



## MidCentral District Health Board

### Health and Disability Advisory Committee Minutes

Meeting held on 23 November 2021 from 9.00am

Board Room, Gate 2, Heretaunga Street, Palmerston North

(and via Zoom due to COVID-19 restrictions)

## PART ONE

### Members

John Waldon (Committee Chair), Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Norman Gray, Muriel Hancock, Materoa Mar (Deputy Committee Chair), Karen Naylor, Oriana Paewai, Jenny Warren.

### Apologies

Stephen Paewai.

### In attendance

Kathryn Cook, Chief Executive; Dr Kelvin Billingham, Chief Medical Officer (and Clinical Executive, Te Uru Kiriora); Judith Catherwood, General Manager, Quality and Innovation; Debbie Davies, Interim General Manager, Strategy, Planning and Performance (and Operations Executive, Te Uru Kiriora); Emma Horsley, Communications Manager; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

### In attendance (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhi; Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Sarah Fenwick, Operations Executive, Te Pā Harakeke and Te Uru Mātai Matengau; Dr Claire Hardie, Clinical Executive, Te Uru Mātai Matengau; Lyn Horgan, Operations Executive, Te Uru Arotau; Angela Rainham, Locality and Intersectoral Development Manager; Michelle Riwai, General Manager, Enable New Zealand, Gabrielle Scott, Executive Director, Allied Health; Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora.

THINK Hauora – Chiquita Hansen, Chief Executive; Nicola Russell, General Manager, Clinical Quality; Kylie Faas, General Manager, Knowledge and Insights, Dr Bruce Stewart, Board Chair.

Media – 1

Public – 2

**1. KARAKIA**

The meeting opened with the organisational karakia.

**2. ADMINISTRATIVE MATTERS**

**2.1. Apologies**

The apology from Stephen Paewai, the Interim Chair of the Consumer Council (following resignation of Gail Munro) was accepted.

**2.2. Late items**

No late items were advised.

**2.3. Register of Interests Update**

The following updates to the Register of Interests were advised.

Jenny Warren

*Add* – Contract with The Horowhenua Company.

Muriel Hancock

*Add* – Sister-in-law is employed as a COVID-19 vaccinator for MidCentral District Health Board.

**2.4. Minutes of the 14 September 2021 meeting, Part One**

It was resolved that:

*the Part One minutes of the 14 September 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.*

*(Moved Brendan Duffy; seconded Heather Browning)*

**2.5. Matters arising from previous minutes**

No discussion.

### 3. STRATEGIC FOCUS

The meeting agreed to re-order the Strategic Focus items.

The Locality and Intersectoral Development Manager joined the meeting.

#### 3.2 Population Profile Update – with a future focus

The Locality and Intersectoral Development Manager presented this report, which was taken as read.

Committee members noted the need to use the data to improve services, particularly for Māori and Pacific people. A breakdown of ethnicity for Territorial Local Authority (TLA) data was needed to ensure data was used appropriately.

The Locality and Intersectoral Development Manager noted that the population was growing faster than predicted by Statistics New Zealand in each locality within the MDHB region. Further work would be done to ensure health services met the needs of the population, including refugees who often had complex health needs.

The Chief Executive responded to concerns raised about the different population numbers used by TLAs and District Health Boards (DHBs). As a Government agency, MidCentral DHB (MDHB) was obliged to use data provided by Statistics New Zealand. Following the establishment of Health New Zealand and the Māori Health Authority in July 2022, DHB boundaries would no longer exist. People could choose where they received their health care and funding would be based on services provided rather than population numbers.

It was resolved that the Committee:

*note the detailed work being carried out to understand the differences between data used by MidCentral DHB and local authorities in the region*

*note the special needs of Māori, Pasifika, refugee and other population groups; and that the current population profile gives statistics for these groups but does not identify how that information needs to be utilised in service provision*

*note the current population profile for the district; and recognise that in planning future services, population projections from a variety of sources should be considered, as Statistics New Zealand projections have under-estimated the actual population in recent years.*

*(Moved Vaughan Dennison; seconded Brendan Duffy)*

The Locality and Intersectoral Development Manager left the meeting.

The THINK Hauora Chief Executive; the Board Chair; the General Manager, Clinical Quality; and the General Manager, Knowledge and Insights joined the meeting.

### 3.1. Primary Care Access and Affordability Update

The THINK Hauora representatives presented this report, which was taken as read. They noted that the population in the district continued to grow and that General Practice Team enrolment numbers for Māori continued to increase.

THINK Hauora noted that the comparison of consultation rates between 2020 and 2021 had been affected by COVID-19 lockdowns, testing and the vaccine rollout. The number of patients redirected through the Emergency Department Redirection to General Practice programme was increasing. Analysis showed the number of Māori and Pacific people was higher than non-Māori and also showed lower deprivation scores. Data would continue to be monitored through Primary Options for Acute Care and more detail would be included in the next report to the Committee.

