

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 15 October 2019 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)
Ann Chapman
Barbara Cameron
Brendan Duffy
Diane Anderson
Dot McKinnon

Michael Feyen
Nadarajah Manoharan
Oriana Paewai
John Waldon
Vicki Beagley

IN ATTENDANCE

Kathryn Cook, Chief Executive
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation
Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support
Craig Johnston, GM Strategy, Planning & Performance
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Debbie Davies, OE, Primary, Public, Community Health
Gabrielle Scott, ED, Allied Health
Jeff Brown, Acting Chief Medical Officer/Clinical Executive, Women, Children & Youth
Judith Catherwood, General Manager, Quality & Innovation
Lyn Horgan, Operations Executive, Acute and Elective Services
Sarah Fenwick, Operations Executive, Women, Children & Youth
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation
Vanessa Caldwell, Clinical Executive, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary
Jan Dewar, Acting ED, Nursing & Midwifery
Denise Mallon, Planning & Integration Lead, Cancer Screening, Treatment & Support (part meeting)
Graham Gillespie, Advisor, Commissioning and Contracts (part meeting)
Kelly Isles, Director Strategy and Design
Lisa Te Paiho, Equity and Bicultural Practice Programme Lead Cancer Focus, Pae Ora – Paiaka Whaiora
Wayne Blissett, Operations Executive, Pae Ora – Paiaka Whaiora
Communications (1)

Public: 6
Media: 1

1 ADMINISTRATIVE MATTERS

In opening the meeting, the Chair welcomed the new board members present to the meeting. Mrs Naylor also advised Anne Kolbe had resigned from this Committee and thanked her for her contribution on behalf of the Committee.

1.1 Apologies

Apologies were received from Members Adrian Broad, and Barbara Robson.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

There were no conflicts of interest or updates for the register of interests.

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 Di Anderson; seconded Karen Naylor.)

1.5 Matters Arising from the Minutes

There were no matters arising.

2 HEALTH AND DISABILITY STRATEGIC PLANNING

2.1 Cluster Health and Wellbeing Plan

The Director Strategy and Design spoke to this report. The Cluster Leads for the three plans presented joined the discussion. The Clusters were Uru Rauhi (Mental Health & Addictions), Uru Kiriora (Primary Public and Community Health Care) and Uru Whakamauora (Healthy Ageing & Rehabilitation).

A number of issues were discussed including adequate resourcing, finance, working with Whanganui DHB, the "plan on a page", reporting on progress and how this is measured going forward, the "red tape" initiative, and the use of technology to connect people.

It was resolved that the Committee

- *consider the Health and Wellbeing Plans; and*
- *endorse the content of the Health and Wellbeing Plans for Board approval. (Moved Karen Naylor; seconded Nadarajah Manoharan.)*

2.2 Strategy for Pharmacy in MidCentral

The General Manager, Strategy, Planning and Performance and the Advisor, Commissioning and Contracts spoke to this report. Discussion on the topic clarified issues such as how equity would occur and a possible process for developing new services.

It was resolved that the Committee

- *note that as of the 18 of December 2018, MidCentral DHB has had a moratorium in place on all new Community Pharmacy contracts whilst a Commissioning Policy and Strategy were developed*
- *endorse for the Board's consideration the Strategy document which, once approved, will be followed by a Community Pharmacy Services Commissioning Policy and a Quality Framework which will guide the commissioning of pharmacy services in the MidCentral district. (Moved Brendan Duffy; seconded Di Anderson.)*

3 SERVICE CLUSTER REPORTS

3.1 Cluster update for August 2019

The presentation from Uru Matai Mātengau, Cancer Screening, Treatment and Support was taken at this stage. The Operations Director and Executive Director, Uru Matai Mātengau, Cancer Screening, Treatment and Support and the Operations Executive, Pae Ora – Paiaka Whaiora spoke to the presentation.

