MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 27 November 2018 at 9.00am at MidCentral District Heath Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)
Diane Anderson (Deputy Chair)
Dot McKinnon
Adrian Broad
Ann Chapman
Barbara Cameron
Barbara Robson
Brendan Duffy
Michael Feyen
Nadarajah Manoharan
Oriana Paewai
John Waldon
Vicki Beagley

IN ATTENDANCE

Kathryn Cook, Chief Executive
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation
Angela Rainham, Project Manager, (part meeting)
Barb Bradnock, Senior Portfolio Manager, Strategy, Planning & Performance (part meeting)
Barbara Ruby, Acting Manager, Quality & Clinical Risk (part meeting)
Bart Baker, Haematologist, (part meeting)
Celina Eves, Executive Director, Nursing & Midwifery
Chiquita Hansen, CEO, Central PHO, (part meeting)
Claire Hardie, Acting Clinical Executive, Cancer Screening Treatment & Support
Colin Thompson, Medical Advisor/Endocrinologist
Craig Johnston, General Manager, Strategy, Planning & Performance
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Dave Ayling, Clinical Executive, Primary, Public, Community Health
David Sapsford, Clinical Executive, Acute & Elective Specialist Services
Debbie Davies, Operations Executive, Primary, Public, Community Health
Gabrielle Scott, Executive Director, Allied Health
Jeff Brown, Clinical Executive, Women & Children's Health
Jo Smith, Senior Portfolio Manager, Strategy, Planning & Performance, (part meeting)
John Manderson, Programme Manager, Business Improvement (part meeting)
Judith Catherwood, General Manager, Quality & Innovation
Judy Boxall, Service Manager, Child & Adolescent Oral Health, (part meeting)
Kenneth Clark, Chief Medical Officer
Lyn Horgan, Operations Executive, Acute and Elective Services
Mandy Bevan, Charge Nurse District Nursing, (part meeting)
Marcel Westerlund, Clinical Executive, Mental Health & Addictions, (part meeting)
Phil Marshall, Clinical Director, Dental Services, (part meeting)
Robert Holdaway, Manager, Public Health, (part meeting)
Robert Weir, Clinical Director Public Health/Medical Officer of Health, (part meeting)
Sarah Fenwick, Operations Executive, Women & Children's Health
Stephanie Turner, General Manager, Maori & Pacific
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation
Vanessa Caldwell, Operations Executive, Mental Health & Addictions
Vivienne Ayres, Manager, DHB Planning & Accountability, (part meeting)

Wayne Blissett, Operations Director, Maori Strategy, & Support, (part meeting)
Carolyn Donaldson, Committee Secretary
Dale Wicken, Communications Officer

Public: 2
Media: 1

1 ADMINISTRATIVE MATTERS

1.1 Apologies

An apology was received from Committee Member Anne Kolbe. An apology for lateness was received from Barbara Cameron. Apologies for leaving early were received from Diane Anderson and Ann Chapman.

1.2 Welcome

Opening the meeting, the Chairperson welcomed John Waldon, Committee Member.

1.3 Late Items

There were no late items.

1.4 Conflicts and/or Register of Interests Update

There were no conflicts of interest or updates to the register of interest.

1.5 Minutes of the Previous Meeting

It was resolved:

> *that the minutes of the previous meeting be approved as a true and correct record. (Moved Karen Naylor; seconded Brendan Duffy)*

1.6 Matters Arising

Michael Feyen raised the issue of recording speakers' names against their comments. He felt this should be occurring. The CEO noted this issue had been raised previously at the board table. Her recollection was that there was a difference between the way the Board minuted its meetings and local government Councils minuted their meetings. As this issue had been discussed previously and whilst the Chair had no issue with naming speakers, she suggested the issue be further discussed after the meeting.

2 PERFORMANCE

2.1 Uru Kiriora – Primary, Public and Community Health Cluster Report and Presentation

The Clinical Executive spoke to this presentation outlining the Cluster's purpose.

The foundations of the Cluster were Public Health, Primary Health Care, Community Nursing and Long Term Conditions.

