

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health and Disability Advisory Committee meeting held on 16 February 2021 from 9.00am in the Board Room, Gate 2, Heretaunga Street, Palmerston North

PART ONE

MEMBERS

John Waldon, Committee Chair
Brendan Duffy, Board Chair
Heather Browning
Vaughan Dennison
Lew Findlay
Norman Gray (via Zoom)

Muriel Hancock
Materoa Mar, Deputy Chair
Karen Naylor
Oriana Paewai
Jenny Warren

IN ATTENDANCE

Kathryn Cook, Chief Executive
Judith Catherwood, General Manager, Quality and Innovation
Celina Eves, Executive Director, Nursing and Midwifery
Rory Matthews, Interim Director of the Office of the Chief Executive
Gabrielle Scott, Executive Director, Allied Health
Tracee Te Huia, General Manager, Māori Health
Margaret Bell, Board Secretary

IN ATTENDANCE (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhi
Vivienne Ayres, Manager, DHB Planning and Accountability
Dr Kelvin Billingham, Clinical Executive, Te Uru Kiriora
Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke
Dr Vanessa Caldwell, Clinical Executive, Te Uru Rauhi
Natasja Chapman, Director Operations, Enable New Zealand (via Zoom)
Debbie Davies, Operations Executive, Te Uru Kiriora
Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke
Chiquita Hansen, Chief Executive, THINK Hauora
Lyn Horgan, Operations Executive, Te Uru Arotau
Sam Kilmister, Communications and Social Media Advisor
Andrew Nwosu, Operations Executive, Te Uru Whakamauora
Alison Russell, Planning and Integration Lead
Lee Welch, Quality and Improvement Advisor
Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora

Media – 1
Public – 0

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

An apology from Gail Munro was received and accepted.

2.2 Late items

There were no late items.

2.3 Register of Interests Update

Heather Browning advised she had resigned as a Director of Mana Whaikaha Ltd.

Lew Findlay advised he was no longer President of Grey Power Manawatū and was now a Board member of Grey Power New Zealand.

In relation to business to be discussed at this meeting, Materoa Mar noted her previously declared interest as Upoko Whakarae Te Tihi O Ruahine Whānau Ora Alliance. It was agreed she could take full part in any discussion.

2.4 Minutes of the 24 November 2020 meeting

It was resolved that:

the Part One minutes of the 24 November 2020 Health and Disability Advisory Committee meeting be approved as a true and correct record. (Moved Heather Browning; seconded Jenny Warren)

2.5 Matters arising from previous Minutes

No discussion.

3. STRATEGIC FOCUS

3.1 Primary Care Access – Information Update

The Clinical and Operational Executives of Te Uru Kiriora and the Chief Executive of THINK Hauora presented this report, which was taken as read.

An additional three GPs were required to ensure each GP had a maximum of 1500 enrolled patients. However, there were estimated to be 8000 people not enrolled with a GP practice, and with anticipated GP retirements, 14 new GPs would be required. Meetings were being held with senior clinicians across the district and the option to become a GP was being promoted to Resident Medical Officers.

The Board Chair noted that local authorities had advised they were expecting significant increases in population, which would have an impact on the provision of health care. Management advised they were open to ideas for new models of care and were looking at the role of other nurses alongside Nurse Practitioners. It was suggested that the recommendations from the 2010 business case for Better Sooner More Convenient be reviewed, particularly around GPs with a special interest.

A Board member asked that a combined workshop of the MDHB Board and the THINK Hauora Board be held to support strategic development in primary health. The Board Chair advised that caution would be required if the Board met with governors of a funded provider. The Chief Executive noted that the Board had an obligation under Te Tiriti o Waitangi to partner with Manawhenua Hauora, but there had never been Board level meetings with any funded providers.

It was resolved that the Committee:

recommend that the Board consider holding a workshop with the THINK Hauora Board to determine further progress in primary health care. (Moved Materoa Mar; seconded Heather Browning)

It was resolved that the Committee:

note the update to the Committee regarding primary care access for discussion. (Moved John Waldon; seconded Karen Naylor)

4. PERFORMANCE REPORTING

4.1 Cluster Updates

The individual cluster reports were taken as read and the Clinical and Operations Executives spoke to their reports.

Te Uru Kiriora – Primary, Public and Community Health

Ongoing efforts were being made to improve the cervical screening rates for Māori, Asian and Pacific women, including engagement with iwi about how to reach into their communities and training as many Māori nurses as possible to provide this service. A pilot programme for self-testing had been carried out in Northland, but the Ministry of Health had not made a decision on whether to extend the programme.

