

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Joint Healthy Communities Advisory Committee and the Quality & Excellence Advisory Committee meeting held on 12 June 2018 at 11am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT

HCAC Members

Brendan Duffy	Nadarajah Manoharan
Barbara Cameron	Donald Campbell
Adrian Broad	Vicki Beagley
Ann Chapman	Tawhiti Kunaiti

QEAC Members

Karen Naylor (Chair)	Oriana Paewai
Barbara Robson	Dennis Emery
Dot McKinnon	

IN ATTENDANCE

Kathryn Cook, CEO
Andrew Silver, Quality Improvement Project Lead
Bruce Stewart, Chair, CPHO
Barbara Bradnock, Portfolio Manager Children Youth and Intersectorial Partnerships
Carolyn Donaldson, Committee Secretary (QEAC)
Celina Eves, ED, Nursing & Midwifery
Chiquita Hansen, CEO, CPHO
Chris Nolan, Service manager, Mental Health and Addictions Service
Claudia Nepia-Tule, Portfolio Manager Funding
Cushla Lucas, OE, Cancer Screening, Treatment & Support
Dave Ayling, CE, Primary, Public, Community Health
Debbie Davies, OE, Primary, Public, Community Health
Gabrielle Scott, ED, Allied Health
Janine Stevens, Public Health Physician & Maori Health Practice Leader
David Jermey, Portfolio Manager, Primary Healthcare
Judith Catherwood, GM, Quality & Innovation
Ken Clark, Chief Medical Officer
Lyn Horgan, OE, Acute & Elective Specialist Services
Neil Wanden, GM, Finance & Corporate Services
Roger McLeod, Public Health
Stephanie Turner, GM, Maori & Pacific
Vanessa Caldwell, OE, Mental Health & Addictions
Vivienne Ayres, Manager, planning & Accountability
Communications Dept, (1)

Media: 2
Public: 3

1. ADMINISTRATIVE MATTERS

1.1. Apologies

Apologies were received from Diane Anderson, Michael Feyen, Cynric Temple-Camp and Anne Kolbe.

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 recommended:

that the minutes of the previous meeting held on 1 May 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. Inpatient Mental Health unit – Progress Update

Management was reminded of the importance of keeping a focus on what was needed for families and to put that at the forefront of the planning.

It was recommended that the Committee:

- ***note** the progress to date on developing and evaluating options for the inpatient mental health unit*
- ***note** the current status of development of the business case associated with investment in inpatient mental health services and facilities.*

2.2. Planning Update

It was recommended:

that that this report be noted.

3. STRATEGIC AND ANNUAL PLANNING

3.1. Acute and Elective Services Report for April 2018

It was noted that four MDHB renal patients had transplants since January 2018 compared to one in Hawkes Bay and three in Wellington.

Management explained it had been a challenging year for elective services with the uplift in targets and also the proposed new theatre grid work. Access thresholds for determining certainty of treatment within four months had been reviewed as a result, with thresholds for gynaecology, orthopaedics, ophthalmology and ENT being increased. The thresholds would go back to what they were based on the new grid and would meet standardised intervention rates. Primary health would be kept informed of changes.

A member suggested it might be good to return to informing the committee on the number of patients not given certainty of treatment, as these patients had to be re-referred with their updated status. The CEO advised the real challenge was theatre capacity and the increasing challenges of managing both the acute and elective demand. The Chair suggested management provide a short explanation on elective surgery thresholds (ESPI 5) and how the process worked for the next meeting.

Management advised there would not be any financial penalty for non-compliance for both ESPI 2 and 5 in June in ENT, orthopaedics and gynaecology.

It was recommended that the Committee:

- *note that MDHB will be applying to the Ministry of Health for dispensation from financial penalty for non-compliance for both ESPI 2 and 5 in June (4 months red) in ENT, Orthopaedics and Gynaecology, and*
- *note the Acute and Elective Specialist Services Report for April 2018.*

3.2. Cancer Screening Treatment & Rehabilitation Services Cluster Report

Management outlined the capex process for replacing ageing equipment and noted that the next board meeting would look at the overarching capital programme. The Committee noted with appreciation and thanks, the additional work done by staff to ensure patients were not delayed treatment when a machine had a breakdown.

It was recommended:

- *that this report be noted.*

3.3. Elder Health and Rehabilitation Cluster Report for April 2018

It was recommended that:

- *the Elder Health and Rehabilitation Cluster Report for April 2018 be noted.*

3.4. Mental Health and Addictions Cluster Update

The impact of the closure of the gorge road was discussed. There were a number of ways this was being managed, eg video facility, visiting patients in situ. There was a mental health team based in Tararua as well. However the Operation Executive said she would clarify if people were being left out and whether the video was a solution. The CEO noted that through the recent locality consultation and engagement with

communities, a commitment to meet their aspirations had been given. In order not to lose sight of those plans, each cluster would take a lead responsibility for a locality.

