

## MIDCENTRAL DISTRICT HEALTH BOARD

### **Minutes of the Health & Disability Advisory Committee meeting held on 6 August 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  
Barbara Robson  
Brendan Duffy  
Diane Anderson

Dot McKinnon  
Michael Feyen  
Nadarajah Manoharan  
Oriana Paewai  
Vicki Beagley

#### **IN ATTENDANCE**

Kathryn Cook, Chief Executive  
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation  
Celina Eves, ED, Nursing & Midwifery  
Claire Hardie, Clinical Executive, Cancer Screening Treatment & Support (part meeting)  
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support  
Dave Ayling, Clinical Executive, Primary, Public, Community Health (part meeting)  
David Andrews, Acting GM, Enable New Zealand, (part meeting)  
David Sapsford, CE, Acute & Elective Specialist Services  
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 (part meeting)  
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)  
Angela Rainham, Locality and Population Health Manager (part meeting)  
Kelly Isles, Director Strategy and Design  
Lesley Batten, Associate Director of Nursing, Primary Public and Community Cluster (part meeting)  
Mahmoud Mahmoud, Population Health Pharmacist (part meeting)  
Robert Holdaway, Manager Public Health (part meeting)  
Roger McLeod, MASH Trust (part meeting)  
Sharon Vera, Coordinator, Health Promotion (part meeting)  
Vivienne Ayres, Manager DHB Planning & Accountability (part meeting)  
Wayne Blissett Director, Maori Strategy, Support and Operations (part meeting)

Comms: 1  
Public: 3  
Media: 1

## **1 ADMINISTRATIVE MATTERS**

### **1.1 Apologies**

Apologies were received from Members Adrian Broad and John Waldon. Anne Kolbe was absent.

### **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 2.3.1 Primary, Public and Community Health Cluster Report re the electronic oral health record programme, as Barbara was a member of the Ministry of Health's Electronic Oral Health Record Design Group

Karen Naylor: item 3.1 Uru Pa Harakeke Healthy Women Children and Youth Report re the outpatients' gynaecology nursing change paper.

### **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 Karen Naylor; seconded Vicky Beagley.)*

### **1.5 Matters Arising from the Minutes**

There were no matters arising.

## **2 LOCALITY HEALTH AND WELLBEING PLANNING**

### **2.1 Ōtaki Health and Wellbeing Plan Update**

The Locality and Population Health Manager presented this report enlarging on the action plan progress, various highlights and feedback from the annual forum. A suggestion was made to use local successful sporting people as role models. Management were asked what was occurring in areas where there were boundary issues. Management advised this would be answered as the various plans were worked through. Management were also asked if an indication of the numbers involved and which agencies were represented in the Otaki suicide prevention/postvention response team could be provided.

It was resolved:

*that the Committee: note the progress that has been made in relation to the Ōtaki Health and Wellbeing Plan.*

### **3 SERVICE CLUSTER REPORTS**

#### **3.1 Cluster update for June 2019**

Presentations were made from the Primary Public and Community Cluster and the Mental Health & Addictions Cluster. These presentations are available on the governance sharenet site.

The Primary Public Community Cluster presentation covered key achievements and challenges, and provided some examples of initiatives. The Primary Care Support Pharmacy and MASH Trust patient journey and Trust activities were also covered.

The prescribing of medications was raised, particularly in terms of reducing the number of medications people were getting. The different circumstances under which medications were prescribed was part of the reason for this over-prescribing, ie different clinicians prescribed the medications (psychiatrists, GPs etc) but they did not have the specialist knowledge that the clinical pharmacists had.

The integrated after hours approach was clarified. When a person phoned in for assistance, the caller would be talking to someone who knew where the caller lived, what the local resources were and what agreements were in place for afterhours service.

Management advised they would take on notice the issue of water security and involvement in various local body user accords. The DHB had not been involved to date.

The Mental Health & Addictions Cluster also covered their key achievements, challenges ahead, and the top five priorities for the Cluster Advisory Group.

The Operations Executive said there were two key areas of challenge, ie workforce capacity and transformational change. As the clusters developed their health and wellbeing plans, monitoring of them would drop down into annual planning, and this was where future reporting of these issues would occur.