There has been deliberate investment and capacity building across primary health over the past 12 years. It was noted that MDHB has the lowest number of GPs per head in the country as at 2017, and it has the second highest number of intended retirees in the next five years. The recent focus has been on the integrated nursing project.

The number of people living in the district who were not enrolled with a GP team (seven per cent) was noted. Enrollment in the GP teams did bring funding and resource. Some of the reasons for not enrolling could relate to access issues. In terms of capacity for GP teams to take additional patients, Management advised there were still 17 GP practices with open books.

Barbara Cameron entered the meeting.

Management advised that funding for General Practices adopting the free access for under 14's did flow through to the practice.

The challenges with the titanium electronic health record system in the Child & Adolescent Health Service were raised. Management advised there had been further updates provided that would now be tested. It was not known when the issues with the system would be resolved.

In relation to the Pharmacy Programme, Management advised an example of a major harm event that had been prevented would be avoiding prescribing warfarin due to its interaction with other medications. Management explained that transition of care was an area where things could go wrong. The Pharmacy programme was focusing on tidying up the transition of care from secondary care to community care from a pharmaceutical point of view.

Management advised the testing for per- and poly-fluoroalkyl substances (PFAS) at Palmerston North Airport had been organized by the PN Airport Company. The testing had been related to the level of exposure to humans. It had not covered exposure to aquatic life.

It was resolved that the Committee:

- *endorse the progress made by the Uru Kiriora - Primary, Public and Community Health Cluster in 2018/19*
- *note the focus on primary care enrolment*
- *note the uptake in extending access to primary care services, and planned consumer engagement regarding Health Care Home*
- *note the progress being made in the Pharmacy Business Improvement Programme. (Moved Karen Naylor; seconded Nadarajah Manoharan)*

Members of the Uru Mātai Kiriora cluster left the meeting.

2.2 Uru Whakamauora – Healthy Ageing & Rehabilitation Cluster Report

The Clinical Executive introduced this report.

Management advised that since the last meeting, a business case on an acute care ward for older people (OPAL) had been approved by the Executive Leadership Team and would now be implemented.

The process involved in the Personal Protection and Property Rights (PPPR) Act was explained. A process working with the local court appointed lawyers had been developed to simplify the process.

The issue of increasing demand on orthotics as a result of delays in accessing orthopaedic surgery was raised. Management advised there was no delay in accessing orthopaedic surgery. However, orthotics did have a number of people with different conditions that were not necessarily total hip replacement elective surgery.

It was resolved that the Committee:

- *endorse the progress made by the Uru Whakamauora- Healthy Ageing and Rehabilitation cluster to date*
- *note the range of improvement initiatives focusing on improving care outcomes and patient experience for older people who may be living with frailty*
- *note the opportunities for revenue from the Non Acute Rehabilitation (NAR) contract. (Moved Karen Naylor; seconded Adrian Broad)*

2.3 Pā Harakeke - Healthy Women, Children & Youth Report

The Operations Executive introduced this report.

Management advised the midwifery strike action was now into day five. There had not been any issues, and a good Life Preserving Services agreement (LPS) was in place. Three workshops were held on 23 November for staff. Approximately 1/5th of staff took part over the day. There was a lot to do now on what staff saw as themes for co-design. The Chair commented that she had attended one of the workshops. She felt it was a great way to bring the broader team along on the journey, and she congratulated Management on the workshops. There was an open invitation to board members to attend a cluster plan workshop. The next one was scheduled for 27 February 2019.

The Child Health Forum held on 19 September was considered a good example of how to achieve better outcomes for consumers. The Operations Executive advised discussions on how to progress and work with primary health partners were already being held.

It was noted the next meeting on co-designing the new model of integrated care for disability services was scheduled for 14 December.

Meetings would be held every 2-3 weeks.

Management advised some additional clinical resource had been put in to work with the Ministry of Health on the Maternity Clinical Information system.

The update on the Gynaecology Elective Services patient Flow Indicators was noted. Management was asked if the Clinical Priority Assessment criteria scoring threshold might be raised in order to manage waiting times better. Management advised they were working hard to ensure referral criteria was correct and that CPAC scoring was consistent.

The workshop planned for February would be on keeping babies safe, and covered issues like woollen clothing, preventing violence, basket weaving etc.