The financial over-run in outsourced personnel was noted. Management advised this was due to the high locum cost while recruitment was undertaken. There had been some unplanned departures that required filling by locums until the vacancies were filled.

Management also advised that if there was no bed available for admission under the new Substance Addiction Compulsory Assessment and Treatment Act (SACAT) then treatment was provided locally by other means.

The contrast in referral numbers in the community teams was noted. Ms Paewai commented that there were many events affecting the outlying communities, eg increased petrol price, weather, and the recent mycoplasma outbreak in cows which was significantly harming farmers.

Management advised that the Year 13 Maori Rangatahi symposium was being held in the Memorial Hall, Levin, on 29 June.

It was recommended that:

the update on Mental Health and Addiction Services across the district be noted.

3.5. Operations Report Primary, Public & Community Health

It was noted there was nothing further to update members on in relation to water updates, since the last report.

It was also noted that for the 0-12 year age cohort waiting, it was not possible to break the report down to more than seven months ie the seventh month included those waiting more than seven months.

It was recommended that:

that this report be noted.

3.6. Women's and Child Services Cluster Report for April 2018

Management confirmed the Committee would be kept updated on the shortage of Lead Maternity Carer midwives over Christmas.

Management felt the increasing need to handover patients from Lead Maternity Carers to the secondary service once the patient was in established labour was because high risk patients were coming into hospital for their delivery. Births that were not expected to be complicated normally occurred in the community.

The outsourcing personnel costs was a mix of costs, eg specialising for patients, or locum cover for vacancies for registrars or house officers.

It was recommended that the Committee:

- *note the initiatives underway to improve breast feeding rates across the district and influenza immunisation rates for pregnant women.*

- *note the planning being done to ensure forecast demand for LMC services can be met.*
- *note the Women's Health and Child Services Cluster Report for April 2018.*

The meeting broke for 20 minutes for lunch.

Before recommencing, the General Manager, Maori & Pacific Health invited members to attend the TuKaha 2018 conference.

3.7. 2017/18 Annual Plan Implementation and Non-Financial Performance – Quarter Three

The deteriorating result for 8 month old infants fully immunised on time was noted. Management advised there appeared to be a significant anti immunisation lobby that was influencing take up. Contact had been made with families who had not taken up the opportunity to immunize their infant. The Better Help for Smokers to Quit measure was also behind schedule. There was a remedial action plan in place and there was quite a lot of work going on to try and improve rates.

It was recommended that the Committees:

note this report and endorse the progress being made in advancing delivery of MidCentral DHB's Annual Plan for the 2017/18 year.

3.8. Central PHO Annual Presentation

It was recommended that the Committee:

- *note the Central PHO strategic aims alignment with MidCentral DHB strategic imperatives*
- *note the progress of the Health Care Home programme at both a national and local level*
- *note the co-designed approach to developing the contributory measures for the System Level Measures*
- *note Central PHO's technology & performance progress*
note Central PHOs leadership in co-creating the intersectoral "Realising Waiora a Collective Voice" submission to the Mental Health Inquiry Panel

4. GOVERNANCE

4.1. Reconfiguration of Committees

The Board Chair outlined the background to the review of governance arrangements made by the Board. Ms McKinnon emphasized the importance of the consumer and clinical councils, and the possibility of some committee members being involved on those councils rather than a board committee.

Mr Emery objected to the proposal, specifically the proposed membership, as he did not think there was sufficient iwi representation or adherence to the Treaty of Waitangi principles to discuss the issues which might arise. Mr Kunaiti said being a Treaty partner was an opportunity to have input into decision making.

Ms McKinnon advised the Board was in discussion with Manawhenua Hauroa, which was why the proposal would go back to the Board. There was no decision yet regarding

membership. Ms Paewai confirmed as chair of Manawhenua Hauroa that she had been involved in these discussions.

It was clarified that Mr Emery's issue related to membership of the committee only. On that basis,

It was recommended that the Committee:

- *note the reconfiguration of the Board's statutory committees and the establishment of the Health & Disability Services Advisory Committee*
- *note the terms of reference for the Health & Disability Services Advisory Committee*
- *note the authority delegated to the Committee by the Board as outlined in the terms of reference.*

Mr Emery voted against the recommendation.

5. LATE ITEMS

There were no late items.

6. DATE OF NEXT MEETING

24 July 2018 at 9.00am

7. EXCLUSION OF 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>
2018/19 Funding Advice and Budgeting Update	Subject to negotiation	9(2)(j)