WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Combined Statutory Advisory Committee

Meeting date	**Friday 26 July 2019**
Start time	**9.30am**
Venue	Board Room Fourth Floor Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui

Embargoed until Saturday 27 July 2019

Contact
Phone 06 348 3348
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Also available on website
www.wdhb.org.nz

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Distribution

Board members *(full copy)*

- Ms Dot McKinnon QSM, Board Chair
- Mr Graham Adams
- Mr Charlie Anderson QSM
- Mrs Philippa Baker-Hogan MBE
- Mrs Jenny Duncan
- Mr Darren Hull
- Mr Stuart Hylton, Combined Statutory Advisory Committee Chair
- Mrs Judith MacDonald
- Ms Annette Main NZOM
- Hon Dame Tariana Turia DNZM
- Ms Maraea Bellamy

External committee members *(full copy)*

- Mr Frank Bristol
- Dr Andrew Brown
- Mr Leslie Gilsenan
- Mr Matt Rayner
- Ms Grace Taiaroa
- Ms Heather Gifford

Executive Management Team and others *(full copy)*

- Mr R Simpson, Chief Executive
- Ms L Adams, Director of Nursing
- Mr M Dawson, Communications Manager
- Mr H Cilliers, General Manager, People and Performance
- Mrs R Kui, Director Māori Health
- Mr B Walden, General Manager, Corporate Services
- Mr P Malan, General Manager, Service and Business Planning
- Mr S Carey, Funding and Contracts Manager
- Ms K Fraser-Chapple, Business Manager, Medical, Community and Allied Health
- Mrs L Torr, Business Manager, Medical Management Unit
- Mr P Wood-Bodley, Business Manager, Surgical Services
- Mrs A Bunn, Portfolio Manager, Health of Older People
- Ms C Sixtus, Portfolio Manager, Primary Care
- Mrs L Allsopp, Manager Patient Safety and Quality and Acting Director Allied Health
- Mrs J Haitana, Associate Director of Nursing
- Mrs E O'Leary, Project Manager
- Mr D Rogers, Nurse Manager Surgical Services
- Ms A Van Elswijk, Acting Nurse Manager Medical Services
- Mrs J Smith, Acting Nurse Manager, Mental Health Services
- Mrs B Charuk, Portfolio Manager, Child and Youth
- Ms M Langford, Acting Executive Assistant, Service & Business Planning

Others *(public section only)*

- Mrs K Anderson, Chief Executive, Hospice Wanganui
- Dr B Douglas, GP, Jabulani Medical Practice
- Ms A Stewart QSO, Archivist
- Wanganui Public Library
- Wanganui Chronicle
- Ms Mary Bennett, Hauora A Iwi Chair

Agendas are available at www.wdhb.org.nz one week prior to the meeting

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WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Combined Statutory Advisory Committee member attendance schedule – 2019

Name	22 February (AP workshop)	22 March	3 May	14 June	26 July	6 September	18 October	22 November
Graham Adams	✓	×	✓	×				
Charlie Anderson	✓	✓	×	×				
Maraea Bellamy	✓	✓	✓	×				
Frank Bristol	✓	✓	×	×				
Philippa Baker-Hogan	×	✓	✓	✓				
Andrew Brown	×	✓	×	✓				
Jenny Duncan	✓	✓	✓	✓				
Heather Gifford	✓	×	✓	✓				
Leslie Gilsenan	×	×	✓	✓				
Darren Hull	✓	✓	✓	×				
Stuart Hylton (committee chair)	✓	✓	✓	✓				
Judith MacDonald	✓	×	✓	✓				
Annette Main	✓	✓	✓	✓				
Matthew Rayner	✓	✓	✓	×				
Grace Taiaroa	×	✓	✓	✓				
Tariana Turia	✓	✓	×	✓				
Dot McKinnon (board chair)	✓	✓	×	✓				

Legend

✓ Present
× Apologies given
✦ No apology received
✸ Attended part of the meeting only
👍 Absent on board business
⊙ Leave of absence