The remaining cluster reports were considered. The difficulty in recruiting and retaining midwives was also noted. The social isolation raising alcohol consumption in the older population was raised. Whilst this had not been considered yet by the Healthy Ageing Rehabilitation Cluster, there would have to be cross sectorial work to address any issues. The waiting list of clients for community rehabilitation was not post-code related, but was possibly due to waiting for low cost equipment and complex housing issues, and the huge volume of referrals. The issue of overseas nurses completing supernumerary training was also mentioned. These are overseas students who have to do the course for registration as a nurse in New Zealand.

Management elaborated on the changes being made in the Emergency Department in view of the increased demand. In addition to those actions outlined in the report, the Spiritual Care & Volunteer Coordinator was now in the area twice a week to support staff and patients. There was also a weekly leadership meeting that senior management attended to support staff. When the department went into red (in the VRM system), other areas of the hospital worked hard to move patients through the system and ease the pressure. The recent investment in the ED physical environment had helped however the space pressure would not be resolved until the new acute services block was built.

It was resolved that the Committee:

*note the progress made by the Clusters for June 2019.*  
*note the key priorities and initiatives for Uru Rauhi, Mental Health & Addiction Services Cluster for the 19/20 year.*  
*note the proposed Child Adolescent Oral Health Service Plan reporting parameters.*

A refreshment break was taken at this stage.

### **3.2 Pae Ora – Paiaka Hauora Māori Cluster Implementation Update**

The General Manager, Maori Health presented the report. Management were asked, if in the future the Maori Commissioning Agency undertook planned and purchasing of services for the community, how would the Cluster manage the process. Management advised it would be undertaken as a DHB process. Management also noted that the formation of the Cluster by the DHB was a step ahead of the rest of the country and would place the DHB in good stead for such initiatives.

The Chair thanked the General Manager, Maori Health, for her contribution to the DHB and wished her well for the future.

It was resolved that the Committee

*note the Pae Ora – Paiaka Hauora Māori Cluster Report.*

### **3.3 Enable New Zealand Report to 30 June 2019**

The Acting General Manager presented the report.

It was resolved that the Committee

*note the enable New Zealand Report to 30 June 2019.*

### **3.4 Cluster Health and Wellbeing Plans**

The Director of Strategy and Design presented the report noting the Cluster plans would be finalised for the next committee meeting. It was noted that collaboration with the community and local government would be essential to developing the integrated care model.

It was resolved that the Committee

*note the progress of the plans.*

### **3.5 Update on Inpatient Mental Health Unit**

The Clinical Executive presented the report and thanked FRAC for their comments to date which had been received. Management advised the aim was still to present the single stage business case to the Capital Investment Committee in October 2019.

Management also advised a small group had visited Counties Manukau DHB recently to observe their new inpatient facility. The group came away with some great ideas of what good could look like in terms of the shift away from the hospital-like environment.

It was noted this was the first part of the report. The design part would be added as more information about the model of care became available. It would be in line with current government strategy and policy and financial imperatives. This part established the rationale for what was required.

It was resolved that the Committee

*note the draft report and provide feedback directly to the Clinical Executive, Vanessa Caldwell.*

### **3.6 Review of MDHB processes when Oranga Tamariki arrange uplift of child from MDHB premises**

It was resolved that the Committee

*note the work being undertaken to strengthen MDHB policies, procedures and responsibilities relating to safeguarding children when a court order is issued for an uplift by Oranga Tamariki.*

The media representative left the meeting.

## **4 REGIONAL PLANNING**

### **4.1 2018/19 Regional Services Plan Implementation Update – Quarter 4**

The Manager Planning and Accountability presented the report. It was noted that the dashboard was provided by the Technical Advisory Service, and concern was expressed at the adequacy of it. Management advised it was a summary and that more detailed reporting was provided to the Chief Executives and Governance Group on the programmes. Management offered to give consideration to how that information might be made more readily available to members.

It was resolved that the Committee

*note the update on progress with implementing the 2018/19 Regional Services Plan.*

## **5 POLICY & GOVERNANCE**

### **5.1 Committee's Work Programme, 2019/20**

The General Manager Quality and Innovation highlighted the slightly different approach to the cluster reporting.

There were two "deep dive" presentations today which went a little over time. Members considered this and decided it would be better to have one thorough "deep dive" once a year from each of the clusters.

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**

10 September 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
"In committee" minutes of the Health & Disability Committee meeting	For the reasons set out in the order paper of 11.619 meeting held with the public present	

Confirmed this 10th day of September 2019.

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Chairperson