The presentation covered progress and challenges for the Cluster. A structure has been developed with strong focus on the cancer control programme and also the regional responsibilities. The Health & Wellbeing plan and Cancer Action Plan were also developed. The presentation covered the four goals for the Cluster, progress against them, and some of the challenges faced.

Discussion following the presentation covered the need to increase the Māori workforce, genetic cancers, access to transportation and adequate resourcing for it, whether the national cancer action plan would be put on the website, cultural training and developing a second level of the current training. The two levels were the Treaty of Waitangi training and then Cultural Competencies and Practice training.

Reducing barriers to treatment for Māori was raised, and the Committee recommended the Board write to the Ministry asking if the age of screening for bowel and breast cancer could be reconsidered specifically for Māori.

John Walton declared a conflict of interest with this topic as he was President of the Cancer Society. He suggested the community could do more to support MDHB advising the Cancer Society was more than willing to help them and patients with their cancer journey.

Following the presentation and discussion, the individual Cluster reports were considered.

Clarification was provided on various issues such as referral to the transitional care rehab beds at Ranfurly Rest Home, medication errors, and the reasons for the increase in UTIs for Uru Whakamauora.

Discussion of the Uru Arotau report included the rising trend in the number of people who did not wait to be seen in ED, and whether some of them were followed up or not. The Chief Executive advised in relation to ED that following on from the Board workshop, one of the solutions being considered was the use of some prefabricated

pods which could be co-located with ED for patients under assessment. This potentially would help the "did not wait" patients to be treated in a more timely way. This report was included in the FRAC workplan and ultimately would come to this committee for input into any model of care aspects.

Clarification was provided on the Ministry's move from Elective Care to Planned Care, with Planned Care focussed on inpatient care, outpatient procedures and community settings for procedures. FSAs were now funded through population based funding, the removal of reliance to achieve targets in terms of the number of patients seen.

Other issues covered included orthopaedic referrals and the various pathways from the Hip and Knee Joint Assessment Clinics such as physiotherapy, green prescriptions, patients returned to GP and so on.

Discussion of the Uru Kiriora report included an update on the measles outbreak, smoking cessation and vaping, being more innovative in primary health, the equity in oral health inaugural symposium. The volume pressures on community nursing was discussed including mitigation, noting that the number of patients receiving specialist care from the District Nurses had increased over the past few years from 1100 to 1400.

Discussion of the Uru Rauhi report included addressing the impact of gangs and methamphetamine and the difficulty these people faced in getting treatment, what was being done about the KPIs that were significantly below target, and the financial challenges for the Cluster.

Discussion of the Te Uru Pā Harakeke report included clarification of annual plan and health & wellbeing plan initiatives that were behind target, and midwifery staffing strategies to mitigate risk as a result of the shortage of midwives.

The Chair raised the issue of declined referrals, which had been raised at the Finance, Risk & Audit Committee meeting. Discussion on what the issue involved included the definition of referrals, should there be further reporting on this issue going forward, an understanding of the reason for the declines, and whether there was an unmet need. It was agreed Management would explore the issues raised and bring a report back to the Committee. The Chief Executive said that the Mental Health declined referral exploration must be open and focused particularly around improving access to treatment and services.

It was resolved that the Committee:

- *note the progress made by the Clusters for August 2019*
- *note the Medical Imaging Technologists industrial action and the impact it has on other services*
- *note the progress towards achieving ESPI targets*
- *recommend the Board write to the Ministry of Health asking for the age of screening for bowel and breast screening be reconsidered specifically for Māori*
- *request reporting for a deep dive understanding on declined referrals. (Moved Karen Naylor; seconded Dot McKinnon.)*

A refreshment break was taken at this stage.

3.2 Pae Ora – Paiaka Hauora Māori Cluster Implementation Update

The Operations Executive, Pae Ora – Paiaka Whaiora spoke to this report.