Agenda

Public session

Meeting of the Combined Statutory Advisory Committee

to be held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 26 July 2019, commencing at 9.30am

Combined Statutory Advisory Committee members

Mr Stuart Hylton, Committee Chair
Ms Dot McKinnon, QSM, Board Chair
Mr Graham Adams
Mr Charlie Anderson, QSM
Mrs Philippa Baker-Hogan, MBE
Ms Maraea Bellamy
Dr Andrew Brown
Mr Frank Bristol
Ms Jenny Duncan
Mr Leslie Gilsenan
Mr Darren Hull
Mrs Judith MacDonald
Ms Annette Main, NZOM
Mr Matthew Rayner
Hon Dame Tariana Turia, DNZM
Ms Grace Taiaroa
Dr Heather Gifford

1 Apologies

2 Conflict and register of interests update — Page 10

2.1 Amendments to the register of interests
2.2 Declaration of conflicts in relation to business at this meeting

3 Late items

Registration of minor items only. No resolution, decision or recommendation may be made except to refer the item to a future meeting for further discussion.

4 Minutes of the previous committee meetings — Page 15

Recommendation
That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 14 June 2019 be approved as a true and correct record.

5 Matters arising — Page 23

6 Committee Chair's report — Page 23

A verbal report may be given at the meeting

7 Whanganui DHB Annual Work Programme — Page 24

7.1 Whanganui Alliance Leadership Team (WALT) — Page 24

7.2 Rural health — Page 25

7.3 Liquor licencing – process for DHB input and submissions — Page 32
A late paper will be provided

7.4 Financial performance — Page 33

8 Reference and Information Section

Attachment	Description	Page
1	Whanganui District Health Board funded services - rural	**36**
2	Health and safety with a focus on rural staff/areas	**37**
Reference attachments – combined committee interest		
3	Glossary	**38**
4	Combined Statutory Advisory Committee - Terms of Reference	**42**

9 Date of next meeting

Friday 6 September 2019

10 Glossary and Terms of References *(for reference only)* — Page 38

11 Exclusion of public

Recommendation

That the public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 14 June 2019 (public-excluded session)	For the reasons set out in the committee's agenda of 14 June 2019	As per the committee's agenda of 14 June 2019
Statement of Intent Budget 2019/20	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations).	Section 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the committee considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary or executive assistant	Minute taking	Recording minutes of committee meetings

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WHANGANUI DISTRICT HEALTH BOARD

REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 12 June 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	Advised that he is: ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ Treasurer of NZCE (NZ Council of Elders) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016 3 November 2017	Advised that he is an elected councillor on Whanganui District Council. Advised that he is now a board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006 8 June 2007 24 April 2008 29 November 2013 7 November 2014 3 March 2017	Advised that she is an elected member of the Whanganui District Council. Partner in Hogan Osteo Plus Partnership. Advised that her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business. Advised that she is Chair of the Future Champions Trust, which supports promising young athletes. Philippa Baker-Hogan declared her interest as: ▪ A member of the Whanganui District Council District Licensing Committee; and ▪ Chairman of The New Zealand Masters Games Limited Philippa Baker-Hogan declared her interest as a trustee of Four Regions Trust.
Maraea Bellamy	7 September 2017 4 May 2018 1 February 2019	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea. Advised that she is: ▪ a director of Taihape Health Limited. ▪ a member of the Institute of Directors. Trestee of Mokai Patea Waitangi Claims Trust
Jenny Duncan	18 October 2013 1 August 2014 5 April 2019	Advised that she is an elected member of the Whanganui District Council Advised that she is an appointed member of the Castlecliff Community Charitable Trust Member of the Chartered Institute of Directors Trustee of Four Regions Trust
Darren Hull	28 March 2014 27 May 2014	Advised that he acts for clients who may be consumers of services from WDHB. Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	Advised that he is: ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society Of New Zealand.