It was resolved that the Committee:

- *endorse the progress made by the Healthy Women Children and Youth Cluster Service to date.*
- *note the information regarding upcoming Midwifery strikes*
- *note the Mokopuna Ora Collective work and Child Health Forum initiatives*
- *note the work to ensure achievement of elective targets*
- *note the dates of the cluster plan workshop, to which is there is an open offer for the board to attend. (Moved Karen Naylor; seconded Brendan Duffy)*

2.4 Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster Report

The Operations and Clinical Executives presented this report.

The opportunity to partner with the Breast Cancer Foundation in providing support services post treatment was discussed. The proposal was currently with the Pae Ora team for assessment and advice as to how to ensure it was equitable. Clients would opt in, and have to consent as their information would be shared with the parties. A specialist nurse employed by the Breast Cancer Foundation would be given honorary staff status so they could access consenting patients information within MDHB and no date would be stored or accessed outside MDHB software systems. A member expressed interest in seeing the Memorandum of Understanding. Funding for the service was permanent. If the proposal proceeded, approximately 40-50 women a year would access it initially.

It was resolved that the Committee:

- *endorse the progress made by the Uru Mātai Matengau - Cancer Screening, Treatment & Support Cluster in 2018/19*
- *note progress in developing a business case for the replacement of the linear accelerators. (Moved Karen Naylor; seconded Michael Feyen)*

2.5 Uru Arotau – Acute & Elective Specialist Services Cluster Report

The Clinical Executive introduced this report.

It was noted the Francis Group were contracted to support the MDHB until the end of the calendar year and an exit strategy was in progress as the internal capacity was enhanced over the next few months.

Management were asked if the Tier 3 Decision Document changes would set the Cluster up to focus on the strategic direction required, and whether it would serve the purpose it was intended to, ie better integration etc. Management advised the changes were structured around the patient journey and not wasting patient time. There should be better communication between specialists enabling more effective patient flow.

It was resolved that the Committee:

- *endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19.*
- *note the quality improvement programmes of work continue to be progressed, namely Takatū, Medimorph which includes Frailty and Transfer of Care.*
- *note the final phase of the Emergency Department renovations.*
- *note the Acute & Elective Specialist Services Cluster Business Improvement Programme*. *(Moved Karen Naylor; seconded* Nadarajah Manoharan)

2.6 Uru Rauhī – Mental Health & Addictions Cluster Report

Members were advised the figures in the Alcohol and Other Drugs Service chart on page 103 had inadvertently been transposed, and on page 149 the horizontal line in the ACT Crisis chart should be months.

The Committee was also advised that MDHB has been elevated in the priority list for funding for the Ward 21 redesign.

Suicides continue to be high. There have been 12 in the last two months. Poverty, unemployment and housing were factors. It was important to look at the locality plans and the work being done to identify the needs for the region. Issues would be reflected in the outcome report across the country and would require a community focus and collaborative approach.

There would be a training opportunity in December for community workers and members to increase awareness around risk factors of suicide. People also need to know where to go for help. Behaviour had to be destigmatised. The Waiora approach was a collective impact approach, presented as part of the submissions to the Mental Health Enquiry. It involved community providers working collaboratively on this issue. There was a NGO roadmap which was a collective approach by NGOs. The roadmap sat with Unison so it was accessible in the community. Copies of it could be provided to members if desired.

Concern was expressed at the national mental health and addiction performance indicator results for numbers 2, 18 and 19. Management advised this reflected the struggle experienced with the SMO workforce, which was being addressed. Management were also looking at shifting resources around rather than holding a vacancy open for say two years while waiting to fill a particular role.

The amount of resource being delivered in communities was acknowledged. The challenge around suicide was not just being experienced in Horowhenua but all over New Zealand.However communities and families must take some responsibility for the way they wished to live.

It was noted locums would be used to cover vacancies in the crisis care team, and that recruitment had been successful in other roles. In terms of Christmas cover, crisis intervention was not closed over this period. If there was under-resourcing experienced, then regular clinics may be deferred and the additional focus put on the crisis team.