The Committee noted that a new GP practice would open in Ashhurst in April 2022.

It was resolved that the Committee:

*note the update of various activities contributing to primary care access and affordability.*

*(Moved John Waldon; seconded Jenny Warren)*

The THINK Hauora Chief Executive; the Board Chair, the General Manager, Clinical Quality; and the General Manager, Knowledge and Insights left the meeting.

The Clinical and Operations Executives joined the meeting.

## 4. DIRECTORATE WITH CLUSTER FUNCTIONS REPORTING

### 4.1. Directorate Dashboard

The Operations Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth presented this report, which was taken as read.

A Committee member noted the impact of occupational therapy vacancies on discharge planning and length of stay for patients. The Executive Director, Allied Health advised that the community wait list was being reviewed and that MDHB was working with a contracted provider and Whanganui DHB to support the service.

The Clinical Executive, Te Uru Pā Harakeke noted that GPs had been encouraged to diagnose asthma in children so they could access the Community Child Health Team's Child Health Asthma Service. The DHB, in conjunction with THINK Hauora, had held education sessions on managing respiratory difficulties without needing hospital level care.

#### 4.2. **Te Uru Rauhi – Mental Health and Addiction Services**

The Operations Executive, Te Uru Rauhi presented this report, which was taken as read. He noted the significant decrease in occupancy of inpatient beds, with 18 people in the unit today.

The Adult Integrated Model of Care, Te Mātāpuna o te Ora, was expected to be fully deployed from April 2022. COVID-19 had impacted the timeframes and a 'signpost check in' would be carried out in February 2022.

#### 4.3. **Te Uru Arotau – Acute and Elective Specialist Services**

The Operations Executive, Te Uru Arotau presented this report, which was taken as read. She noted that MDHB was one of five DHBs taking part in the Ministry of Health's (the Ministry) weekend discharge pilot. Community infusion sites were being set up – two in Palmerston North and one in Taranaki.

#### 4.4. **Te Uru Whakamauora – Healthy Ageing and Rehabilitation**

The Operations and Clinical Executives, Te Uru Whakamauora presented this report, which was taken as read.

Committee members raised concerns around the waiting list for non-urgent Occupational Therapy referrals. The Operations Executive advised that a pilot was about to begin, where SupportLinks would carry out assessments outside of the hospital.

#### 4.5. **Te Uru Pā Harakeke – Healthy Women, Children and Youth**

The Operations and Clinical Executives, Te Uru Pā Harakeke presented this report, which was taken as read. In response to a question, she advised that only one permanent midwife had indicated she would not be vaccinated against COVID-19. Due HR processes related to the COVID-19 Vaccination Order were being followed.

A Committee member raised a question about the software to facilitate the process of fast and efficient referral, data gathering and whānau ora outcomes approach for the Child Development Service Referral Integration Project. The Clinical Executive advised that the project brought the education, Child, Adolescent and Family Services and the health sector together to provide wrap-round care. The focus was on getting an improved outcome for children.

#### 4.6. **Te Uru Mātai Matengau – Cancer Screening, Treatment and Support**

The Operations Executive and the Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read.

#### 4.7. **Te Uru Kiriora – Primary, Public and Community Health**

The Operations and Clinical Executives, Te Uru Kiriora presented this report, which was taken as read. As at 22 November, 91 percent of the eligible population had received their first dose of the COVID-19 vaccine and 82 percent were fully vaccinated. There

was now around 11,000 people unvaccinated in the district. Ten Supported Isolation and Quarantine (SIQ) facilities were now available in the region if required.

It was resolved that the Committee:

*note the areas highlighted in the dashboard and associated commentary.*

*(Moved John Waldon; seconded Muriel Hancock)*

The Clinical Executives and Operations Executives left the meeting.

The General Manager, Enable New Zealand joined the meeting.

## **5. PERFORMANCE REPORTING**

### **5.1. Enable New Zealand Report**

The General Manager, Enable New Zealand presented this report, which was taken as read. She noted that the Managed Rehabilitation Equipment Services (MRES) contract with ACC was launched last week. Since then, 270 pieces of equipment had been processed each day.

The Committee Chair asked that percentages be added to the ethnicity data charts in future reports.

It was resolved that the Committee:

*endorse the Enable New Zealand Report to 31 October 2021.*

*(Moved John Waldon; seconded Muriel Hancock)*

The General Manager, Enable New Zealand left the meeting.

### **5.2. Pae Ora Paiaka Whaiora Report**

The General Manager, Māori Health acknowledged the passing of Delwyn Te Oka's husband and said it was fitting that the Pae Ora report started with Te Ohu Auahi Mutunoa (TOAM smoking cessation service), as this service is led by Delwyn. No reira, moe mai, moe mai, moe mai ra e te Rangatira. The report was then taken as read. She noted that Blair McKenzie, Regional Commissioner for Social Development, Ministry of Social Development, had been appointed as the Regional Partnership Services Leadership (RPSL) Chair.

