MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 11 June 2019 at 9.00am at MidCentral District Heath Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)
Adrian Broad
Barbara Cameron
Barbara Robson
Dot McKinnon
Oriana Paewai
John Waldon
Vicki Beagley

IN ATTENDANCE

Neil Wanden, Acting Chief Executive/GM, Finance, & Corporate Services
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation
Chiquita Hansen CEO, Central PHO
Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support
Craig Johnston GM, Strategy, Planning & Performance
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dave Ayling, Clinical Executive, Primary, Public, Community Health (part meeting)
Jan Dewar, Acting Executive Director, Nursing & Midwifery
Jeff Brown, Clinical Executive, Women, Children & Youth
Judith Catherwood, General Manager, Quality & Innovation
Kenneth Clark, Chief Medical Officer
Lyn Horgan, Operations Executive, Acute and Elective Services
Sarah Fenwick, Operations Executive, Women, Children & Youth
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions
Stephanie Turner, General Manager, Maori & Pacific
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation
Vanessa Caldwell, Acting Clinical Executive, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary
Alison Russell, Planning and Integration Lead, Primary, Public, Community Cluster (part meeting)
Barb Bradnock, Planning and Integration Lead, Healthy Women Children & Youth (part meeting)
Barbara Ruby, Planning and Integration Lead, Acute and Elective Specialist Services (part meeting)
Bruce Stewart, Chair, Central PHO (part meeting)
Denise Mallon, Planning and Integration Lead (part meeting)
Kelly Isles, Director Strategy and Design
Kelly Butler, Research Support Officer (part meeting)
Lesley Batten, Associate Director of Nursing, Primary Public and Community Cluster
Mariette Classen, Customer Experience Manager (part meeting)
Paula Spargo, Midwifery Director (part meeting)
Robert Holdaway, Manager Public Health (part meeting)
Vivienne Ayres, Manager DHB Planning & Accountability (part meeting)
Comms: 2
Public: 3
Media: 1

1 ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Members Ann Chapman, Brendan Duffy, Di Anderson, Michael Feyen, Anne Kolbe and Nadarajah Manoharan. An apology was also received from Kathryn Cook, CEO.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

The following conflicts of interest were noted:
Barbara Robson: item 3.3 Primary, Public and Community Health Cluster Report re the health record, as Barbara was a member of the Ministry of Health's Electronic Oral Health Record Design Group
Adrian Broad: item 3.8 Central PHO Annual Presentation as Adrian managed the Diabetes Trust who were tenants.
Karen Naylor: item 3.1 Uru Pa Harakeke Healthy Women Children and Youth Report re information about the gynaecology change paper which she was involved with in her staff role. She would not participate in any discussion on this if it came up.

1.4 Minutes of the Previous Meeting

It was resolved:

> *that the minutes of the previous meeting be approved as a true and correct record. (Moved Barbara Robson; seconded Vicky Beagley.)*

1.5 Matters Arising from the Minutes

There were no matters arising.

2 STRATEGY/PLANNING

2.1 Cluster Health and Wellbeing Plans

Kelly Isles spoke to this report, thanking all clusters for their input to it. She noted it was a draft working document which would be further refined if needed around the goals, objectives and measures. The Plans had recently been presented to the joint consumer and clinical councils.

Feedback from members included:

- a request for the wording to be consistent when referring to iwi/Maori providers, whanau ora etc.

Barbara Cameron arrived.

- What outcomes should there be used and what measures would be used to measure success or otherwise

- In primary care, concern was expressed about the use of incentives, their appropriate use and a cautious use of algorithms and predictive tools.
- An alternative term instead of social prescribing should be used.
- A reminder of the significant health needs of the Pasifika and refugee communities.
- The monitoring appeared weak. It was heavily reliant on community and ad hoc groups with very little guidance for them.
- There were challenges in meeting the needs of smaller population groups. The way ethnicity groups were prioritised currently, meant if there was a connection with Maori, then the group was classified as Maori. There was a blind spot which would always be present while Maori health data and strategy was based around prioritisation.
- There was heavy reliance on the strategies and capacity of Pae Ora to interpret the needs within clusters and to translate that into something useful and feed it back.

