

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Health & Disability Advisory Committee meeting held on 30 April 2019 at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PART 1

PRESENT

Karen Naylor (Chair)	Barbara Robson
Diane Anderson (Deputy Chair)	Michael Feyen
Adrian Broad	Oriana Paewai
Anne Kolbe – via teleconference	John Waldon
Barbara Cameron	Vicki Beagley

IN ATTENDANCE

Kathryn Cook, Chief Executive
Celina Eves, Executive Director, Nursing & Midwifery (part meeting)
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 NZ (part meeting)
David Sapsford, Clinical Executive, Acute & Elective Specialist Services (part meeting)
Debbie Davies, Operations Executive, Primary, Public, Community Health
Judith Catherwood, General Manager, Quality & Innovation
Lyn Horgan, Operations Executive, Acute and Elective Services (part meeting)
Sarah Fenwick, Operations Executive, Women, Children & Youth (part meeting)
Scott Ambridge, Acting Operations Executive, Mental Health & Addictions
Stephanie Turner, General Manager, Maori & Pacific
Syed Zaman, Clinical Executive, Healthy Ageing & Rehabilitation (part meeting)
Vanessa Caldwell, Acting Clinical Executive, Mental Health & Addictions
Carolyn Donaldson, Committee Secretary
Barb Ruby, Manager, Quality Improvement & Assurance (part meeting)
Doug Barnes, Programme Director (part meeting)
Jonathan Howe, Communications Officer (part meeting)
Kelly Isles, Project Manager (part meeting)

Comms: 1

Public: 2

Media: 1

1 ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Members Dot McKinnon, Ann Chapman, Brendan Duffy, and Nadarajah Manoharan. Di Anderson apologised for leaving early.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

Karen Naylor noted a possible conflict of interest for item 2.7, section 4.4 Gynaecology Primary Care Event of the Uru Pa Harakeke – Healthy Women Children and Youth Cluster Report if there was any discussion on this item.

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 Michael Feyen; seconded Vicki Beagley.)

1.5 Matters Arising from the Minutes

Reference was made to the minute noting members had attended the vigil for victims of the Christchurch terror attack, noting staff had also been present.

2 PERFORMANCE

2.1 Enable New Zealand Report for March 2019

David Andrews, Acting General Manager spoke to this presentation.

Key issues covered included:

- Who they were
- Services provided eg Auckland Housing Services, professional advisory services and local services like Mana Whaikaha.
- Current disability sector – One in four people have identified as having a disability or impairment, and it is higher for those over 65 years.
- What the future will look like and some current trends – Enable will have to change to a customer driven service as their customers will have access to their own disability funding and make their own decisions.

The effect of Mana Whaikaha's work enabling customers to have choices and control over their funding would have a wide impact on individuals and the service. It would be a long term change process. Mana Whaikaha was a prototype in MDHB, but it was the start of what would be rolled out to disability services.

The report was then considered. The ability to manage the changes in service provision was discussed briefly, noting the response to Mana Whaikaha had been larger than expected. Scorecard and financial reporting was commented on, with a suggestion that perhaps some of the "business as usual" information could be incorporated into the scorecard rather than in the appendix.

The Acting General Manager advised they were seeking clarification from Medsafe in respect to one of the actions required for the recall of the old style bed levers. Enable was also working with MSD in Auckland to ensure consistency with this recall.

The Acting General Manager advised he had sought advice on the impact of the new therapeutic regulations that would come into force shortly, on medical devices that

Enable produced. It was anticipated it would either be seen as low risk or excluded by Regulations that would come in following the Bill.

The issue of waiting times to see a Connector once the process was established and future meetings with customers was raised. Members were advised that as the system became established, meetings would occur in accordance with funding packages unless other issues arose. Customers would be triaged before going onto a wait list, and contact would be kept with the family to see if there was anything that could be done differently. This would keep their information current. Customers also had the option of proceeding themselves, they did not have to use a Connector.

There was discussion about other waiting lists and how they could be reported. It was noted that there was a waiting time within DHBs for assessment as well as the waiting time within Enable itself.

The Committee discussed whether the Enable report should be consistent with the other cluster reports in terms of financial reporting, and also whether the scorecard should include a wider range of measures than just Mana Whaikaha's. Members felt as governors that they should have oversight of the whole Enable business including financial information, in a similar format to the other clusters, ie what was provided to FRAC. Management noted the feedback, and would consider them when preparing the next report.

It was resolved:

that the Enable New Zealand Report for March 2019 be noted.

The following two papers were discussed together.

2.2 Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster Report for February and March 2019

2.3 Adolescent and Young Adult Cancer Services

The Clinical and Operations Executives spoke to these reports.

Improving the environment for AYA patients would be part of the redevelopment plan for PNH, and making some small but pertinent changes would make a difference for this group.