		▪ Appointed Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.
	13 November 2015	Advised that he is an executive member of the Central Districts Cancer Society.
	15 March 2017	Advised that he is appointed as Rangitikei District Licensing Commissioner.
	2 May 2018	Advised that he is: ▪ Chairman of Whanganui Education Trust ▪ Trustee of George Bolten Trust
	2 November 2018	Advised that he is District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.

Judith MacDonald	22 September 2006	Advised that she is: ▪ Chief Executive Officer, Whanganui Regional Primary Health Organisation ▪ Director, Whanganui Accident and Medical
	11 April 2008	Advised that she is a director of Gonville Health Centre
	4 February 2011	Declared her interest as director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape.
	27 May 2016	Advised that she has been appointed Chair of the Children's Action Team
	21 September 2018	Declared her interest as a director of Ruapehu Health Ltd

Annette Main	18 May 2018	Advised that she a council member of UCOL.

Dot McKinnon	3 December 2013	Advised that she is: ▪ An associate of Moore Law, Lawyers, Whanganui ▪ Wife of the Chair of the Wanganui Eye & Medical Care Trust
	4 December 2013	Advised that she is Cousin of Brian Walden
	23 May 2014	Advised that she is a member of the Health Sector Relationship Agreement Committee.
	31 July 2015 and 10 August 2015	Advised that she is appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	Advised that she is a member of the Institute of Directors
	16 December 2016	Advised that she is Chair of MidCentral District Health Board
	3 February 2017	Advised that she is on the national executive of health board chairs
	8 June 2018	Advised that she is: ▪ a Director of Chardonnay Properties Limited (a property owning company) ▪ Chair of the DHB Regional Governance Group ▪ an advisory member on the Employment Relationship Strategy Group (ERSG)

Tariana Turia	16 December 2016	Declared her interests as: ▪ Pou to Te Pou Matakana (North Island) ▪ Member of independent assessment panel for South Island Commissioning Agency ▪ Life member CCS Disability Action ▪ National Hauora Coalition Trustee Chair ▪ Cultural adviser to ACC CEO
	15 November 2017	Recorded that she has been appointed Te Pou Tupua o te Awa.

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Frank Bristol	8 June 2017	Advised that he is: ▪ Member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ In a management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ Working as the MH & A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ Member of Sponsors and Reference groups of National MH KPI project. ▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ ▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ Member of Whanganui DHB CCDM Council ▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people. ▪ Balance Aotearoa is a Disabled Persons Organisation (DPO) and a member of the DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Advised that he is doing consultancy work for Capital and Coast District Health Board
	1 September 2017	Advised that he has been appointed to the HQSC Board's Consumer Advisory Group
	22 March 2019	Appointed to Te Pou Clinical Reference group.
Andrew Brown	13 July 2017	Advised that: ▪ he is an independent general practitioner and clinical director of Jabulani Medical Centre; ▪ he is a member of Whanganui Hospice clinical governance committee; and ▪ most of his patients would be accessing the services of Whanganui District Health Board.
Heather Gifford	20 November 2018	Advised that she is: ▪ Ngāti Hauiti representative on Hauora a Iwi; ▪ Senior Advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); and ▪ Member of Te Tira Takimano partnership Board of Nga Pae o Te Maramatanga (Centre for Māori research excellence, Auckland University).
Leslie Gilsenan	14 June 2019	Advised that he has no conflicts of interest to register.
Matt Rayner	11 October 2012	Advised that: ▪ He is an employee of Whanganui Regional PHO – 2006 to present ▪ His fiancée, Karli Kaea-Norman, is an Employee of Gonville Health Limited
	26 October 2012	Advised that he is a member on the Diabetes Governance Group
	31 July 2015	Advised that he is: ▪ employed by the Whanganui Regional Health Network (WRHN) ▪ a trustee of the group "Life to the Max"
	27 May 2016	Advised that he is a member of the Health Solutions Trust
	1 September 2017	Advised that he is now a trustee of Whanganui Hospice
Grace Taiaroa	1 September 2017	Advised that she is:

		▪ Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative ▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton) ▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group ▪ Member of the Maori Health Outcomes Advisory Group.
	16 March 2018	Advised that she is deputy chair of the Children's Action Team

RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Malcolm Inglis	12 September 2018	Advised that: ▪ He is Board member, Fire and Emergency New Zealand. ▪ He is Director/Shareholder, Inglis and Broughton Ltd.
	10 April 2019	▪ His niece, Nadine Mackintosh, is employed by Whanganui DHB as Board Secretary and EA to the chief executive.