It was resolved that the Committee:

note the timeline for the development of the plans
*endorse the direction of the draft goals within each Cluster's plan***.**

3 PERFORMANCE

3.1 Uru Pa Harakeke – Healthy Women Children and Youth Report

The Clinical Executive spoke to Uru Pa Harakeke's presentation.

The presentation covered the global perspective of aspects within the Cluster, highlighted a number of excellent achievements and significant change in outcomes for women and children, finishing by looking to the future.

Caring for children in their homes or at school was very difficult. There were models that worked but they had to be carefully targeted and resourced, and there had to be a change in the way outcomes were measured. Currently this was by appointment, but consideration had to be given to looking at measuring ACEs.

In terms of the first 1000 day work and engaging with other government agencies, this was already occurring as there were already well established relationships with the local councils, police, education and social development agencies.

Robert Holdaway arrived and Kelly Isles left.

The Cluster's report was then considered. The Operations Executive advised the midwifery FTE numbers noted at the last meeting included staff who weren't on the floor every day so it was decided to break the figures down further and just show the people directly on the floor every day. As a result the numbers in the report didn't represent what was verbally discussed at the last meeting. The vacancy rate would be noted for the next meeting. An addition error was noted for the total number of FTE nurses, which should have been 10.6. The total FTE was 34.6.

Bruce Stewart (CPHO) joined the meeting.

The shortage of speech language therapists was a concern. The Operations Executive advised any issues were escalated and reported in instances when a speech language therapist was not available. The risk had been noted and there was a process in place to manage it. The nurse colposcopy initiative was long term. Nurses had to be trained and there were strict guidelines around what had to be done.

It was resolved that the Committee

note the staffing position for the cluster
note the Gynaecology change paper information
endorse the work being undertaken on the cluster health and wellbeing plan.

3.2 Uru Arotau – Acute & Elective Specialist Services Cluster Report for April 2019

The Operations Executive spoke to this report updating members on the following:

- Medical Imaging underwent the IANZ assessment recently. There were no major actions, only three minor recommendations. There was significant feedback on the positive culture and particularly the morale of staff.
- Colonoscopy wait times – the Cluster was achieving urgent and semi urgent wait times at the end of quarter 3. Some Saturday sessions had been run.
- The acute lead from the Ministry of Health would be here on 4 July to talk to the team around acute demand strategies and what else was happening across the country.

The financial result for the Cluster was not favourable largely as a result of six periods of industrial action. This action meant scheduled annual leave was not taken, which would impact on services later in the year. CostPro was now implemented and would assist with tracking work to ensure appropriate use of resources. EPSI compliance was off track, primarily due to strike action, but a plan to achieve compliance again by August in all services except Orthopaedics was in place. Outsourcing of elective procedures had commenced.

It was noted Francis Health would finish their work at the end of June and their work had transferred over to the EMPO work. The SMO team was now based in MAPU with a registrar and on the first day there were six discharges in the morning and five beds ready for the afternoon surge from ED.

It was resolved that the Committee

endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19.
note the improving value programmes of work continue to be progressed, namely Takatū and Medimorph which includes Frailty and Transfer of Care.

3.3 Uru Kiriora – Primary, Public and Community Health Cluster Report for April 2019

Barb Bradnock left the meeting.

The Clinical Executive spoke to this paper.

Issues briefly discussed included review of the contracted services; the decayed, missing, filled statistics for the number of Maori and Pacific children's data; oral health

arrears levels and improvement plans in place; dental therapist vacancies and current measles figures.

It was resolved that the Committee

> *endorse the progress made by the Uru Kiriora – Primary, Public and Community Health Cluster in 2018/19.*

3.4 Uru Rauhī – Mental Health & Addictions Cluster Report

The Clinical and Operations Executives spoke to this report highlighting issues in it including the recently announced outcomes from the national Mental Health review.

Dave Ayling left the meeting.