It was resolved that the Committee:

*note the progress update for the Pae Ora Paiaka Whaiora Māori Health Directorate.*

*(Moved Materoa Mar; seconded Vaughan Dennison)*

### **5.3. Quality and Safety Dashboard**

The General Manager, Quality and Innovation presented this report, which was taken as read. In response to a question about whether the increase in complaints from Māori patients related to specific issues, she agreed to include narrative in future reports.

Committee members asked that concerns highlighted through inpatient surveys regarding the cleanliness of rooms and wards be addressed.

It was resolved that the Committee:

*note the content of the Quality and Safety Dashboard*

*endorse the improvement activities planned for the next quarter.*

*(Moved Karen Naylor; seconded Vaughan Dennison)*

## **6. DISCUSSION/DECISION PAPERS**

### **6.1. Quality Account – Quarter One 2021/22**

The General Manager, Quality and Innovation presented this report, which was taken as read.

In response to comments from Committee members, it was agreed that future reports would include more input from Pae Ora Paiaka Whaiora and the Consumer Council, consumer stories; and that readability would be improved.

It was resolved that the Committee:

*note the Quarter One 2021/22 Quality Account.*

*(Moved Vaughan Dennison; seconded Muriel Hancock)*

## **7. INFORMATION PAPERS**

### **7.1. MidCentral District Health Board Position Statement on Alcohol**

The Clinical Executive, Te Uru Kiriora presented this report, which was taken as read.

The Chief Executive advised that the National Chief Executives and Chairs had committed to having an alcohol statement that was consistent with the national policy statement on alcohol. Each DHB would have a local statement.

The Committee asked that the statement includes a reference to the principles of Te Tiriti o Waitangi and notes that alcohol is a carcinogen.

It was resolved that the Committee:

*endorse the Alcohol Position Statement for submission to the Board.*

*(Moved Karen Naylor; seconded Jenny Warren)*

The Clinical Executive, Te Uru Kiriora left the meeting.

The Clinical Executive, Te Uru Pā Harakeke joined the meeting.

## 7.2. **The 15<sup>th</sup> National Child and Youth Mortality Data Report 2015-2019**

The Clinical Executive, Te Uru Pā Harakeke presented this report, which was taken as read.

Committee members expressed concern and sadness at the suicide rate. A large percentage of these young people had no prior engagement with mental health services, so agencies including education, Police and Oranga Tamariki needed to work together to identify and support young people at risk. It was suggested that the issue be discussed at a Regional Interagency Network meeting.

It was resolved that the Committee:

*note this report on the deaths of pēpi, tamariki and rangatahi aged from 28 days to 24 years in Aotearoa*

*note that this brief review of data provides a link to part of the roadmap to reducing the number of deaths and disproportionate outcomes across ethnicities, age groups, gender identity and deprivation levels.*

*(Moved Heather Browning; seconded Muriel Hancock)*

The Locality and Intersectoral Development Manager joined the meeting.

## 7.3. **Locality Plan Progress Report – Tararua District**

The Locality and Intersectoral Development Manager presented this report, which was taken as read. She noted that as at 22 November, 88 percent of the eligible Tararua population had received their first dose of the COVID-19 vaccine; and 77 per cent were fully vaccinated. There were 1776 people eligible who had not received any vaccination.



It was resolved that the Committee:

*note the progress that has been made in relation to Tararua Te Mahere Hauora (Health and Wellbeing Plan).  
(Moved Muriel Hancock; seconded Karen Naylor)*

The Locality and Intersectoral Development Manager and the Clinical Executive, Te Uru Pā Harakeke left the meeting.

#### **7.4. Committee's Work Programme**

The report was taken as read.

It was resolved that the Committee:

*note the update on the Health and Disability Advisory Committee's work programme.  
(Moved John Waldon; seconded Karen Naylor)*

### **8. GLOSSARY OF TERMS**

No discussion.

### **9. LATE ITEMS**

No discussion.

### **10. DATE OF NEXT MEETING**

Tuesday, 1 March 2022 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

### **11. EXCLUSION OF PUBLIC**

It was resolved:

*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:*

## HEALTH AND DISABILITY ADVISORY COMMITTEE MINUTES – PART ONE

<b>Item</b>	<b>Reason</b>	<b>Ref</b>
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	For reasons set out in the agenda of the 14 September 2021 meeting held with the public present	
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)

*(Moved John Waldon; seconded Jenny Warren)*

Part One of the meeting closed at 11.45am

Confirmed this 1st day of March 2022

.....

Committee Chair