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Anne Kolbe	26 August 2010	▪ Medical Council of NZ – Vocational medical registration – Pays registration fee ▪ Royal Australasian College of Surgeons – Fellow by Examination – Pays subscription fee ▪ Private Paediatric Surgical Practice (Kolbe Medical Services Limited) – Director – Joint owner ▪ Communio, NZ – Senior Consultant - Contractor ▪ Siggins Miller, Australia – Senior Consultant - Contractor ▪ Hospital Advisory Committee ADHB – Member – Receives fee for service ▪ Risk and Audit Committee Whanganui DHB – Member – Receives fee for service ▪ South Island Neurosurgical Services Expert Panel on behalf of the DGH – Chair – Receives fee for service
	18 April 2012	Advised that she is an employee of Auckland University but no longer draws a salary.
	20 June 2012	Advised that she holds an adjunct appointment at Associate Professor level to the University of Auckland and is paid a small retainer (not salary).
	17 April 2013	Advised that her husband John Kolbe is: ▪ Professor of Medicine, FMHS, University of Auckland ▪ Chair, Health Research Council of New Zealand, Clinical Trials Advisory Committee (advisory to the council) ▪ Member Australian Medical Council (AMC) Medical School Advisory Committee (advisory to the board of AMC) ▪ Lead, Australian Medical Council, Medical Specialties Advisory Committee Accreditation Team, Royal Australian College of General Practitioners ▪ Member, Executive Committee, International Society for Internal Medicine ▪ Chair, RACP (Royal Australasian College of Physicians) Re-validation Working Party ▪ Member, RACP (Royal Australasian College of Physicians) Governance Working Party
	12 February 2014	Advised that she is a Member of the Australian Institute of Directors – pays membership fee
	18 February 2016	Joined the inaugural board of EXCITE International, an international joint venture sponsored by the Canadian Government, to consider how to pull useful new technology into the marketplace. No fee for service, although costs would be met by EXCITE International.
	13 April 2016	Advised that she: ▪ is an observer to the Medicare Benefits Schedule Review Taskforce (Australia).
	10 August 2016	Advised that: ▪ Transition of the National Health Committee business functions into the NZ Ministry of Health was completed on 9 May 2016. The Director-General has since disbanded the NHC executive team.

	▪ Emma Kolbe, her daughter, has taken up a position at ESR (Institute of Environmental Science and Research), Auckland as a forensic scientist working in the national drugs chemistry team. ▪ She is chair, Advisory Council, EXCITE International. ▪ She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.
12 September 2018	Advised that she: ▪ Is strategic clinical lead for Communio and its consortium partners – to deliver coronial post-mortem services from Waikato, Rotorua, Nelson, Dunedin and Southland hospitals, and forensic and coronial post-mortems from Wellington Hospital. ▪ provides strategic governance and management work for Hauora Tairawhiti (Tairawhiti DHB).

Unconfirmed

Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 14 June 2019, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance
Mr Stuart Hylton, Combined Statutory Advisory Committee chair
Mrs Dot McKinnon
Dame Tariana Turia
Mrs Jenny Duncan
Mr Andrew Brown
Mrs Judith MacDonald
Ms Annette Main NZOM
Mr Leslie Gilsenan
Ms Grace Taiaroa
Dr Heather Gifford
Mrs Philippa Baker-Hogan

