



MidCentral District Health Board

Health and Disability Advisory Committee Minutes

Meeting held on 13 July 2021 from 9.00am

PART ONE

Members

John Waldon (Committee Chair), Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Norman Gray, Muriel Hancock, Materoa Mar (Deputy Committee Chair), Gail Munro, Karen Naylor, Oriana Paewai, Jenny Warren.

Apologies

Lew Findlay for the meeting. Oriana Paewai, Materoa Mar and Karen Naylor for departing early.

In attendance

Kathryn Cook, Chief Executive; Kelvin Billingham, Chief Medical Officer; Judith Catherwood, General Manager, Quality and Innovation; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Kerry Hunt, Executive Assistant.

In attendance (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhi; Keyur Anjaria, General Manager, People and Culture; Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Dr Vanessa Caldwell, Clinical Executive, Te Uru Rauhi; Mariette Classen, Consumer Experience Manager; Sarah Fenwick, Operations Executive, Te Pā Harakeke; Claire Hardie, Clinical Executive, Te Uru Mātai Matengau; Lyn Horgan, Operations Executive, Te Uru Arotau; Kelly Isles, Director of Strategy; Angela Rainham, Locality and Intersectoral Development Manager; Michalle Riwai, General Manager, Enable New Zealand, Alison Russell, Planning and Integration Lead, Te Uru Kiriora; 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 Lew Findlay was received and accepted. An apology was received from Materoa Mar and Karen Naylor who departed the meeting at 11.45am and noon respectively.

2.2. Late items

A late item was received for Part Two of the agenda – Provisional Suspected Suicide Statistics MidCentral DHB.

2.3. Register of Interests Update

The following updates to the Register of Interests were advised.

Heather Browning

Add

- Member, Support and Consultation for End of Life Choice in New Zealand (SCENZ) Group.

Materoa Mar

Add

- Member, Te Ahu Whenua Māori Land Trust

2.4. Minutes of the 27 April 2021 meeting, Part One

It was resolved that:

the Part One minutes of the 27 April 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.

(Moved John Waldon; seconded Materoa Mar)

2.5. Matters arising from previous minutes

No discussion.

3. STRATEGIC FOCUS

3.1. Disability Service Strategic Direction

The Executive Director Allied Health and the General Manager, Enable New Zealand presented a Disability Sector Overview.

A review of the disability support system is due in September 2021 as the Government has requested further advice on this component of the health and disability system.

Health and Disability Advisory Committee (HDAC) members acknowledged the passing of Maxine Dale, who was pivotal in co-designing and supporting the Enabling Good Lives rollout within the MidCentral DHB region.

In response to a question it was acknowledged that there are still considerable inequities for Māori in the disability sector. It is hoped that this will be addressed by the current health reforms and the formation of the Māori Health Authority.

It was resolved that the Committee:

note the presentation on the strategic direction for disability services

endorse the direction of disability services.

(Moved Muriel Hancock; seconded Vaughan Dennison)

4. DIRECTORATE WITH CLUSTER FUNCTIONS REPORTING

4.1. Directorate Dashboard

The Operations Executive, Te Uru Arotau presented this report, which was taken as read.

It was resolved that the Committee:

note the areas highlighted in the dashboard and associated commentary.

(Moved John Waldon; seconded Karen Naylor)

4.2. **Te Uru Mātai Matengau – Cancer Screening, Treatment and Support**

The Operations Executive and Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read.

It was confirmed that the risk identified with the Mosaiq move to a cloud-based solution has been mitigated by resource allocation signoff.

The Clinical Executive gave an update on the status of both Taranaki and Hawke's Bay DHB business cases for their capital investment projects.

4.3. **Te Uru Pā Harakeke – Healthy Women, Children and Youth**

The Operations Executive and the Clinical Executive, Te Uru Pā Harakeke presented this report, which was taken as read.

Midwifery services are recruiting a permanent Director of Midwifery and implementing the change paper with strengthened midwifery leadership positions.

Tūngia te Ururua project has not yet received sufficient input from Māori and Pasifika, in part because of their necessary focus on COVID-19 vaccination. The timeframe for the project has been extended to ensure engagement and responses are as representative of our population as possible.

In response to a question the Operations Executive confirmed that MDHB has been involved with the Police to strengthen the Family Violence Intervention Programme.

In response to a question about the surcharges for obstetric ultrasound by private providers, the Operations Executive agreed that more would be done to communicate the availability of private providers who do not surcharge for some women such as Community Service Cardholders.