The Chair suggested with the change in Board membership following the local body elections, it would be helpful to have a structure diagram to help understand the interaction between the various roles.

Discussion covered the equity tools and how this Cluster was supporting other Clusters identify key equity actions, the number of contracts transferred to Pae Ora in the first suite and establishing a separate ward for Māori patients who would be looked after by Māori nurses as has just occurred in the Bay of Plenty DHB. The Chief Executive felt there would need to be careful consideration given to the relationship between Mahi Tahi and the approach used as everyone should get the best possible care, and every staff member should know how to provide culturally competent care.

It was resolved that the Committee

notes the Pae Ora - Paiaka Whaiora Update Report.

3.3 Enable New Zealand Report to 31 August 2019

The Acting Operations Director, Mental Health & Addictions (former General Manager, Enable) spoke to this report as the Acting General Manager Enable New Zealand was on leave.

Discussion included feedback from the first couple of Strategic Advisory Group (SAG) meetings, and what reporting would be from the SAG. The Chief Executive suggested it should be similar to reporting from the Clinical and Consumer Councils and Cluster groups, and suggested the Chair of SAG could attend a Health & Disability Advisory Committee meeting, in addition to the Enable New Zealand report including a regular update on the SAG. It was noted the Board had governance responsibility for Enable NZ and had to be satisfied with reporting arrangements.

Management were asked if there was any feedback from disabled people and their families in relation to having a Choices contract providing intensive wrap-around support. Management advised it was too early to report on this at the moment, but it could be included in a future report.

Clarification on what was involved in people having a financial outcome under the Mana Whaikaha initiative was provided, ie people had a financial outcome for the support they required. The Acting General Manager suggested there were other opportunities the DHB could take eg in the Agile Development space where there could be new innovations and approaches to leverage off.

It was resolved that the Committee:

notes the Enable New Zealand Report to 31 July 2019. (Moved Brendan Duffy; seconded Dot McKinnon.)

4 QUALITY IMPROVEMENT

4.1 2018/19 Quality Account

The General Manager Quality & Innovation spoke to this report briefly outlining the makeup of it, and advising it was still to be finalised as the service was working with Pae Ora to include one or two quality improvement stories related to equity. The Committee indicated the report format was easy to read and described positively the work of the DHB in health and quality improvement. Dissemination of the report was discussed, and the General Manager advised they would be working with

Communications to ensure it was widely distributed in a digital form including the local authorities and other partners. There was suggestions this included groups like Syncos in Feilding and Hancock Community House in Palmerston North and the General Manager was grateful for these suggestions.

It was resolved that the Committee:

endorse the draft Quality Account 2018/19 for Board approval. (Moved Brendan Duffy; seconded Dot McKinnon.)

5 POLICY & GOVERNANCE

5.1 Committee’s Work Programme, 2019/20

The General Manager Quality and Innovation presented this report, noting it would be updated to include reporting back to this Committee on the short, medium and long term ED and hospital facility solutions. The issue of how these meetings were managed was raised, as it was felt it could be opportune to obtain feedback from current members to help guide any changes. It was noted this would be considered once the new Board Members were in place and committee membership established.

It was resolved:

that the update on the 2019/20 work programme be noted.

6 LATE ITEMS

There were no late items.

7 DATE OF NEXT MEETING

26 November 2019.

Before closing the meeting, the issue of a luncheon for members at the end of the November board meeting was raised. The Chief Executive advised there would be a half day orientation / induction for new Board Members. The staff BBQ was on 13 December and new Board Members and retiring Board Members would be welcome to attend.

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
"In committee" minutes of the Health & Disability Committee meeting	For the reasons set out in the order paper of 10.9.19 meeting held with the public present	
Older Adult Mental Health Services	Subject to Negotiation	9(2)(j)

Confirmed this 26th day of November 2019.

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Chairperson

A Consumer Story Workshop for members was held at the conclusion of the meeting.