

# MidCentral District Health Board

## Healthy Communities Advisory Committee

Minutes of meeting held on Tuesday, 7 February 2017 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

### **PRESENT**

- Adrian Broad (Acting Chair)
- Barbara Cameron
- Ann Chapman
- Nadarajah Manoharan
- Dot McKinnon (ex officio)
- Vicki Beagley
- Donald Campbell

### **IN ATTENDANCE**

Kathryn Cook, Chief Executive  
Craig Johnston, General Manager, Strategy, Planning & Performance  
Neil Wanden, General Manager, Finance & Corporate Services  
Megan Doran, Committee Secretary  
Stephanie Turner, General Manager, Maori & Pacific  
Gabrielle Scott, Executive Director, Allied Health  
Chiquita Hansen, Chief Executive, Central PHO  
Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships  
Gopy Sundararajah, Portfolio Manager, Clinical Support  
David Jermev, Portfolio Manager, Primary Health  
Jo Smith, Senior Portfolio Manager, Health of Older Persons  
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Debbie Davies, Nurse Director Primary & Integration  
Kelly Isles, Project Manager  
Mahashweta Patel, Intern Portfolio Manager  
Megan Pybus, Paediatrician  
Angela Rainham, Project Support  
Steve Tanner, Finance Manager  
Karen Upston, Project Manager  
Robert Holdaway, Manager, Public Health  
Dennis Geddis, Communications Team Leader  
Suzanne Aitken, Dietician, Central PHO  
Brad Cassidy, Sport Manawatu

### **OTHER**

Public: (4)

## **1. APOLOGIES**

There were apologies from Brendan Duffy, Jonathan Godfrey & Tawhiti Kunaiti.

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

There were no late items. The General Manager Strategy, Planning & Performance advised that the Public Health Unit is currently responding to a measles outbreak. To ensure the availability of Public Health Unit staff, Item 6.7 (Drinking Water in MidCentral) has been scheduled for 2pm.

## **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**

The Chair advised he had a conflict in regards to item 7.2 as he was interviewed by the Ministry of Health Officials in his capacity as Manager of the Manawatu/Horowhenua/Tararua Diabetes Trust. It was agreed this did not constitute a conflict in relation to today's business.

## **4. MINUTES**

### **4.1 Minutes 22 November 2016 & 11 October 2016**

It was recommended:

*that the minutes of the previous meeting held on 22 November 2016 & 11 October 2016 be confirmed as a true and correct record.*

### **4.2 Recommendations to the Board**

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

## **5. GOVERNANCE**

### **5.1 Work Programme**

The General Manager, Strategy Planning & Performance advised that two scheduled reports were not being presented today. These are the Health Needs Assessment paper and the Consumer Council paper.

The Health Needs Assessment paper is a large piece of work and the staff member who supplies this report has only just returned from extended study leave. This will be provided to the committee once available. The priority for Health Needs

Assessment at this stage is to provide the foundation for the three Locality Plans scheduled for this financial year.

The Consumer Council was discussed at the 13 December Board meeting. The Board approved the establishment and process and the appointment of Mr John Hannifin as the chair. Management advised that Mr Hannifin has been approached and has accepted the role.

It was recommended:

*that progress against the 2016/17 work programmes be noted.*

## **6. STRATEGIC & OPERATIONAL PLANNING**

### **6.1 Regional Service Plan – Planning Priorities for 2017/18**

The Regional Services Plan is a regular part of the Annual Plan process. It is put together each year by Central TAS on behalf of the six Central Region DHBs. At this stage the Plan is based around the priorities set by the Ministry of Health. The priorities for 2017/18 are the same as they have been for the last few years with some minor shifts in emphasis.

The Chief Executive advised the committee that the Central Regions Chief Executives have been working to establish a regional strategy which will in future drive the Regional Service Plan. This will be reported to the Committee over time.

A member questioned why obesity was not one of the priorities included in the Regional Services Plan, and what the reasoning around that was. The General Manager, Strategy Planning and Performance, advised that addressing obesity is being regarded as a local issue at this stage.