4.4. **Te Uru Whakamauora – Healthy Ageing and Rehabilitation**

The Clinical Executive, Te Uru Whakamauora presented this report, which was taken as read. The departure of the Directorate's Operations Executive, Andrew Nwosu, was noted.

A 12-week pilot for the provision of community stroke rehabilitation services has commenced. This will allow some patients to be able to access rehabilitation services in their own homes. Results of the pilot should be available by the next HDAC meeting.

In response to a question about wait times for SupportLinks assessments, it was confirmed that the increase in wait times was due to staff vacancies. Recruitment is being actively pursued which should lead to a reduction in wait times. The Committee was reassured that pending full assessment, clients are being offered Packages of Temporary Support (PoTS) and access to respite care.

HDAC members acknowledged and congratulated the Te Uru Whakamauora team on the letter of compliment received from the Ombudsman's office on the environmental improvements on the STAR 1 unit since the Ombudsman's inspection in 2020.

4.5. **Te Uru Rauhi – Mental Health and Addiction Services**

The Operations Executive and Clinical Executive, Te Uru Rauhi presented this report, which was taken as read.

The Operations Executive confirmed that the paper on the Horowhenua Community step-up service was delayed due to the budgeting process. The paper will be presented to the Board in August for approval.

There was strong support for the Integrated Model of Care proposal, with 62 submissions received from staff and unions.

In response to a question about the escalation in Did not Attends (DNAs) the Operations Executive confirmed that alternative options for appointments via phone or Zoom will be considered as part of the implementation of the Integrated Model of Care as it provides clients with flexibility to be able to keep appointments. Further, under the new Integrated Model of Care the service will be able to offer after hours appointments which will increase service access.

In response to a question there was confirmation that an Acute Mental Health Unit design session will be held with the Board at their 17 August 2021 meeting. The 2021/22 budget provision for extra staff will avoid staff undertaking double shifts in Ward 21.

4.6. **Te Uru Arotau – Acute and Elective Specialist Services**

The Operations Executive, Te Uru Arotau presented this report, which was taken as read.

The acute patient demand is a national issue coupled with the additional respiratory illness which is prevalent in the community. The Operations Executive explained how the Transitory Care Unit is being utilised to cope with the current demands in the hospital.

The Clinical Executive, Te Uru Mātai Matengau gave an update on Telehealth Working Group. Telehealth implementation is progressing and will be introduced across other directorates.

In response to questions on the unmet need/Did Not Waits in the Emergency Department, it was confirmed that the Emergency Department data will have a more detailed focus in future HDAC reporting.

4.7. **Te Uru Kiriora – Primary, Public and Community Health**

The Clinical Executive and the Planning and Integration Lead, Te Uru Kiriora presented this report, which was taken as read.

In response to a question about how the public knows where they can enrol with a General Practitioner (GP) due to a shortage of GPs in the Horowhenua and Foxton areas, the Clinical Executive will take this issue back to discuss with the team. It was noted that the information is regularly updated on the THINK Hauora website. It was suggested that THINK Hauora be invited to a future meeting to have a discussion around GP availability.

In response to a question the Planning and Integration Lead, Te Uru Kiriora confirmed that the ethnicity and locality information of the COVID-19 vaccine rollout in the region could be put up on the website.

5. PERFORMANCE REPORTING

5.1. Enable New Zealand Report

The General Manager, Enable New Zealand spoke to the paper.

The volume of clients is increasing each month, and a plan to address the pressure on service has been developed.

HDAC Committee members congratulated the General Manager on the great work Enable is doing.

It was resolved that the Committee:

endorse the Enable New Zealand Report to 31 May 2021.

(Moved John Waldon; seconded Materoa Mar)

5.2. Pae Ora Paiaka Whaiora Report

The General Manager, Māori Health presented this report, which was taken as read. The General Manager said she was very proud of the other Directorates efforts toward Māori health evidenced in their reporting.

The Board and Manawhenua Hauora have now approved their shared work plan, and the team are currently developing the workplan related to the internal audit by Technical Advisory Services (TAS) on equity.

There has been high demand for Te Tiriti o Waitangi training with some Directorates funding additional training.

It was resolved that the Committee:

note the progress update for the Pae Ora Paiaka Whaiora, the Māori Health Directorate.