The reduction in the seclusion rate was noted. Concern was expressed at the loss of visibility of non-financial monitoring, eg the increased demand for services. The percentage of clients discharged from the Community Mental Health Services with a transition plan was well below the target. The issue of whether there was some way of making these measures including national KPIs more visible for the Committee was raised, as it was felt it was important that members could see how things were trending.

The Allied Health Strategy was currently being advanced and would be available to this Committee next year. The professional executives would also be reporting on their quality initiatives related to the profession and any workforce related issues. This would provide a whole of district approach to the workforce.

Part of the clinical governance framework was to develop a significant dashboard of clinical measures against the six dimensions of quality within the framework. This would be presented to this committee in the future once developed and will create a trend report on key clinical indicators. The Clusters would also report on their own clinical governance measures in future against the six dimensions.

There were many issues affecting the community, eg housing and the difficulty in finding rental accommodation, the Gorge Road, Kiwi Rail – all these ultimately impacted on the mental health services. Members were reminded the Service was working with Unison and other groups to address these issues. There was also discussion about the addiction services waiting list and it was noted a plan to increase capacity is being made.

It was resolved that the Committee

> *that the Committee endorse the progress made by Uru Rauhī, Mental Health & Addiction Services Cluster in 2018/19.*

A refreshment break was taken at this stage.

3.8 Central PHO Annual Presentation

The Chair and CEO of the Central Primary Health Organisation spoke to their annual presentation which was included in the order papers.

The presentation commenced with comment that the MDHB was doing very well.

Lesley Batten, Alison Russell and Susan Murphy joined the meeting.

Enrolment with the CPHO was good, however there were still 13,000 not enrolled. These people were known, and every opportunity taken to encourage them to enrol.

The Chair CPHO, before speaking to the Committee acknowledged the contribution made to both the CPHO and the DHB by the Chief Medical Officer, Dr Kenneth Clark. Dr Clark has resigned from the CPHO Trust Board as well as the DHB. He had been on the Trust Board since its inception.

The CPHO was working on a new strategy which was more outward looking than the previous one. The concept of weaving, ie moving things for the community, was being used. The aims, key focus areas and outcomes of the strategy were presented. The investment from the DHB was acknowledged. The organisation was considering a name change and a decision on that would be made later in the month.

Issues identified that the CPHO needed to consider included working closer with local government to identify areas of housing development, the access to data and the impact for GP practices on the PHO's moves, eg the move to My Indici PIMS and its disruption in terms of accessing good data. The PHO was also bringing back management of its data reporting to Palmerston North. Financial reporting had come back two years ago. There was a process to go through to do this.

The issue of the ageing workforce and the pressure on that workforce to remain at work was raised, as encouraging the ageing general practitioners and allied health professionals to remain at work was not seen as the best way to recruit the workforce. Dr Stewart said encouraging GPs to move into larger work units which were also training units was one strategy, as was setting up eg Kauri HealthCare as a training hub. The PHO wanted to set up one in Horowhenua as well. However it was not just about training doctors. There were nurse prescribers, healthcare assistants etc and the challenge was to re-orientate the population from the face to face visit with the doctor.

It was resolved that the Committee

> *that the Committee note the draft Central PHO Strategy 2019-2025 and Outcomes Framework and provide feedback.*

Bruce Stewart and Chiquita Hansen left.

3.5 Uru Whakamauora – Healthy Ageing & Rehabilitation Cluster Report for April 2019

The Operations Executive spoke to this report.

The OPAL proposal was currently out for consultation. A decision on the proposal would not be made until mid-July so the unit opening would probably be early September. The term "social admissions to hospital" was clarified. Management explained it meant being aware of the assets within the community that were available, as not everyone required hospital admission.

A suggestion that it would be good to show trends when there was a focus on an issue eg on wait times.

It was resolved that the Committee

endorse the progress made by the Uru Whakamauora – Healthy Ageing and Rehabilitation Cluster in 2018/19.