It was noted that the current vacancies were covering parental leave. The three offers of employment made last month were to overseas candidates. More flexible opportunities were being offered to enable people to return to work.

The intention of presenting a business case to MDHB mid-year for an outreach linac site in Hawkes Bay in partnership with MDHB was noted.

It was resolved that the Committee

endorse the progress made by the Uru Mātai Matengau – Cancer Screening, Treatment & Support Cluster in 2018/19; note the progress in developing the Health and Wellbeing Plan; and endorse progress on implementing the recommendations from the 2018 audit against the Adolescent and Young Adult National Standards.

2.4 Uru Arotau – Acute & Elective Specialist Services Cluster Report for February and March 2019

The Operations Executive spoke to this report noting the progress made with the improving value programme, the positive feedback regarding General Medicine from the College and moving patients from ED to a medical ward quicker was helping improve patient flow.

A number of clinics would be held during the industrial action planned for five days commencing 29 April 2019. No major surgery would be done but there would be some smaller surgery undertaken as most of the theatres would be working during the week.

It was suggested a summary on the industrial action and its impact including the financial impact, would be helpful to members. Management advised this information had been covered in the last report, but an update on the situation could be included in the next report. Management also advised that for the previous day, 52 percent of the RMO workforce had come to work. Facilitation talks were scheduled for next week. Management also pointed out that the ability to catch up post-industrial action was limited by the available theatre resource.

It was resolved that the Committee

endorse the progress made by Uru Arotau – Acute & Elective Specialist Services Cluster in 2018/19

note the improving value programmes of work continue to be progressed, namely Takatū and Medimorph which includes Frailty and Transfer of Care.

Barbara Cameron joined the meeting.

2.5 Uru Kiriora – Primary, Public and Community Health Cluster Report for February and March 2019

The Clinical and Operations Executives spoke to this paper, noting the enrolment strategy continued, with increased options to enrol people. It was noted the Ora Konnect work in the Highbury area was driven from the community, and therefore there would be some diversity with how the community aligned itself and worked. This was not necessarily something MDHB wanted to control and new programmes take time to develop and make connections.

David Sapsford left the meeting.

Comment on the service plan for Child and Adolescent Oral Health noted the inclusion of comments from the stock take and cultural review and the inclusion of the recommendations in the service plan. It was noted the reporting back on the service plan to this Committee had not been determined yet. The feedback also touched on how teams in each respective geographical area would work, as this would provide some continuity of care.

The strategies for improving the cervical screening results were noted. Funding grocery vouchers had been highly successful in terms of supporting particularly Maori women to access screening.

Concern was expressed about Levin being selected to accommodate refugee resettlement from next year, particularly as it was felt there was a housing problem

already in the area. The CEO advised that within the population based formula, there was provision for the DHBs that provided services to refugees. Providing services for refugees was a work in progress and it had to be remembered that these people came from tragic backgrounds.

A question about the evaluation of afterhours services was raised and it was noted by management that this progressing and further work was required before it was concluded.

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 patient story in the Primary Care Support Pharmacy programme
note the enrolment update
note the progress in transitioning the District Nursing Service care delivery configuration
note the Child and Adolescent Oral Health Service Plan

2.6 Uru Rauhi – Mental Health & Addictions Cluster Report

The Clinical and Operations Executives spoke to this report noting progress with recruitment, Health and Wellbeing planning and planning the single stage business case. Members were pleased with the initiatives reported and asked for continued feedback on these new approaches and initiatives.

Members commented on the revised dashboard format:

- The background leading to the current format covered a number of important issues including an external review, actions arising from the Erica Hume Report, a focus on Ward 21 and the community mental health teams and trends, so members were alerted to any increasing risks.
- The current report read like an annual report, and whilst this wasn't bad, the Committee required an easy to read dashboard that alerted them to any trends or risks.
- The response to the Government's Inquiry into Mental Health and Addiction released on 4 December 2018 was awaited, but it would take some time to work through the 40 recommendations in the report.
- It may be premature to agree to the current dashboard.
- The report was easy to read, and it included how NGOs were performing.
- It was good to see what was happening eg in person centred care.
- The usefulness of the national Marama reporting system would be discussed at a national meeting shortly.

Barbara Ruby joined the meeting.

The issue of seclusions particularly the number of Maori being secluded was raised. Management advised there was a combination of reasons why seclusion was used and what contributed to it. The Clinical Executive said it would be interesting to track the numbers following the amendment of the smoking policy to include vaping, but a reduction in seclusion figures was expected. In addition, there was an increased number of staff on at particular times in the day so alternative mechanisms could be used. Certain types of situations required more than two people, but there was not the

staffing available. The CEO suggested it would be helpful to show some numbers as the table in the report only contained percentage figures.