It was recommended:

*that this report be received*

### **6.2 2017/18 Budget - Update**

The General Manager, Strategy, Planning & Performance advised that the DHB has not yet received the Funding Envelope. This is an important input to the planning process. In the absence of detailed information, the DHB is continuing with the assumption of a 1.7% funding increase.

By way of background, the General Manager, Strategy, Planning & Performance, explained that funding for DHBs is based on their population profile as documented by Statistics New Zealand. The MidCentral population is reported to be growing more slowly than that of other DHBs, accordingly MidCentral would expect to receive a smaller proportion of any new funding. There are, however, some indicators that the local population is growing more rapidly than Statistics New Zealand report. Over recent years there has been quite a lot of volatility in the level of funding

increase MidCentral DHB receives, which makes for a difficult planning environment.

The Chief Executive advised the Committee that the recent Ernest & Young review of financial sustainability had also commented on the impact of volatile funding streams on the DHB's ability to maintain strategic momentum.

It was recommended:

*that it be noted that further information will be supplied with which to quantify the DHB level funding, and that budgeting continues to be based on the assumption of 1.7% funding increase;*

### **6.3 A Locality Approach**

Kelly Isles, Project Manager, explained that Locality Plans are the next stage in the DHB's strategic development and that give life to the MidCentral Strategy and the Health Charter.

The locality plans will cover a defined geographical area and will be based on Territorial Local Authority (TLA) boundaries. The plans will be based on population health information, engagement with communities, and talking to providers in each locality. A member enquired about Iwi boundaries and any conflicts or difficulties they have to work through. The General Manager, Maori & Pacific Health advised that this is nothing new to Iwi and having Manawhenua Hauora involved and talking to Iwi had helped. The Pae Ora team along with Central PHO are going to be important and PHO teams will be working alongside each locality.

It is envisaged that this will reduce duplication as there will be a single team; therefore families/whanua will only need to tell their story once.

A member inquired as to why the Palmerston North locality plan is phased later. Management explained that this was a pragmatic decision driven by a desire to see the limited resource available committed where the most value can be obtained. It was noted that Horowhenua, Tararua and Manawatu each have quite robust primary health care infrastructure. By contrast, the plan for Palmerston North will be a larger piece of work. Also, the IFHC infrastructure for Palmerston North is less well developed at this stage, with a lot more work required, particularly in respect of the south western IFHC project.

It was noted that this is a very exciting time and we are one of the few DHB's nationally working on Locality Plans.

It was recommended:

*that this report be noted; and*

*that the proposed approach to locality plans be endorsed*

#### **6.4 Strategic & Operational – Maori Health Update**

The General Manager, Maori & Pacific Health introduced this paper. The Pae Ora team has been busy and is working closely with Strategy Planning & Performance. This year the Maori Health Plan is merging with the Annual Plan.

There is excitement about Ko Ao Ka Awatea which is a partnering approach between the DHB, Central PHO and Te Tihi. This is a new partnership. Some years ago Ko Ao Ka Awatea was part of the Compass Health Primary Care planning for general Practices. It has evolved further to look at an integrated approach to primary & secondary care in our district in terms of priorities and objectives.

The development of the Maori Health Strategy is in its draft form and will be going to ELT, committees and the Board in March.

Pae Ora are currently working with a number of teams within the hospital on cultural competencies. A frame work has been developed along with a training programme, however we are also engaging within the service areas of individual bases and what does that look like.

It was recommended:

*that this report be noted.*

#### **6.5 Older Persons Healthy Aging Strategy Update**

The Senior Portfolio Manager, Health of Older Persons, explained that the Ministry of Health has released the Healthy Aging Strategy. This is the outcome of widespread engagement with intersectoral agencies and the community at large over the last year. The Strategy has a very strong focus on intersectoral partnerships and a whole of governance approach.

The Ministry is now working on an action plan for the Strategy. It is expected the action plan will provide further guidance to DHBs on how they should respond. In the meantime, it was noted that MidCentral already has a number of activities aligning with the Strategy.

*(Ann Chapman left the meeting).*

The Chief Executive confirmed that Health of Older Persons was likely to feature as one of the service areas participating in the clusters work, and that part of the cluster development would include responding to the Health Aging Strategy.