The Chief Executive advised that the Organisational Leadership Team had made a commitment to focus on equity. It would work with Manawhenua Hauora to co-design new approaches to help tackle the 'stubborn' areas, and determine the resourcing required.

The Board Chair acknowledged the challenge faced by management to provide the support required for COVID-19 resurgence planning, and thanked staff for their efforts. The Chief Executive noted that as well as planning and preparing for delivering the COVID-19 vaccination programme, this team was also working on the Measles, Mumps and Rubella (MMR) catch up programme, the childhood immunisation programme and the influenza vaccination programme. This had to be a priority for the DHB and would have an impact on resourcing and the ability to do other work. The Minister of Health and the Minister for COVID-19 Response had written to all DHB Chairs on 11 February 2021. Their letter made specific mention of the expectation that all DHBs fulfil their Te Tiriti o Waitangi obligations as part of the COVID-19 Immunisation and Vaccination Programme.

In response to a question, the Chief Executive confirmed that initial costs for COVID-19 testing had impacted on MDHB's budget. However, funding for the ongoing provision of COVID-19 testing sites was now being received from the Ministry of Health each month.

No confirmation had yet been received regarding funding for the vaccination programme.

The Chief Executive, THINK Hauora left the meeting.

Te Uru Arotau – Acute and Elective Specialist Services

Annual leave balances were being closely monitored. Due to COVID-19 travel restrictions, Senior Medical Officers (SMOs) hadn't been able to attend courses overseas. This had impacted their leave balances, as they often linked personal holidays with their Continuing Medical Education (CME) leave.

The Operations Executive was asked to check the Performance Indicator data for 'Referrals declined due to capacity, Māori' (page 54 of meeting papers). The year to date for December 2020 showed as 1155, whereas the year to date for September 2020 was only 65.

Te Uru Pā Harakeke – Healthy Women, Children and Youth

The report on the Child Development Service Referral Integration Project (referred to on page 64 of the meeting papers) would be available on SharedNet after this meeting.

Te Uru Rahuī – Mental Health and Addictions

The review of MASH Trust services had created opportunities to look at releasing funding to provide other services.

Te Uru Mātai Matengau – Cancer Screening, Treatment and Support

It was important that overseas staff had a good understanding of Te Ao Māori, including iwi and Māori relationships. Appropriate induction would be provided in conjunction with Pae Ora Paiaka Whaiora, Human Resources and other agencies.

Te Uru Whakamauora – Healthy Ageing and Rehabilitation

A review of the OPAL unit showed that over the past year, patients were less likely to re-present to hospital and were more likely to return home rather than go into residential care. However, evaluation of metrics such as length of stay and timeliness of admission showed some patients were staying longer, and there were delays to admission. A quality improvement project has commenced with the Emergency Department and General Medicine to improve patient flow.

It was resolved that the Committee:

note Te Uru Kiriora's emphasis on the COVID-19 Vaccination Programme

note Te Uru Rauhi have changed the guidelines for admissions to the Acute Mental Health Inpatient Unit (Ward 21)

note Te Uru Whakamauora have identified that Allied Health waitlists remain a key priority, with a number of mitigations underway

endorse the progress made against the Annual, Operational and Sustainability Plans, as outlined in the Directorate reports. (Moved Muriel Hancock; seconded Heather Browning)

The Operations Executive and Clinical Executive, Te Uru Rahuī; Operations Executive, Te Uru Kiriora; Operations Executive and the Clinical Executive, Te Uru Whakamauora left the meeting.

4.2 Enable New Zealand Report

The Director Operations, Enable New Zealand presented this report, which was taken as read. She advised the Managed Refurbished Equipment Service contract was expected to be available on the Government Electronic Tenders Service (GETS) in March.

Requests to Enable New Zealand are submitted through external assessors and are accepted as applications are received. One of the constraints in terms of equity for the Māori and Pasifika population is that the Ministry of Health's guidelines on eligibility for equipment modification services haven't had that focus applied. Enable New Zealand was working with other DHBs to find ways to improve equity, including that any unmet need for Māori was recognised by referrers.

It was resolved that the Committee:

endorse the Enable New Zealand report to 31 December 2020. (Moved Muriel Hancock; seconded Materoa Mar)

The Director Operations, Enable New Zealand left the meeting.

