

## MIDCENTRAL DISTRICT HEALTH BOARD

### **Minutes of the Joint Healthy Communities Advisory Committee and the Quality & Excellence Advisory Committee meeting held on 1 May 2018 at 11am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North**

#### **PRESENT**

##### **HCAC Members**

Brenda Duffy  
Barbara Cameron  
Adrian Broad  
Ann Chapman

Nadarajah Manoharan  
Donald Campbell  
Vicki Beagley

##### **QEAC Members**

Diane Anderson (Chair)  
Karen Naylor  
Michael Feyen  
Dot McKinnon

Oriana Paewai  
Dennis Emery  
Cynric Temple-Camp  
Anne Kolbe

#### **IN ATTENDANCE**

Kathryn Cook, CEO  
Celina Eves, ED, Nursing & Midwifery  
Craig Johnston, GM, Strategy, Planning & Performance  
Cushla Lucas, OE, Cancer Screening, Treatment & Support  
Dave Ayling, CE, Primary, Public, Community Health  
David Sapsford, CE, Acute & Elective Specialist Services  
Debbie Davies, OE, Primary, Public, Community Health  
Gabrielle Scott, ED, Allied Health  
Judith Catherwood, GM, Quality & Innovation  
Ken Clark, Chief Medical Officer  
Keyur Anjaria, GM, People & Culture  
Lyn Horgan, OE, Acute & Elective Specialist Services  
Marcel Westerlund, CE, Mental Health & Addictions  
Neil Wanden, GM, Finance & Corporate Services  
Stephanie Turner, GM, Maori & Pacific  
Vanessa Caldwell, OE, Mental Health & Addictions  
Carolyn Donaldson, Committee Secretary (QEAC)  
Chris Nolan, Service manager, Mental Health and Addictions Service  
Janine Stevens, Public Health Physician & Maori Health Practice Leader  
Muriel Hancock, Director, Patient Safety and Clinical Effectiveness  
Communications Dept, (1)

Media: 1

Public: 4

## **1. ADMINISTRATIVE MATTERS**

### **1.1. Apologies**

An apology was received from Barbara Robson.

### **1.2. Late Items**

There were no late items.

### **1.3. Conflicts and/or Register of Interests Update**

There were no amendments to the Register of Interest or conflicts in relation to the day's business.

### **1.4. Minutes of the Previous Meeting**

#### *a. Minutes*

It was resolved:

*that the minutes of the previous meeting held on 20 March 2018 be confirmed as a true and correct record.*

#### *b. Matters Arising*

There were no matters arising from the minutes.

### **1.5. Recommendations to Board**

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

## **2. STRATEGIC AND ANNUAL PLANNING**

### **2.1. National Mental Health and Addictions Inquiry**

The leadership provided by Mataroa Mar, Director Maori Health, Central PHO and Te Tihi o Ruahine Whanau Ora Alliance in developing this submission was acknowledged, as was the contribution of consumers like Mr & Mrs Hume who travel a long way to meetings.

An overview of the day's proceedings was provided by the CEO and members who had attended the Inquiry. This meeting was the first in the series being held throughout the country, and unfortunately there was no opportunity for individual submissions to the panel. That has now been rectified for other meetings. A formal written submission from the DHB's perspective would be submitted.

A member referred to the word "wellbeing" and encouraged the committee and management to think about it. She felt it moved away from an illness, hospital based care perspective over to wellness and prevention and should be where the focus was.

It was resolved:

*that the update on the national Mental Health and Addiction Inquiry be noted.*

## **2.2. Maternal Mental Health Service**

The various spikes in the graphs were noted. Management explained that people using this service were susceptible to a whole range of practices. However, it was difficult to explain the spikes without looking at what other services/providers had been accessed. Members were reassured the service was providing flexible packages of care for families.

It was resolved:

*that the update on Maternal Mental Health Services be noted.*

## **2.3. Health Equity Work Programme Update; The Equity Think Piece; The Health Equity Data Report**

Dr Janine Stevens introduced this paper highlighting the main points. She noted there was no data included for the Pacific populations. It was difficult to get information for this small population, however it was available nationally and pointed the direction of having to take action for them. Overall the findings of the data report were to prioritise reducing health inequities for Maori and to intensify efforts to understand how systems contribute to sustained health inequities for Maori and other disadvantaged population groups.

The third part of the report was a toolkit of practical resources to help the workforce move forward and take action. This work is likely to be evolutionary for some time.

The report was supported by the committee. Members felt it should be elevated for annual planning consideration so it was not overlooked. The CEO noted the expectation of each cluster going forward was that they would plan and progress health and wellbeing for all.

A member felt the report was a wakeup call in terms of what had been achieved by board members for people in need. He felt there was a group of people the Board was not engaging with. Management acknowledged the findings of the report, but felt a lot had been achieved for the population although it was an ongoing issue.

Further discussion covered issues like the ageing population and enabling them to live healthier, and morbidity, ie what was causing people to get unwell rather than cause them to die.

The GM Maori & Pacific Health advised the work would be launched and socialised together with the locality planning information.

Following the discussion, it was agreed the resolution be amended to ensure it was elevated in the planning process going forward.

It was resolved that:

*the Committees' note the progress update on the Equity Work Programme; endorse the final drafts of the Health Equity Think Piece and the Health Equity Data Report; note the intention to present these documents at the next meeting of the District Health Board for their information and endorsement, and*

*that the Equity Work Programme's status be elevated in the planning process along with cluster and locality planning going forward.*

The meeting closed at 12.10pm

Confirmed this 12<sup>th</sup> day of June 2018

.....Chairperson