It was recommended:

*that this report be received.*

#### **6.6 Disability Strategy Update**

The Senior Portfolio Manager, Health of Older Persons, explained that the Ministry of Health has released the Disability Strategy. The next step for the Strategy is the development of an action plan.

The Chair asked for an explanation of how individualised funding worked. Individualised funding has been reasonably well used over the last few years by the younger disabled group (ie, people aged under 65 years). It involves the individual client working with a third party broker to take responsibility for funding the services they require. For example, rather than paying for an agency to provide care for the individual, the funding is given to a third party broker who works with the individual around what best suits their needs and their family's needs.

It was recommended:

*that this report be received.*

## **6.7 Drinking Water in MDHB District**

The Chief Executive introduced this paper noting that it was in response to Board and Committee Members inquiries following on from the Hawkes Bay water crisis.

Dr Robert Holdaway, Manager Public Health Services, noted that the report provides an update regarding the status of the four local authorities. Palmerston North City is fully compliant and it has a large infrastructure to cover. There are various degrees of noncompliance with the other three areas.

It was noted that the Public Health Unit covers the MidCentral and Whanganui districts, but that Hutt Valley DHB Public Health Unit covers the Kapiti District including Otaki.

A member noted that the overall level of compliance is well short of being satisfactory and inquired as to what is being done at the regional/local council level to address this. Dr Holdaway explained that most of the councils have an infrastructure improvement programme in place with a number going through improvements. He also noted that local Territorial Local Authorities have made good use of additional funding for upgrading water supplies made available by central government.

The Chief Executive advised that both she and the Chair will discuss the issue of drinking water quality with local mayors at upcoming meetings.

The committee was advised that MidCentral DHB made a submission in regards to fluoridation in water and the submission is available to members.

<https://www.parliament.nz/en/pb/sc/scl/health/tab/submissionsandadvice>

It was recommended:

*that this report be received.*

## **7. PERFORMANCE REPORTING**

### **7.1 Performance reporting – Whanau Ora Collectives Update and Equity Dashboard**

The General Manager, Maori & Pacific introduced this paper and noted the high value Whanau Ora programmes underway in our district.

Key points of this report are that Muapoko is now part of Te Tihi. Raukawa Whanau Ora Services has taken a look at their whole service and now have a new CEO and are engaged. They are also part of the Whanau Ora Strategic & Innovation Development Group (WOSIDG). This group meets monthly.

A key piece of work is the equity snapshot that is currently being developed by Drs Janine Stevens and Richard Fong. This ties in with the MidCentral Strategy (particularly the strategic imperatives) and the locality plans. Timing on these plans is very tight.

There is a current standard Maori Health outcome standard indicators and these are still very important. These will be in the Annual Plan and will still be reported on.

It was noted that Manawhenua Hauora identified 7 priority areas: whanau free violence, women's health, Mental Health and addictions, elder health, child health, Maori workforce development and investment in the current Maori providers.

Underlining that is Whanau Ora methodology and policy, how do we bring that to life in whatever setting i.e. primary care/hospital care. What does that look like?

A member asked how do Whanau Ora providers get the buy in from families/whanau? Families/Whanau are told about the whole process and it is nothing like other agencies bombarding them.

It was recommended:

*that this report be noted.*

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

#### *5.1 Health of Older People*

The Committee noted the new Dementia Unit in Horowhenua.

#### *5.2.1 Mental Health and Addiction Non-Government Organisation (NGO) Sector*

A member enquired if NGO's are feeling stressed/under strain with the changes that are currently going on. Currently there is planning taking place to tackle this issue with regards to Corrections Department and Health (AOD) services. Noticeable high volume of people released from Prison requiring AOD Assessment whom also have housing, employment, physical health needs etc.

#### *5.3.1 Horowhenua Urgent Community Care (UCC) Service*

The Horowhenua Urgent Community Care Service is about patients who dial 111 in the Horowhenua District. In some cases a paramedic is sent to assess the best way

forward, either to hospital via an ambulance or treatment at home or primary care. It is about keeping patients at home rather than being sent to ED unnecessarily. The Ministry of Health used to fund this service; this was then transferred to St John before finally shifting to the DHB. However the funding will be provided directly from the Ministry of Health to St John from 1 July 2017.

