

MidCentral District Health Board

Minutes of the joint Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee meeting held on 13 June 2017 commencing at 9am in the Boardroom, MidCentral District Health Board

The shared matters of interest section of the meeting commenced at 9.00am.

This section of the meeting was chaired by Brendan Duffy, Chair, Healthy Communities Advisory Committee.

PRESENT

HCAC Members

- Brendan Duffy (Chair)
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Ann Chapman
- Nadarajah Manoharan
- Dot McKinnon (ex officio)
- Vicki Beagley
- Donald Campbell
- Jonathan Godfrey

QEAC Members

- Diane Anderson (Chair)
- Karen Naylor (Deputy Chair)
- Michael Feyen
- Oriana Paewai
- Barbara Robson
- Dennis Emery
- Duncan Scott
- Cynric Temple-Camp

IN ATTENDANCE

Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Neil Wanden, General Manager, Finance & Corporate Services
Megan Doran, Committee Secretary
Gabrielle Scott, Executive Director, Allied Health
Ken Clark, Chief Medical Officer
Chiquita Hansen, CEO, Central PHO
Vivienne Ayres, Manager, DHB Planning and Accountability

Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
Gopy Sundararajah, Portfolio Manager, Clinical Support
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Regional & Community
Chris Nolan, Service Director, Mental Health Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Janine Stevens, Public Health Physician & Maori Health Practice Leader
Debbie Davies, Nurse Director, Primary & Integration
Steve Tanner, Finance Manager
Rob Weir, Medical Officer of Health
Robert Holdaway, Manager, Public Health
Carrie Naylor-Williams, Service Manager
Sarah Donnelly, Service Manager
Judy Boxall, Service Manager
Maggie Oulaghan, Service Manager
Dr Bruce Stewart, Medical Director Primary Care & Chair, Central PHO
Dr Dave Ayling, GP at YOSS & Medical Advisor, Central PHO
Hemi Heta, Mental Health Programme Coordinator, Central PHO
Delwyn Hakaria, Clinical Team Leader, Central PHO
Dr Paul Cooper, Central PHO
Dennis Geddis, Communications Team Leader

OTHER

Public: (4)
Media: (2)

1. APOLOGIES

There was one apology from Tawhiti Kunaiti.
Adrian Broad for lateness.

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

2.1 Amendment to the Register of Interests

There were no amendments to the Register of Interests.

2.2 Declaration of Conflicts in Relation to Today's Business

Barbara Cameron advised she is the Deputy Chair on the District Licensing Committee for the Manawatu District Council.

3. INTEGRATION

3.1 Mental Health & Addictions Update

The Service Director Mental Health & Portfolio Manager Mental Health and Addictions apologised and expressed his disappointment that the Ward 21 Acute Mental Health facility project had not progressed as far as expected. The CEO advised that the immediate facility risks identified as part of the external review had been resolved and that planning for the larger redesign exercise is underway. A co-design group including family/whanau/consumer representation and an external consultant will develop a business case. The consultant will have planned visits with the DHB over the next two weeks. A further update will be provided to the Quality & Excellence Committee at their July meeting.

The committees were advised that the Mental Health Social Sector Hui is to be held on 22 June 2017 at the Manawatu Golf Club. It was acknowledged there has been more support and interest by the Mayors of the Region, including the Tararua and Palmerston North councils.

It was recommended:

that this report be noted

3.2 Central PHO Presentation

Dr Bruce Stewart, Chair of Central PHO and Ms Chiquita Hansen, Chief Executive of Central PHO made a presentation on the activities of the PHO. This included a presentation on a redesign of the Primary Mental Health Service which is currently underway. It was highlighted that considerable resource, a 4-5 fold increase in FTE, was absolutely critical if the model was to have a change of success. This presentation was a joint effort and involved Dr David Ayling and Mr Chris Nolan, Director of Mental Health and Addictions Services for MidCentral DHB.

4. PERFORMANCE REPORTING

4.1 Health Targets – Quarter 3, 2016/17

A member queried a statement in the report that noted additional charges to patients for same day appointments. The CEO for Central PHO advised that this relates to one Palmerston North practice and the CEO and Chair of Central PHO will be meeting with that practice to discuss it.

Clarification was sought over a comment in the report on the absence of clinical leadership of the Shorter Stays in Emergency Department health target. Management noted that a very active and engaged clinical director had been leading a very successful programme of work on patient flow, but that individual had unfortunately taken up a new role in Australia. The DHB is currently looking at a further programme of work that backs into the current work being done in general medicine around staffing and rosters to look at patient flow and model of care. Although this report states that this is only for ED, it is hospital wide.

In response to an inquiry, the Committees were advised that the DHB has now shifted to the Winter Plan with beds being opened up in the medical wards. The DHB is now in Winter Plan mode.

It was recommended:

that this report be noted

4.2 201/17 RSP Update

The Manager, DHB Planning & Accountability, noted that 75 percent of the expected milestones to the end of March had been achieved to date. It was noted that elective services, cancer wait times (faster cancer treatment) and cardiac surgery interventions continue to be areas of concern for the Central Region. For the MidCentral district, cancer wait times is an issue but elective surgery and cardiac surgery rates are good.

It was recommended:

that this report be noted

4.3 2016/17 Maori Health Plan Update

This report was introduced by Dr Janine Stevens, Public Health Physician & Maori Health Practice Leader with the Pae Ora team.

The report provides the committees with an overview of the work being undertaken by the Pae Ora Māori Health Directorate. It was noted that in September 2017 the second and final report will be provided to the committees. This will provide progress made against the Annual Māori Health Plan Indicators for the 2016/17 year.