Management advised members that going forward there would be an improvement in this reporting with a move away from the “clunkiness” of the current one size fits all format.

The Clinical Executive asked for specific feedback so there was clear direction particularly about information that was missing from the revised format. As data had to be collected in order to demonstrate trends, she suggested a quarterly format would be appropriate.

It was agreed the feedback would be taken on notice. Trends needed to be visible so members could question variances.
It was resolved that the Committee

endorse the progress made by Uru Rauhi, Mental Health & Addiction Services Cluster in 2018/19.

note the proposed revision of the dashboard information designed to align with other cluster reports, provide more meaningful information and reduce duplication

acknowledge ongoing feedback and ongoing refinement of reporting.

A refreshment break was taken at this stage.

2.7 Uru Pā Harakeke - Healthy Women, Children & Youth Cluster Report for February and March 2019

The Operations Executive spoke to this report. She apologised for the absence of the Clinical Executive, who was overseas at the moment.

Management advised the total budgeted midwifery FTE was 47.6, however within that figure there were 11 FTE of nurses. The Operations Executive advised they had recruited an additional 6 FTE registered nurses on temporary contracts over the usual 5 FTE, who only worked in the postnatal ward.

The Committee noted the positive achievements in the family violence work and within the child health forum.

It was resolved that the Committee

note the ESPI position for the Cluster

note the integrated work being undertaken in the Cluster

endorse the progress of Uru Pā Harakeke

2.8 Uru Whakamauora – Healthy Ageing & Rehabilitation Cluster Report for February and March 2019

The Clinical Executive spoke to this report, informing the Committee that the OPAL Unit would not be opening in May as advised earlier. It was envisaged it would now open towards the end of June/July. The unions had raised a couple of issues with the proposal, which would be addressed and the paper recirculated to affected staff.

The enrolment of older people in the In Home Strength and Balance programme wasn't performing well, this was in part due to maternity leave of the coordinator. That position had now been filled.

The Advanced Care Planning project would include encouraging people (old and young) to think about end of life care and where such planning documents should be kept. One good idea was for them to be kept on the clinical portal for ease of access. This was preferred by the clinical teams and was the goal.

It was noted the Health Care Support Service providers' patient management systems had a robust consent process (including privacy), and that standardising the systems would enable information to be shared.

The re-ablement model was being used by the HOP team as a pilot to see if it could support the early transfer of patients from wards to the home setting. Allied Health professionals would take a more oversight role with a greater contribution from carers and support workers.

Doug Barnes joined the meeting.

It was resolved that the Committee

that the Committee endorse the progress made by the Uru Whakamauora - Healthy Ageing and Rehabilitation Cluster in 2018/19

The media representative left the meeting.

3 QUALITY IMPROVEMENT

3.1 Improving Value Programme

The Programme Director, Enterprise Programme Management Office, spoke to this report, confirming that the original target for savings from the timely care element was \$1.2m.

Celina Eves left the meeting.

Whilst it was difficult to forecast the financial savings for bed day savings, the Programme Director said the 2018/19 cash savings would be around \$500,000 for the community contracting element of the Programme.

The CEO advised the Finance Risk and Audit Committee had asked for information around savings under this programme. Ms Cook also advised there would be a change to the way plans were constructed going forward to separate out savings from the value of improvement more clearly. Members would be able to see what had been achieved against both savings and improvement targets.

It was resolved that the Committee

*endorse the progress in Service Productivity gains within the Improving Value Programme
note that the total in budget cash releasing savings targets for 2018/19 of \$4.364m will not be met.*

Lyn Horgan, Sarah Fenwick, Syed Zaman and Doug Barnes left the meeting.

3.2 Review of National Patient Travel Assistance Scheme

It was resolved

that the review of the National Patient Travel Assistance Scheme be noted.

4 STRATEGY/PLANNING

4.1 Cluster Strategic Health and Wellbeing Plans

There was no discussion on this topic. The report was noted and members agreed it would be discussed at the workshop following this meeting.

5 POLICY & GOVERNANCE

5.1 Committee’s Work Programme, 2018/19

The General Manager, Quality Improvement & Assurance noted an error in paragraph 3.1. The first sentence should read: *The work programme sets out all reports scheduled for submission to HDAC during 2018/19.*

The General Manager also referred to the revised Schedule of Matters Arising, which now contained a column showing where the various matters would be reported.

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

11 June 2019. Apologies for that meeting were noted from Diane Anderson and Kath Cook.

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:

<i>Item</i>	<i>Reason</i>
<i>"In committee" minutes of the Health & Disability Committee meeting</i>	<i>For the reasons set out in the order paper of 19.3.2019 meeting held with the public present</i>

Confirmed this 11th day of June 2019.

.....
Chairperson