#### *5.3.4 Health Hub Project*

A member sought clarification as to whether the PHO was funding the Health Hub Project. While the PHO is not funding the Health Hub Project they continue to support it. The Health Hub Project has 3 bases, Downtown, Featherston Street and Te Arohanoa in Highbury.

The Health Hub Project had approached the DHB for funding, however they were turned down due to the fact that they were asking for funding of services that they are already contracted to provide.

#### *6. Finance Report*

Currently the funder is doing ok. The main risk areas are under control.

It was recommended:

*that this report be received.*

## **8. CONSUMER & DISABILITY**

### **8.1 Accessibility Self Audit Update**

The Director of Patient Safety and Clinical Effectiveness introduced this paper.

As reported to the previous DSAC committee, an evaluation has been provided after 12 months. The analysis is of 4 audits undertaken to date.

The evaluation shows that there are a low number of staff undertaking customer service training and low levels of awareness around the HDC and the pink passport. These findings are very useful and have been addressed.

The evaluation has lead us to explore some other options. An online course has since been found in regards to Disability and there is access to Ko Awatea. We are now looking at how to utilise that. A trial/test with the Social Work team to look at and see what feedback we might get. The ultimate goal is to try and increase accessibility awareness of our staff to better support our patients and their families.

*(Dot McKinnon left the meeting)*

A member questioned the 83% rate of staff attending orientation. Management noted that 100% attendance is ideal and the organisation is constantly working on ways of ensuring new staff and returning staff attend. Some staff attend orientation but at a later stage due to when they start and when the orientation is scheduled for.

It was recommended:

*that this report be received.*

## **8.2 Patient Experience Survey**

This report is on the national patient experience survey undertaken quarterly since August 2014. It does however exclude a number of areas i.e. Mental Health & Addictions. It is for adults aged 15 and above.

The survey is mailed out to 400 in patients selected at random by a third party from a data file supplied by the DHB.

The survey cannot be compared with other District Health Boards due to the fact that we are the only District Health Board that chose to ask the question around disability. Hence the reason we are able to report against this.

There is nothing significant coming from this with regard to any improvement pieces of work needed. It is anticipated that there will be work coming out of the accessibility audit which will help us improve the response and the findings of this survey.

It was recommended:

*that this report be received.*

## **9. INTEGRATION**

### **9.1 Raising Healthy Kids Update**

The Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships and Suzanne Aitken, Dietician, Central PHO introduced this paper.

A member asked about issues arising with parents when advised that their children were obese. Suzanne Aitken agreed that this was a big issue and noted that the Boost team had done a lot of work supporting clinicians to introduce the topic in the right way and with careful use of language. As a result, Before School nurses have changed their tactic with their conversations that they were having with the families.

Since the initiation of the Boost process, parents have been really receptive to the team contacting them to give them some information. Conversation is pivotal and one conversation is all it takes for the parents to decide if they come on board and make changes or not. For some families this is completely new and they were not aware there was an issue.

A standard resource is being used by the Before Schools Team. These resources are handed to all families no matter what the circumstances. The resources contain some excellent information on a variety of topics ranging from diet and nutrition to things like screen time, bed times etc.

A member enquired as to whether this programme was being evaluated beyond the Health Target. Barb Bradnock indicated that a variety of information is being collected, which is principally for the purpose of quality improvement. There is no National evaluation being done via the Ministry of Health at this time. Locally there have been some conversations with the Massey University Psychology team about how an evaluation might be done.

It was noted that although this health target has only been going for two quarters, MidCentral DHB has already achieved 91%. This is an outstanding result. The result for Maori is also excellent. The area of concern to us is the decline rate, which is currently quite high. We will look to see this decrease over time as the teams apply their service improvement methodology to the referral process.

It was recommended:

*that this report be received.*

**11. DATE OF NEXT MEETING**

21 March 20147 (Shared matters of interest)  
2 May 2017

The meeting closed at 2.59pm

Confirmed this 7<sup>th</sup> day of February 2017

.....  
Chairperson