

# MidCentral District Health Board

Minutes of the Healthy Communities Advisory Committee meeting held on Tuesday, 17 October 2017 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

## **PRESENT**

### **HCAC Members**

- Brendan Duffy (Chair)
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Nadarajah Manoharan
- Dot McKinnon (ex Officio)
- Vicki Beagley
- Donald Campbell
- Tawhiti Kunaiti

## **IN ATTENDANCE**

Diane Anderson, Chair, Quality & Excellence Advisory Committee  
Barbara Robson, Committee Member, Quality & Excellence Advisory Committee  
Craig Johnston, General Manager, Strategy, Planning & Performance  
Neil Wanden, General Manager, Finance & Corporate Services  
Stephanie Turner, General Manager, Maori & Pacific  
Gabrielle Scott, Executive Director, Allied Health  
Debbie Davies, Acting Service Director, Community  
Megan Doran, Committee Secretary  
Vivienne Ayres, Manager, DHB Planning and Accountability  
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions  
Jo Smith, Senior Portfolio Manager, Health of Older People and Palliative Care  
David Jermey, Portfolio Manager, Primary Health Care  
David Jack, Emergency Planner, Primary Health Care  
Steve Tanner, Finance Manager  
John Manderson, Programme Manager  
Paula McCool, Communications

## **OTHER**

Public: (0)  
Media: (0)

## **1. APOLOGIES**

There were apologies from Board Member Ann Chapman and Kathryn Cook, CEO.

## **2. NOTIFICATION OF LATE ITEMS**

There were no late items

## **3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

### **3.1 Amendment to the Register of Interests**

There were no amendments to the Register of Interests.

### **3.2 Declaration of Conflicts in Relation to Today's Business**

No declarations were advised in relation to the meeting.

## **4. PARTNERSHIPS & CONSUMER**

### **4.1 Presentation by Maryanne Thomson, Home Care Medical**

Maryanne Thomson from Home Care Medical presented to the Committee.

### **4.2 Health Charter**

The General Manager, Strategy, Planning & Performance introduced this paper noting that it had been on the work programme for quite some time. The draft charter document required a major rework but its purpose was still relevant to the DHB. This was well demonstrated by the Health Needs Assessment, also on the Committee's agenda, which highlighted the impact of broader health and social factors on people's lives.

The other potential role for the Charter is to provide an overarching framework for the locality plans. This would be particularly relevant for agencies like the DHB that cover a broad area, for example Police, and the Ministry of Social Development. The locality plans would be the local plan of what would actually happen in that specific community.

The Committee agreed that draft charter document needs a major rework, if it is to continue. It was suggested that now the DHB has very well established relationships with its intersectoral partners at many levels, with a huge amount of work already being done in the intersectoral space, redeveloping the Charter might not be the best use of resources. The General Manager, Strategy, Planning & Performance advised that the DHB would need to talk to other Agencies with whom we interact first before a decision could be made.

It was recommended:

*that this report be noted*

## **5. STRATEGIC & ANNUAL PLANNING**

### **5.1 Health Needs Assessment**

The General Manager, Strategy, Planning & Performance introduced Dr Richard Fong to the committee and commented that assessing the health needs of the community is the starting point for everything the DHB does. Dr Fong outlined two key messages from the Health Needs Assessment. The first is inequality and the importance of focusing on the people, not on the specific diseases. Basically, the same groups of people have poorer health across all the major disease. To improve their health status, it is important to address the factors and circumstances affecting these people, not the diseases.

The second message is that demand for our health services is increasing over time. Although there can be debate about the cause of this, the DHB needs to plan for the increase in health services.

The Committee congratulated and thanked Dr Fong for his report.

It was recommended:

*the Executive Summary extracted from the final draft 2017 Health Needs Assessment for MidCentral and Whanganui DHBs (attached) be noted.*

### **5.2 Equity Snapshot and Impact for Planning**

The General Manager, Maori & Pacific advised the Committee that this report was an update on progress. The Equity Snapshot was scheduled to go to the Executive Leadership Team and a draft would be available in the operational planning process and finally to the Board and Manawhenua.

The Snapshot also includes an equity tool kit which identifies the actions necessary to address inequality and how the DHB can implement them. The tool kit will be a resource for every cluster to use to help develop a set of actions with an equity focus. It had taken longer than expected to complete this work because of its complexity.

The General Manager, Maori & Pacific confirmed there would be an opportunity for the Committee to provide feedback. This would be used for 2018/19.

