

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health and Disability Advisory Committee meeting held on 24 November 2020 from 9.00am in the Board Room, Gate 2, Heretaunga Street, Palmerston North

PART ONE

MEMBERS

John Waldon, Committee Chair	Materoa Mar
Brendan Duffy, Board Chair	Gail Munro
Heather Browning	Karen Naylor
Vaughan Dennison	Jenny Warren
Lew Findlay	
Muriel Hancock	

IN ATTENDANCE

Kathryn Cook, Chief Executive
Kelvin Billingham, Chief Medical Officer
Judith Catherwood, General Manager, Quality and Innovation
Celina Eves, Executive Director, Nursing & Midwifery
Rory Matthews, Interim Director of the Office of the Chief Executive
Gabrielle Scott, Executive Director, Allied Health
Jennifer Free, Committee Secretary

IN ATTENDANCE (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhi
Vivienne Ayres, Manager, DHB Planning and Accountability
Jeff Brown, Clinical Executive, Te Uru Pā Harakeke
Vanessa Caldwell, Clinical Executive, Te Uru Rauhi
Mariette Classen, Consumer Experience Manager
Debbie Davies, Operations Executive, Te Uru Kiriora
Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke
Chiquita Hansen, Chief Executive, THINK Hauora
Claire Hardie, Clinical Executive, Te Uru Mātai Matengau
Lyn Horgan, Operations Executive, Te Uru Arotau
Lisa Knight, Communications and Social Media Officer
Susan Murphy, Manager, Quality Improvement and Assurance
Andrew Nwosu, Operations Executive, Te Uru Whakamauora
Michelle Riwai, General Manager, Enable New Zealand
Adele Small, Tumu Rautaki, Pae Ora Paiaka Whaiora
Bruce Stewart, Board Member, THINK Hauora
Syed Zaman, Clinical Executive, Te Uru Whakamauora

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

Apologies were accepted from Norman Gray and Oriana Paewai.

2.2 Late items

There were no late items.

2.3 Register of Interests Update

There were no amendments to the Register of Interests.

2.4 Minutes of the 13 October 2020 meeting

It was resolved that:

the Part One minutes of the 13 October 2020 Health and Disability Advisory Committee meeting be approved as a true and correct record. (Moved Vaughan Dennison; seconded Karen Naylor)

2.5 Matters arising from previous Minutes

No discussion.

3. STRATEGIC FOCUS

Primary Care Access and Affordability

The clinical and operations executives presented the report which was taken as read. The chief executive and board chair of THINK Hauora were present to support questions. Meetings had been held between all stakeholders, including plans to support digital enablement, supporting recruitment and workforce supply including medical training in the region and integrating specialists working with general practice teams. These plans will help address access to and demand for primary care. They reported that the strategy to address primary care access were comprehensive, and work was being prioritised to address the issues.

Committee members expressed their concerns over the lack of affordability when it comes to accessing health care within various communities such as the disability sector, Māori and Pasifika. A discussion around localities and integrated service models has been held. The Committee made suggestions including greater use of allied health models of care, supporting other health providers to support service delivery and education of the public regarding what services are available.

The Chair indicated this conversation would be ongoing and activities in the report would need to be monitored.

It was resolved that the Committee:

note the overview of the district's approach to primary care access and affordability

Provide any additional areas of focus to be included in the GP sustainability road map. (Moved Vaughan Dennison; seconded Muriel Hancock)

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 Arotau – Acute and Elective Specialist Services

The board chair congratulated the directorate on securing \$2.1 million in funding which will provide additional care within this region. There was a general discussion on the facilities upgrades, and questions were asked whether the architects were consulted in relation to the needs of the disabled in the community in terms of accessibility. The operations executive will take points raised back to the project team to ensure this is taken into account.

Te Uru Pā Harakeke – Healthy Women, Children and Youth

The clinical executive of this directorate congratulated the effort that has established Te Papaioea primary birthing unit as a DHB facility. The next phase of the project has commenced to look at the best start to life in both Tararua and Horowhenua/Ōtaki communities as part of services for the first 1000 days. Community engagement through the locality Health and Wellbeing groups is critical to this project. It was noted by a member that the numbers for Māori using Te Papaioea birthing unit is not growing. Ethnicity data has only been available since MDHB took over the unit and the service will continue to monitor and support equity of access.

Te Uru Rauhi – Mental Health and Addictions

The inpatient unit (Ward 21) still has a high occupancy rate and the need to accelerate planning sustainable solutions for high complex needs are a priority for the directorate. The delay in the roll out of the Government's mental health programme remains a concern, however there was positive commentary on the progress being made on the plans for the new mental health facility. Access issues for the disabled was raised and the clinical executive gave reassurance that access issues and the needs of those with disabilities have been identified and built into the planning process. The directorate were congratulated on the recent impromptu and successful visit from the Ombudsman.

Te Uru Kiriora – Primary, Public and Community Health

COVID-19 impacts continue within the directorate. The transformational change programme on long term conditions is advancing. A discussion on the ageing workforce was held. A Board member who recently attended a Quality Safety Walk Round at Feilding Health Care noted that the child oral health team were to be congratulated for their dedication and excellence within the service. It was noted the persistent pain service was progressing toward commencement in 2021.

