also be supported by the MidCentral District Health Board's (MDHB) Māori Clinical Coach and complete cultural competency training as soon as possible after commencement.

3.4. **Te Uru Rauhi – Mental Health and Addiction Services**

The Operations Executive, Te Uru Rauhi presented this report, which was taken as read. He offered to provide the Committee with analysis of the access to Child and Adolescent Mental Health and Addiction Services (CAFS) by locality and ethnicity. Support was available to staff who were working under increased pressure. All referrals were managed through a multi-disciplinary team process to manage any clinical risk.

3.5. **Te Uru Arotau – Acute and Elective Specialist Services**

The Operations Executive, Te Uru Arotau presented this report, which was taken as read. She noted that the all-day additional Saturday acute theatre list was full. Staff were able to 'volunteer' to work on Saturdays and were being paid overtime rates, using funding from the Ministry of Health. The detailed design phase of Stage Two of the SPIRE (Surgical Procedural Interventional Recovery Expansion) project had been completed and costings had yet to be received. Stage Two would start on 1 July 2022.

3.6. **Te Uru Whakamauora – Healthy Ageing and Rehabilitation**

The Operations and Clinical Executives, Te Uru Whakamauora presented this report, which was taken as read. The Gardenview Dementia Unit in Levin closed on 25 February 2022, with all residents transitioned to other providers.

3.7. **Te Uru Kiriora – Primary, Public and Community Health**

The Clinical Executive, Te Uru Kiriora presented this report, which was taken as read.

A Committee member noted the importance of connectivity between Smokefree 2025 work being done by public health and iwi Māori providers. She also noted that a kohanga reo had contacted her about the lack of progress made regarding the provision of dental services. It was agreed that the Operations and Clinical Executives from Te Uru Pā Harakeke would follow up.

It was resolved that the Committee:

note the areas highlighted in the dashboard and associated commentary.

(Moved Oriana Paewai; seconded Jenny Warren)

6 DISCUSSION/DECISION PAPERS

6.1 Māori Health Equity Dashboard – Te Ara Angitū Report – Mental Health Indicators

The Operations Executive, Te Uru Rauhi presented this report, which was taken as read.

It was resolved that the Committee:

note the equity position for each of the indicators

note the analysis, discussion and proposed next steps to improve Māori health equity and further strengthen MidCentral District Health Board's commitment to Te Tiriti o Waitangi

endorse the Te Ara Angitū report.

(Moved Muriel Hancock; seconded Stephen Paewai)

The Operations Executive, Te Uru Rauhi and the Clinical Executive, Te Uru Pā Harakeke left the meeting.

The Radiation Oncologist joined the meeting.

4. STRATEGIC FOCUS

4.1. Regional Cancer Services and Te Aho o te Kahu

The Radiation Oncologist presented this report and advised he was willing to talk to any GP practice to discuss how the programme worked.

Committee members congratulated everyone involved in developing this successful project, which was now considered to be 'business as usual'.

It was resolved that the Committee:

note the update regarding the Advisory Oncology Service.

(Moved Heather Browning; seconded Stephen Paewai)

The Operations Executive, Te Uru Pā Harakeke and Te Uru Mātai Matengau; the Operations Executive, Te Uru Arotau; the Chief Medical Officer and the Executive Director, Nursing and Midwifery left the meeting.

5. PERFORMANCE REPORTING

5.2 Pae Ora Paiaka Whaiora Report

The General Manager, Māori Health presented this report, which was taken as read. She noted that 55 FTE Māori staff had joined the DHB over the last quarter (not over the last 12 months as noted in the report). Of these, 23 people were clinical. The Chair acknowledged the support for the Māori Education Trust and its predecessor, the Māori Education Foundation (both led by Sir John Bennett) and this Board's support of Kia Ora Hauora and its predecessor, Whakatutukui Moemoea, chaired by Shane Ruwhiu.

In response to questions, it was noted that \$40k per annum was available for the scholarship programme, taken from the equity funding for the Māori workforce.

It was resolved that the Committee:

note the progress update for the Pae Ora Paiaka Whaiora Māori Health Directorate.

(Moved Heather Browning; seconded Stephen Paewai)

The General Manager, Enable New Zealand joined the meeting.

5.1 Enable New Zealand Report

The General Manager, Enable New Zealand presented this report, which was taken as read. The volume of equipment issued had increased significantly since taking on the ACC Managed Rehabilitation Equipment Service (MRES) contract. It had been estimated that 35 staff would be needed to work on this contract, but only 20 had been recruited so far. A meeting had been held with the new Chief Executive of ACC which had reinforced a strong partnership approach to the delivery of the service.

It was resolved that the Committee:

endorse the Enable New Zealand Report to 31 December 2021.

(Moved Heather Browning; seconded Materoa Mar)

The General Manager, Enable New Zealand left the meeting.

5.3 Quality and Safety Dashboard

The Acting General Manager, Quality and Innovation presented this report, which was taken as read. In response to a question, she advised that the majority of complaints were from people having to wait for long periods to be seen in the Emergency Department, although the feedback was good once they were seen.

It was resolved that the Committee:

*note the content of the Quality and Safety Dashboard
endorse the improvement activities planned for the next quarter.
(Moved Jenny Warren; seconded Muriel Hancock)*

6. DISCUSSION/DECISION PAPERS (continued)

The General Manager, People and Culture joined the meeting.

6.2 Māori Health Equity Dashboard – Workforce Indicators

The General Manager, People and Culture presented this report, which was taken as read.

It was resolved that the Committee:

*note the progress made on workforce indicators identified for the 2021/22 year
note the analysis, discussion and proposed next steps to improve the current workforce indicators.
(Moved Stephen Paewai; seconded Lew Findlay)*

The General Manager, People and Culture left the meeting.

The Locality and Intersectoral Development Manager joined the meeting.

7. INFORMATION PAPERS

7.1 Regional Services Plan – Quarter One and Quarter Two

The Locality and Intersectoral Development Manager presented this report, which was taken as read.

A Committee member noted that Joanne Hayes had been appointed as the Manawhenua Hauora representative on the Technical Advisory Services Board.

It was resolved that the Committee:

note there is no requirement to have a Regional Services Plan presented to the Minister of Health for the 2021/22 year

note the progress made on implementing the central region's national and regional priority programmes for Quarter One and Quarter Two of 2021/22.

(Moved Muriel Hancock; seconded Karen Naylor)

7.2 Locality Plan Progress Report – Manawatū

The Locality and Intersectoral Development Manager presented this report, which was taken as read.

It was resolved that the Committee:

note the progress that has been made in relation to Manawatū Te Mahere Hauora (Health and Wellbeing Plan).

(Moved Vaughan Dennison; seconded Jenny Warren)

The Locality and Intersectoral Development Manager left the meeting.

7.3 Committee's Work Programme

The report was taken as read.

It was resolved that the Committee:

note the update on the Health and Disability Advisory Committee's work programme.

(Moved Jenny Warren; seconded Muriel Hancock)

8. GLOSSARY OF TERMS

No discussion.

9. LATE ITEMS

No discussion.

10. DATE OF NEXT MEETING

Tuesday, 24 May 2022 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

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:

Item	Reason	Ref
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	For reasons set out in the agenda of the 23 November 2021 meeting held with the public present	
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)

(Moved Muriel Hancock; seconded Jenny Warren)

Part One of the meeting closed at 11.28am

Confirmed this 24th day of May 2022

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Committee Chair

Unconfirmed