A number of queries were raised as follows:

- There was a discrepancy between the SAC 2 events reported in the mental health cluster report (8) and the number reported in the quality report (6). Clarification of this was requested.
- Clarification of HDC requests, as reporting HDC complaints was not being provided to the committee now.
- What happened to people with an eating disorder when there was no specialist eating disorder workforce.
- Had the work been completed on the wider profile of acute needs of all people referred to the Mental Health and Addictions Acute Care Team for crisis response? The aim was for it to be completed by November 2018.

Responses to these queries could be provided at a later date.

It was resolved that the Committee:

endorse the progress made by Uru Rauhī, Mental Health & Addiction Services Cluster in 2018/19. (Moved Karen Naylor; seconded Adrian Broad)

At this stage, the meeting stopped for a 10 minute break.

2.7 Paiaka Whaiora – Hauora Māori Cluster Update

The General Manager, Maori introduced this report.

There was a need to invest in core Kaupapa Maori services. It would be a partnering approach. In terms of the financial investment required, this would be considered during the next year's budget discussions. As an organisation there must be consideration to growing and supporting investment to ensure partnership responsibilities as part of the Treaty of Waitangi were met. The CEO said she was committed to doing what was needed to support a significant change in the organisation.

The General Manager, Maori, explained there would be a partnering approach to ensure there was understanding of Kaupapa provision. It would touch every Cluster. A key part was the advice and support of Kaiurungi (steerer) to advise and support leadership in terms of cluster support and how the Cluster would work.

Oriana Paewai spoke from a Manawhenua Hauora perspective, saying this was the latest iteration of a lot of work. The Pae Ora team would continue with "business as usual". She also mentioned that at a meeting the previous day, Dame Turiana Turia, had challenged MDHB asking what was being done about institutional racism.

It was resolved that the Committee:

- *note the Hauora Māori Cluster Update*
- *note the plan and approach to the Hauora Māori Cluster establishment (Moved Karen Naylor; seconded Barbara Cameron)*

2.8 2018/19 Regional Services Plan Implementation Update

The General Manager, Strategy, Planning & Performance introduced this report.

The report was an update on work undertaken by the Central Regions Technical Advisory Service. The General Manager said reporting quarterly was too frequent. TAS were providing six monthly reports, and he suggested reporting be moved to the six monthly reports as provided by TAS.

It was resolved that the Committee:

note the update on progress with the 2018/19 Regional Service Plan

3 STRATEGIC PLANNING

3.1 Population and Health Profile Update, with an Equity Lens

The General Manager, Strategy, Planning & Performance spoke to this report.

The CEO advised it had just been confirmed that Horowhenua would be a refugee resettlement area. Whilst everything would be done to help the refugees, it would be difficult given the issues already noted regarding poverty, unemployment and housing.

It was noted that no advice had been received on what impact or changes there might be in relation to annual planning requirements.

It was resolved that the Committee:

- *note the 2018 profile of the population and health status for the district*
- *endorse the findings being used in future planning*

3.2 Palmerston North Health and Wellbeing Plan Presentation

The General Manager, Strategy, Planning & Performance spoke to this report.

The assistance and information provided by Peter Crawford, PN City Corporation was acknowledged.

A draft plan will go to the December board meeting. The differences between this plan and the earlier one were noted. There was more focus on areas like PN being a "young city", there were extra population pages, "what service providers said" had been separated out, and the five priority areas.

It was resolved that the Committee:

endorse the approach that is being taken for the Palmerston North Health and Wellbeing Plan. *(Moved Karen Naylor; seconded Adrian Broad)*

3.3 Development of a Strategy for Pharmacy in MidCentral and a Moratorium on Community Pharmacy Contracts

The General Manager, Strategy, Planning & Performance spoke to this report.

Management confirmed there were good auditing processes in place managed out of the ministry's unit.

Management clarified there were arrangements in place for pharmacy depots in communities that were too small to service a pharmacy, eg Rongotea or Woodville. Medicines were packaged and dispensed by courier to a designated depot for collection by the individual.

Di Anderson left the meeting.