It was recommended:

*that the progress on the Equity Snapshot and Impact for Planning is noted.*

## **6. PERFORMANCE REPORTING**

### **6.1 MidCentral Health Horowhenua STAR 4 Project Report**

The General Manager, Strategy, Planning & Performance advised that this report had been tabled and discussed at the Quality & Excellence Advisory Committee.

This piece of work arose out of rostering difficulties with medical staffing at the Horowhenua Health Centre inpatient unit. It concerned itself with staffing options, rosters etc. During the course of this review, which was completed by an independent contractor, it was identified that the most attractive options were consider how the medical staffing could work both across inpatient unit and primary and community services.

Secondly, it highlighted the need to reconsider the overall Horowhenua Integrated Family Health Centre plan because it contains a lot of good material which has not been implemented.

A member advised that there had been some research data produced national regarding GPs to the ratio of patient numbers and that MidCentral had been in the media recently and had the worst rates of ratio between GP's to patients. Would the impact of Horowhenua be negative towards our total district data on this issue? Would MidCentral be better or worse? The General Manager, Strategy, Planning & Performance advised that across the MidCentral District the ratio of patients to GPs is very high. The district has a very small GP roster and furthermore local GPs are comparatively old. This is not new; this had been on the DHB's horizon for more than 10-15 years and was across the district as a whole.

There was discussion about the concept of Horowhenua Hospital moving towards a 'Rural Hospital'. The Committee was concerned that the community could read this the wrong way. Horowhenua is a growing community in an urban environment and now it looked as though the DHB would be providing a Rural Service. The General Manager, Strategy, Planning & Performance clarified that 'Rural Hospital' refers to an inpatient unit that provides general medical care to a community, whereas Horowhenua Health Centre currently provides mainly specialist Assessment, Treatment and Rehab services. The 'Rural Hospital' concept would work very well for the Horowhenua community and was part of the original concept of the Health Centre.

It was recommended:

*the Horowhenua START 4 project report be noted*

## **6.2 Re-commissioning of Home & Community Support Services**

The Senior Portfolio Manager, Health of Older People and Palliative Care introduced this report. It was to provide forward discussion to the retender of some services across the DHB in the space of Home and Community Support. It was explained that this was not about saving money or reducing services. In fact, it's about enhancing them. The Committee was concerned about the need to actively manage communications around this process.

It was recommended:

*that the DHB's intention to re-commission Home & Community Support Services is noted*

## **6.3 Strategy, Planning & Performance Operating Report**

### *4.1 Locality Planning*

The first views of what the locality plans are going to look like in the different plans had started to form. There would be an infographic visual look which would be the bases of the plan and there would also be various supporting documentation. The Locality Planning had collected a lot of information from the community. This would come together and provide others with information that they could use for their own activities.

### *4.2 2018/19 Annual Planning*

The 2017/18 planning was very difficult from a process point of view due to factors external to the DHB's control. The DHB is in a better position now, with our locality plans and our strategy, we are looking towards getting on top of the plan. There is work underway to get the budgeting and planning processes all integrated. The Ministry timelines would probably stay the same as with previous years but there is likely to be considerable change in priorities and direction as a result of the change of government. It is expected that the indication of Funding will be provided before Christmas but that the detailed Funding Envelope will not come until after the Budget in May. This Annual Plan is being constructed as if the clusters are in place.

### *5.3.2 UCOL U-Kinetics Cessation*

It was noted that the U-Kinetics programme will continue to run until the end of December 2017. Arrangements are in place to manage people currently in the service. Discussions have been occurring with clinical leads about service requirements and there has been a lot of interest from potential service providers.

It was recommended:

*that this report be noted*

## **7. MINUTES OF THE PREVIOUS MEETINGS**

It was recommended:

*that the minutes of the previous meetings held on 25 July 2017 and 5 September 2017 be confirmed as a true and correct record.*

### **7.1 Recommendations to Board**

It was noted that the Board approved all recommendations contained in the minutes.

### **7.2 Matters Arising from the Minutes**

A member advised that there was a typo item 7 – Committee's work Programme and it should be Kainga Whanau Ora.

## 8. COMMITTEES' WORK PROGRAMME

It was recommended:

*that progress against the 2017/18 work programme be noted*

## 9. LATE ITEMS

There were no late items.

## 10. DATE OF NEXT MEETING

28 November 2017 (Shared matters of interest)

13 February 2018

## 11. EXCLUSION OF THE 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:*

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"In Committee" minutes of the meetings held on 25 July 2017 and 5 September 2017	For reasons stated in the previous agenda	

Confirmed this 28th day of November 2017

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Chairperson