The Pae Ora team continue to engage with staff from many departments about how they can work together to achieve the best outcomes for family/whānau. This includes ED, Paediatrics, and Allied Health areas. Much work is being done in teaching and learning areas across a range of professional disciplines and different departments particularly around cultural competence development for staff. Pae Ora continues to be involved in a wide range of leadership, governance and advisory roles across the DHB. The whānau care team are working with patients and whānau to support their journeys through the hospital system and back to their homes in the community, including the provision of accommodation at Te Whare Rapuora for whānau as needed.

A member sought advice about the Kia Ora Hauora Programme with students, is it based on the Counties Manukau programme? The Kia Ora Hauora Programme is a national programme and the Manager, Māori Health Workforce Development, regularly attends hui and career expos to help encourage Rangatahi to look at Health careers.

The Committees were advised that MidCentral DHB will be the hosts for the 2018 Tu Kaha Conference. A member asked for the Board and Committees to be advised of the dates for the conference when this information was available.

A member asked about the work that is being done to support Pacific Peoples and their families across the district. They were advised of work that has been done on a Pacific Health Plan for the district.

It was recommended:

that the overview of the work of the Pae Ora Maori Health Directorate by noted

4.4 General and Specialist Assessment and Treatment Services Annual Plan Update 2016/17

It was noted that the report is aligned to the DHB's Annual Plan and that it contains material that has already been regularly reported to the Committees through the General Manager's Operating Reports throughout the year.

Some of the highlights in this report were examples of integrated care across the district including seasonal planning in the DHB's winter warrant of fitness, orthopaedic first specialist assessment clinics, primary care nursing which includes the DHB's district nursing service, and the collaboration with Kauri Health around older persons particularly supporting our older people with frailty.

There is work being undertaken to increase participation in the Breast Screening Programme for priority women, it was noted that while the DHB is meeting the target in terms of 70 percent participation for the total population, the rates for priority women still require more work to be done.

Other discussions on this report covered faster cancer treatments including the pathways. How well are GP's adopting the pathways and are they using them well? Is the access in the diagnosis pathway giving them access to fast cancer treatment? Are GP's given feedback in respect to their referrals? These queries were answered by Operation Director, Specialist Regional & Community.

A member raised her concern that the CCDM update with the VRM on hold, given the importance of this programme in managing workload pressure. The CEO advised that a more fulsome report would be provided on the VRM and Hospital Operations Centre, and perhaps a presentation on CCDM, would be provided to the Committees in the future.

There was concern raised at the amount of projects behind schedule reflected in the AP Schedule accompanying this report. Management gave assurance that work not completed during 16/17 would be carried over or explained in the 17/18 planning documents.

In response to a member's query, management advised that responsibility for recruiting to vacancies sits with line managers, but that this is done in partnership

with nurse directors, clinical directors and operation directors. The process itself sits within Human Resources. The committees were further advised that in regards to recruiting a sonographer there is interest from one sonographer in Australia which is being pursued and there are currently a number of locums being made available to MidCentral DHB from other District Health Boards.

It was recommended:

that this report be noted.

4.5 Communicable Disease Communication Process and the Public Health Work Programme

The Medical Officer of Health & Manager of Public Health presented to the committees.

It was recommended:

that the paper and associated presentation be noted.

5. CONSUMER & DISABILITY

5.1 Updated on Consumer and Clinical Councils

The Intern Portfolio Manager advised that the Consumer Council received a total of 27 applications and interviews had already taken place. The Clinical Council received a total of 20 applications and interviews were currently underway. Both sets of applications have been of high calibre and diversity.

It was recommended:

that this report be noted.

6. COMMITTEES' WORK PROGRAMME

The General Manager, Strategy, Planning & Performance advised the committees that 2017/18 is going to be a little different because of changes in the format of the Annual Plan process and in the nature of the DHB's reporting obligations to the Ministry. There are likely to be further changes as we move to optimise reporting to support governance. The intention is to provide transparency while avoiding repetition.

The CEO advised that with the Committees moving into their new memberships, the DHB needs to take a more forward approach to the agendas with a mix of presentations and more strategic content.

A member inquired about how and when workforce updates would be provided. This had previously been the subject of a separate report. The CEO advised that going

forward the DHB will be reporting against the Organisational Development plan. The CEO also advised that the General Manager for People & Culture will be starting on 3 July 2017 and would consider reporting then.

The Committees agreed that the disability component is still missing from the work programme and that this needs to be addressed.

It was recommended:

that progress against the 2016/17 work programmes, and, the Committees' work programme for 2017/18 be noted.

7. DATE OF NEXT MEETING

25 July 2017

5 September 2017 (Shared matters of interest)

QUALITY & EXCELLENCE MATTERS (Information only for Healthy Communities Advisory Committee)

At this point, Diane Anderson assumed the chair.

8 PERFORMANCE REPORTING

8.1 Operational Report

It was confirmed the diabetes report would be available for the July meeting.

Oncology Services for Hawkes Bay Region

The CEO confirmed the issues regarding this service were being progressed. This included agreement regarding the redesign of existing service models and a different interim funding arrangement. There was also desire in respect of regional planning for a regional focus aligning work of the cancer centres in our region. Another consideration was the new private provider on the landscape.

It was recommended

That this report be noted.

9 MEETINGS

Minutes

It was recommended:

that the minutes of the previous meeting held on 2 May 2017 be confirmed as a true and correct record subject to changing a word in the second paragraph of section 5.1 to read: “The organisational risk in the event of harm resulting from a trial where there was no ACC cover ~~or~~ **and** the trial sponsor would not cover the harm, was raised.”

9.1 Recommendations to the Board

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

9.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

10 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>
“In Committee” minutes of previous meeting	For reasons stated in the previous agenda	
Operations Report: Potential Serious Adverse Events and Complaints and litigation	To protect personal privacy and to maintain legal privilege	9(2)(a) 9(2)(h)