It was resolved that the Committee:

- *note that as of the 1st of October 2018, all 32 MidCentral Community Pharmacies have signed the new national Integrated Community Pharmacy Services Agreement.*
- *note that the DHB is drafting a Strategy for Pharmacy in MidCentral for pharmacy services and that once the draft strategy is formalised, an engagement phase with wider stakeholders and the community will proceed.*

- *note that the DHBs have received legal advice that neither the Commerce Act 1986 nor administrative law prevents a DHB from adopting a policy under which the DHB chooses which licensed pharmacies receive a contract or chooses the types of pharmacy services covered by an individual contract.*
- *endorse for the Board's consideration a proposal to impose a moratorium on issuing new contracts for community pharmacy providers from the 18th of December 2018, until the adoption of a policy on contracting pharmacy services within MidCentral in 2019.*
  (Moved Karen Naylor; seconded Barbara Robson)

4 QUALITY IMPROVEMENT

The agenda order was slightly changed, and item 4.2 was taken next.

4.2 Choosing Wisely Progress Report

Dr Bart Baker presented this report.

Ann Chapman left the meeting.

Concern was expressed that the initiative could be seen as a cost-cutting measure. However Dr Baker said whilst initially the programme was seen as a way of resourcing in the United States, it had moved beyond that now and cost saving was a side effect. The programme was professionally led and evidence based. There was quite a lot of unnecessary testing done, eg urine tests or people having unnecessary investigations and antibiotics.

Concern was expressed that if a patient did not agree with the advice provided under this initiative they might contact the HDC and that there were very few instances where HDC helped the health professional, which created problems. Management suggested that if the patient was fully informed at the beginning about all possibilities and had the power to make the decision regarding what they wanted, then the HDC was not usually involved as the client was fully informed and the outcome was better.

The Chief Medical Officer supported the programme. He felt it was powerful having clients working with health professionals. He also acknowledged the work John Manderson had contributed to the organisation, noting that John would be leaving at the end of the month to join the Cancer Network.

It was resolved that the Committee:

- *that the content of the report be noted*
- *the progress with Choosing Wisely in MidCentral district be endorsed.*
  (Moved Karen Naylor; seconded Adrian Broad)

4.1 Clinical Governance and Quality Improvement Report

The General Manager, Quality and Innovation presented this report.

The General Manager referred to the discrepancy in data that had been brought to management's attention earlier during the discussion on the Mental Health & Addiction Cluster report relating to the number of SAC 2 events. This would have occurred because two events had been down-graded, but the reports would have been written and data pulled from the system at different times (between this down-grading occurring).

A number of points/queries were noted:

- it was important to have correct contact details, eg with the bowel screening programme
- what strategies were employed to make staff clean their hands in front of patients
- would clinical audits become a base line and be reported to the committee. Would there be an indication into improvements made as a result of audits.

Management advised clinical audits would be the base line. It was seen as a growth area. As the quality department grew to support the clusters, other reports would be developed. Patient safety week with a focus on hand hygiene went well.

The Quality Agenda would be launched internally and externally although it was primarily for staff.

It was resolved that the Committee:

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

4.3 Transport Services Return from Wellington

The General Manager, Strategy, Planning & Performance spoke to this report.

Transport requires coordination. In general it was a social work role to help with those arrangements. A pamphlet was being developed which would help social workers with this and provide information for patients. It would be easy for consumers to understand.

It was resolved that the Committee:

- *note the commentary around transport services*
- *note the a*ctivity currently underway to improve information and services

4.4 Air Ambulance Helicopter Service Arrangements

The General Manager, Strategy, Planning & Performance spoke to this report. It had been difficult to get information on this matter, but information was just coming out now.

It was resolved that the Committee:

note this update on changes occurring to Air Ambulance Helicopter Services.

5 POLICY & GOVERNANCE

5.1 Committee's Work Programme, 2018/19

With the Committee's support, reporting on the Regional Services Plan would be changed to six monthly, as discussed earlier in this meeting.

It was resolved that the Committee:

endorse the progress being made in the delivery of the 2018/19 work programme.

6 LATE ITEMS

There were no late items.

7 DATE OF NEXT MEETING

5 February 2019 at 9.00am.

8 EXCLUSION OF PUBLIC

It was recommended

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
• Potential & Actual Serious Adverse Events July - October 2018	To protect patient privacy	9(2)(a)