(Moved Vaughan Dennison; seconded Materoa Mar)

6. DISCUSSION/DECISION PAPERS

6.1. Clinical Governance and Quality Improvement Framework

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

It was resolved that the Committee:

note the development and implementation of The Quality Agenda (Clinical Governance Framework) to date

note the development of the accompanying frameworks to support quality improvement and innovation

note the achievements in improving quality, safety, and clinical governance arrangements

endorse the proposal that future reporting on quality and safety programmes and improvement will be provided in the quarterly Quality Accounts, the Quality and Safety Dashboard and Directorate reports.

(Moved John Waldon; seconded Oriana Paewai)

6.2. Māori Health Equity Dashboard – Te Ara Angitū Report – Mental Health and Addiction Services Adult Indicators

The Operations Executive and Clinical Executive, Te Uru Rauhi presented this report, which was taken as read.

The Operations Executive will advise HDAC members of the number of responses to the online survey.

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 MidCentral District Health Board's commitment to Te Tiriti o Waitangi

endorse the Te Ara Angitū report, Mental Health and Addiction Services Adult Indicators.

(Moved Materoa Mar; seconded Heather Browning)

6.3. Māori Health Equity Dashboard Report – Workforce Indicators

The General Manager, People and Culture presented this report, which was taken as read. He noted that the target of Māori staff within MDHB has not been met and the appointment of the Senior Māori Workforce Development Officer should see the DHB make positive progress in this area.

There is a focus on increasing the attendance of medical staff in the cultural responsiveness and Te Tiriti o Waitangi training. Recruitment of women and Māori into senior medical roles is another area of focus. Following feedback from the Committee it was noted that the recruitment of 'women' and 'Māori' into senior medical roles should not be linked. There is a recruitment issue developing as numerous organisations wish to expand their Māori workforce.

There was discussion around pay parity and its impact on staffing across the sector. It was noted that DHBs have been asked by the Ministry of Health not to engage in discussion around pay parity as it was being handled nationally.

It was resolved that the Committee:

note the progress made on workforce indicators identified for the 2020/21 year

note the analysis, discussion and proposed next steps to improve the current workforce indicators, and strengthen MidCentral District Health Board's commitment to Te Tiriti o Waitangi

endorse the Workforce Indicators report.

(Moved Muriel Hancock; seconded Karen Naylor)

6.4. Regional Services Plan Implementation, Quarter 3 – 2020/21

The Director of Strategy, Planning and Performance presented this report, which was taken as read.

It was resolved that the Committee:

note the final draft of the Regional Services Plan for 2020/21 was submitted to the Ministry of Health in December 2020 and has been formally approved by the Minister of Health

note there is no requirement to have a Regional Services Plan presented to the Minister for the 2021/22 year

note the progress made on implementing the central region's national and regional priority programmes for the third quarter of 2020/21.

(Moved Oriana Paewai; seconded Muriel Hancock)

7. INFORMATION PAPERS

7.1. Locality Plan Progress Report – Ōtaki

The Locality and Intersectoral Development Manager presented this report, which was taken as read.

There was discussion about the challenges of retaining migrant GPs due to difficulties in resolving residency issues, and agreement that this issue should be brought to the attention of the Ministry of Health. It was noted that the Ōtaki Health and Wellbeing Advisory Group has raised this issue with government agencies and representatives.

It was resolved that the Committee:

Endorse that the Board consider writing to the Ministry of Health to highlight issues faced by migrant GPs in gaining residency.

(Moved John Waldon; seconded Karen Naylor)

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

(Moved Materoa Mar; seconded Muriel Hancock)

Materoa Mar and Oriana Paewai left the meeting.

7.2. **Committee's Work Programme**

The report was taken as read.

It was resolved that the Committee:

note the update on the Health and Disability Advisory Committee's work programme.

(Moved John Waldon; seconded Karen Naylor)

8. **GLOSSARY OF TERMS**

No discussion.

9. **LATE ITEMS**

A late item will be discussed in Part Two of the agenda – Provisional Suspected Suicide Statistics MidCentral DHB. It was noted that this item cannot be discussed in the Part One agenda due to the paper containing provisional data from the Coroner's Office which cannot be publicly released.

10. **DATE OF NEXT MEETING**

Tuesday, 14 September 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

Unconfirmed minutes

11. 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 agenda of the 16 February 2021 meeting held with the public present	
Health and Disability System Review	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)
Consumer Story – Workshop	To protect patient privacy	9(2)(a)
Provisional Suspected Suicide Statistics MidCentral DHB	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)

(Moved Vaughan Dennison; seconded Lew Findlay)

Part One of the meeting closed at 11.50am

Confirmed this 14th day of September 2021

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Committee Chair

Unconfirmed minutes