Te Uru Whakamauora – Healthy Ageing and Rehabilitation

It was acknowledged by both the clinical executive and the operations executives that there were sickness issues impacting on staffing capacity, but recruitment has progressed well for medical specialists. Both the executives gave an electronic presentation on the progress and direction of Te Uru Whakamauora over the past year.

Te Uru Mātai Matengau – Cancer Screening, Treatment and Support

The one-year anniversary of the Breast Screening programme was observed. The Committee were advised letters have been received by both the Hawke's Bay and Taranaki DHBs that funding is now available for the building to house the LINAC.

It was resolved that the Committee:

endorse the progress made in the directorate reports. (Moved Vaughan Dennison; seconded Muriel Hancock)

The operations and clinical executives, Te Uru Rauhi; the clinical executive, Te Uru Mātai Matengau; and the operations executive, Te Uru Pā Harakeke left the meeting.

4.2 Enable New Zealand Report on Performance

The general manager, Enable New Zealand presented this report, which was taken as read. The Committee thanked the general manager for including ethnicity reporting although it was noted that this reflected who was referred to the services by other agencies or DHBs.

The media representative left the meeting.

It was resolved that the Committee:

endorse the Enable New Zealand Report on Performance. (Moved Vaughan Dennison; seconded Materoa Mar)

4.3 Pae Ora Paiaka Whaiora Progress Report

This report was presented by the tumu rautaki, Pae Ora Paiaka Whaiora and was taken as read. The mapping of Kaupapa Māori health providers was noted. It was noted a wider debate would be held at Board level about investment priorities in services.

It was resolved that the Committee:

note that progress update from Pae Ora Paiaka Whaiora Directorate. (Moved Vaughan Dennison; seconded Muriel Hancock)

The communications and social media officer left the meeting.

5. DISCUSSION/DECISION PAPERS

5.1 Māori Health Equity Dashboard Report – Te Ara Anguiti for Selected Child and Youth Health Indicators

The report was presented by the clinical and operations executives. It was noted this was the first in a series and the data has stimulated many questions and work activities. It was noted that Māori health providers are an important contributor to the discussions on the solutions to inequity in service outcomes.

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 our commitment to Te Tiriti o Waitangi. (Moved Materoa Mar; seconded Karen Naylor)

5.2 Regional Services Plan – Quarter 4 2019/20 and 2020/21 Updates

The manager, DHB planning and accountability presented the report, which was taken as read.

It was resolved that the Committee:

note the update on progress with implementation of the 2019/20 Regional Services Plan

note the final draft 2020/21 Regional Services Plan has been endorsed by the regional chief executives and will be submitted to the regional Governance Group in early December

note the final 2020/21 Regional Services Plan will be submitted to each of the six district health boards for board approval over this next month. (Moved Muriel Hancock; seconded Heather Browning)

5.3 MDHB Disability Strategy Implementation Plan Update

The executive director allied health presented this report, which was taken as read. It was noted the commitment to embracing the enabling good lives principles in the strategy and across the organisation. It was suggested the plan should be updated to reflect the Te Tiriti o Waitangi. There was a desire to have disability statistics to support the evaluation and review of the plan and the lack of available disability data was a national as well as local issue.

It was resolved that the Committee:

note the progress of MDHB's Disability Strategy Implementation Plan – Road Map Year One Priorities (Moved Karen Naylor; seconded Vaughan Dennison)

5.4 Quality Account 2019/20

The manager of quality improvement and assurance presented the report, which was taken as read. The content reflected positive improvements in the services delivered and it was important this was disseminated widely. It was long and editing to support a shorter, more easy read form was suggested. Discussion was held on the proposal to move to a quarterly short style report rather than the current annual report, and whether snapshots of events could be distributed by other means including social media.

There was also discussion about including this information in the annual report rather than reporting quality improvements separately. The general manager indicated the history behind the quality account, and this is no longer required as part of our operational framework responsibilities. It was noted that the Clinical and Consumer Councils had discussed the reporting in 2019 but it would be taken back for their further consideration in the new year.

It was resolved that the Committee:

endorse the content of the Quality Account for 2019/2020 for Board approval

consider the feedback from the Committee about the move to quarterly Quality Account from 2021. (Moved Vaughan Dennison; seconded Karen Naylor)

6. INFORMATION PAPERS

It was resolved that the Committee:

note the recommendations made in the following information papers. (Moved Matoroa Mar; seconded Lew Findlay)

6.1 Locality Plan Progress Report – Tararua

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

6.2 Committee’s Work Programme

The Committee discussed the report and requested that Digital Services be included in the Committee work programme.

note the progress against the current work programme

note the change to the 2021 Health and Disability Advisory Committee meeting frequency and revised dates

endorse the Health and Disability Advisory Committee’s work programme. (Against Karen Naylor)

7. 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 13 October 2020 meeting held with the public present	

(Moved Brendan Duffy; seconded Jenny Warren)

Part One of the meeting ended at 12.50pm

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

February 2021 (date to be confirmed following 15 December Board meeting) – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

Confirmed this (9th or 16th) day of February 2021

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Chairperson