3.6 Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster Report for April 2019

The Clinical Executive spoke to this report highlighting the radiation oncology summit presentation, clarification around an error in the manner of reporting radiation treatment wait times, and bowel screening implementation. Achievement of a favourable financial report was noted, and Management explained the service had a different set of influences on the revenue base and the Service had exceeded targets for revenue.

It was resolved that the Committee

endorse the progress made by the Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster in 2018/19
note the plan to fast track category B patients for radiotherapy.

3.7 Enable New Zealand Report for April 2019

The Acting Operations Executive, Mental Health & Addictions Cluster presented this report.

The level of interest in the strategic advisory group was low, so Management were going to look at a more targeted approach eg consumer groups and see if there was more interest.

There was a brief discussion on Mana Whaikaha in terms of the demand for services, connecting with the community and the unknown need, managing housing modification needs and more statistics to show what was being done to improve the delays eg providing some outliers in terms of minimum/maximum delays, and dealing with the processes which were largely dictated by Ministry policy. The delays were not generally linked to a person's disability, it was more around process.

It was resolved that the Committee

that the Enable New Zealand Report for April 2019 be noted.

4 QUALITY IMPROVEMENT

4.1 Clinical Governance and Quality Improvement Report

The Committee's attention was drawn to the following points:

- The new complaints management framework had been implemented with some positive results around timeliness of responses which would continue to be reported to the committee
- HDC's report was on the sharepoint site and the public domain. This report showed a reduction at this point in time of HDC complaints which was a positive trend
- In the last quarter there were 15 new serious adverse events but progress was being made in reducing the number of outstanding adverse event reviews.

Concern was expressed at the significant time involved in developing an action plan after a review and closing the actions plans by due date. Management responded advising changes were being made, and that the time taken was not due to a lack of resources only, part of was related to process. Changes were being made to reduce the number of steps in the process, and also advancing further training for staff so they could be supported in undertaking the reviews. The complexity of some cases which were across multiple services was another reason that could cause delays.

It was resolved that the

> *content of the clinical governance and quality improvement report be noted progress in delivering improvements in Clinical Governance and Quality Improvement be endorsed.*

4.2 Research – Annual Report 2018-2019

The Chief Medical Officer and Research Support Officer spoke to this report.

Vivienne Ayres joined the meeting.

With regard to research initiative with MSD, the DHB and Orion Health Partnership. Management understood this was ongoing, and that the data collection stage was time limited, after which the data was to be destroyed. There was still ongoing research though.

It was noted that the Clinical Board had delegated to the Chief Medical Officer aspects of monitoring and checking and also certain aspects of the credentialing committee. The services themselves had some mechanisms which had been further strengthened by the cluster arrangements in respect to research occurring within each cluster.

The Chair took this opportunity to thank Dr Clark for everything he had contributed to this Committee, who had really appreciated the valuable contribution he had made.

It was resolved

> *that the Research Annual Report 2018-2019 is noted.*

3.9 2018/19 Regional Services Plan Implementation Update – Quarter 3

Concern was expressed about disengagement with this work and general governance of it. The Board Chair updated the Committee advising this issue had been raised at a regional governance level a few times. There had been no regional meeting this year due to the forthcoming elections, however there should be one next year, when this matter could be revived.

It was resolved that the Committee

> *that the Committee note the update on progress to date with the 2018/19 Regional Service Plan.*

Vivienne Ayres left the meeting.

5 POLICY & GOVERNANCE

5.1 Committee's Work Programme, 2018/19

It was resolved:

that the Committee note the delivery of the Health & Disability Advisory Committee's 2018/19 work programme. (Moved Karen Naylor/Seconded Dot McKinnon).

6 LATE ITEMS

There were no late items.

7 DATE OF NEXT MEETING

6 August 2019.

8 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	Reference
Health and Disability Commissioner Complaints for February to April 2019	To protect personal privacy	9(2)(a)
Potential and Actual Serious Adverse Events for February 2019 to April 2019	To protect personal privacy	9(20(a)
"In committee" minutes of the Health & Disability Committee meeting	For the reasons set out in the order paper of 30.4.19 meeting held with the public present	

Confirmed this 8th day of August 2019.

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Chairperson