4.3 Pae Ora Paiaka Whaiora Report

The General Manager Māori Health presented this report, which was taken as read. An outcomes commissioning framework was under development with iwi providers. The second Māori equity report is being reviewed by the Organisational Leadership Team. The reporting dashboard was being refined to align with the Board's KPI dashboard. Solutions were being developed for non-performing indicators. Progress would be reported in the next three to six months, before being presented to Manawhenua Hauora and the MDHB Board.

The Quality and Improvement Advisor joined the meeting.

The slide pack 'Te Tiriti o Waitangi considerations for DHBs' mentioned in the Ministers' letter to DHB Chairs (11 February 2021) would be made available to Board members.

Committee members acknowledged the appointment of the General Manager Māori Health as chair of the Regional Interagency Network.

A generation of young people were coming through kohanga reo and kura kaupapa. Their preferred language was Te Reo Māori and they should be able to speak that language when engaging with the health sector.

It was resolved that the Committee:

note that progress update for the Pae Ora Paiaka Whaiora Directorate. (Moved Vaughan Dennison; seconded Lew Findlay)

4.4 Clinical Governance and Quality Improvement Framework

The General Manager Quality and Innovation and the Quality and Improvement Advisor presented this report, which was taken as read.

A new style of reporting for HDAC was being developed, which would highlight the commitments made and progress. The Quality and Innovation Team needed data and analytics support to improve reporting. Development of clinical informatics to support clinical governance across all clinical teams was also required. The Te Awa Digital Strategy was under review and a report would be provided to the February Board meeting.

The Manager, DHB Planning and Accountability joined the meeting.

It was resolved that the Committee:

endorse the revised goals and workstreams to support the next stage of implementation of The Quality Agenda (Clinical Governance Framework)

endorse progress in delivering improvements in Clinical Governance and Quality Improvement. (Moved Materoa Mar; seconded Karen Naylor)

4.5 Quality and Safety Dashboard

The General Manager Quality and Innovation and the Quality and Improvement Advisor presented this report, which was taken as read.

The KPI dashboard to the Board would be used as a reference point for future HDAC reports to highlight the goal and progress made. Further developments to this dashboard would be made, as well as changes to other dashboards presented to HDAC.

It was resolved that the Committee:

note that content of the Quality and Safety Dashboard

endorse the revised format of the dashboard which reflects the reporting approach recently approved by the Board

endorse the improvement activities planned for the next quarter. (Moved Heather Browning; seconded Vaughan Dennison)

The media representative, the Quality and Improvement Advisor and the Communications and Social Media Advisor left the meeting.

5. DISCUSSION/DECISION PAPERS

5.1 Regional Services Plan Implementation, Quarter One 2020/21

The Manager, DHB Planning and Accountability presented this report, which was taken as read.

The Health and Disability System Review (Heather Simpson Report) recommended that all hospitals across New Zealand operate as a single network system of care. DHBs in the central region had agreed to focus on orthopaedics and try to ensure that everyone in the region had the same access to the service.

It was noted that as part of the Government's new approach, there would not be a Regional Services Plan next year.

It was resolved that the Committee:

note the final draft Regional Services Plan for 2020/21 was submitted to the Ministry of Health in December 2020 and has not yet been formally approved by the Minister of Health

note the progress made on implementing the central region's national and regional priority programmes for the first quarter of 2020/21. (Moved Muriel Hancock; seconded Karen Naylor)

The Manager, DHB Planning and Accountability left the meeting.

6. INFORMATION PAPERS

6.1 Locality Plan Progress Report – Manawatū

The Acting General Manager, Strategy, Planning and Performance presented this report, which was taken as read. She noted that future reports would be presented in a more strategic format. Committee members acknowledged the work that had been done in the localities.

It was resolved that the Committee:

note the progress that has been made in relation to the Manawatū Te Mahere Hauora (Health and Wellbeing Plan). (Moved Vaughan Dennison; seconded Lew Findlay)

6.2 Committee's Work Programme

It was resolved that the Committee:

endorse the Health and Disability Advisory Committee's work programme be updated to report on the Regional Services Plan six-monthly. (Moved Karen Naylor; seconded Lew Findlay)

It was resolved that the Committee:

note the update on the Health and Disability Advisory Committee's work programme. (Moved Muriel Hancock; seconded Materoa Mar)

7. LATE ITEMS

There were no late items.

8. DATE OF NEXT MEETING

Tuesday, 27 April 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

9. 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 order papers of the 24 November 2020 meeting held with the public present	
Midwifery Workforce Report	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)

(Moved John Waldon; seconded Heather Browning)

Part One of the meeting closed at 11.40am

Confirmed this 27th day of April 2021

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Chairperson