In attendance for Whanganui District Health Board (WDHB)
Mr Russell Simpson, Chief Executive
Mr Paul Malan, General Manager Service & Business Planning
Mrs Rowena Kui, Director Māori Health
Ms Kim Fry, Director Allied Health
Ms Lucy Adams, Director of Nursing
Mr Hentie Cilliers, General Manager People and Performance
Mrs Judie Smith, CNM/Acting Nurse Manager, Mental Health Services
Mr Peter Wood-Bodley, Business Manager Surgical Services and Procurement
Ms Barbara Charuk, Portfolio Manager, Service and Business Planning
Ms Eileen O'Leary, Portfolio Manager, Service & Business Planning
Ms Zona Julian, Infant Child and Adolescent Mental Health and Addiction Services (ICAMHAS), WDHB
Sarah Grigson, Midwife/Te Rerenga Tahi coordinator
Kim Ostern Social Worker
Awhina Rushworth, Child Protection Coordinator
Ms Maree Langford, Acting Executive Assistant, Service and Business Planning *(minutes)*

In attendance at this meeting
Vanya Teki, Jigsaw Whanganui, Social Worker

Media
There was no media in attendance at this meeting

Public
Ms Ailsa Stewart QSO, WDHB Archivist and Board Member of Whanganui Alzheimer's Society

Unconfirmed

Ms Wilhelmina Jannetje, Grey Power Wanganui, Health Spokesperson

Karakia/reflection
The Chair welcomed Dame Tariana back to the meeting after the passing of her husband George.

1 Welcome and apologies

Apologies were received and accepted from: Mr Graham Adams, Mr Charlie Anderson, Ms Maraea Bellamy, Mr Frank Bristol, Mr Darren Hull and Mr Matt Rayner.

Visitors to the meeting were welcomed, including Wilhelmina Jannetje from Grey Power Wanganui. Lucy Adams, Director of Nursing, was welcomed to her first CSAC meeting.

2 Conflict and register of interests update

2.1 Updates to the register of interests

- Heather advised that she has resigned from the Health Solutions Trust.
- Dame Tariana advised that she is no longer Te Amokura of Te Korowai Aroha Trust.
- Les Gilsenan advised that he has no interests to register.

2.2 Declaration of conflicts in relation to business at this meeting

Nil.

3 Late items

No late items were advised.

4 Minutes of the previous meeting

The committee resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 3 May 2019 be **approved** as a true and correct record.

5 Matters arising

There were no matters arising from the previous meeting.

6 Committee Chair's report

A verbal report was given with the items of note being:

- The wellbeing budget has been delivered. It included an emphasis on mental health, and an injection of 2.8 billion into the health sector.
- The Chair reflected on our last meeting where Whānau Ora was presented to the Committee. Some enlightening presentations were given by Mokai Patea Services, Te Oranganui, Ruapehu Whānau Transformation and the Committee gained a better understanding of Whānau Ora.
- Today's meeting has two key papers: pro equity update and the first 1000 days of a child's life

Unconfirmed

- The chair also reflected on the new cover page for reports under the Whanganui DHB Annual Work Plan section of the agenda. The cover page template will be updated to include a reference to information papers related to the report.

7 Whanganui DHB Annual Plan Work Programme

7.1 Whanganui Alliance Leadership Team (WALT)

Presenter: Russell Simpson, Chief Executive

- WALT is continuing to enter some exciting territory, particularly in the area of Acute Demand. Judith MacDonald gave an update on the Acute Demand work
  - David Meeks developed a paper which was sent to DHBs, some measurement graphs provided by Counties Manukau – which have helpful in developing an action plan from the learnings being seen nationally.
  - The Acute Demand 'next steps' workshop held on 13 June 2019 included people from a number of different sectors and roles, including health promotion, consumers and consultants. Following robust discussion by attendees, a number of work streams have been agreed.

- The Alliance Charter data sharing agreement is close to finalisation.
- Clinical Pathways – Health Pathways is being adopted as Map of Medicine is no longer supported in New Zealand. A number other DHBs have adopted this system. It will open up about 300 clinical pathways that can then be localised. The cost of Health Pathways is incorporated into the budget over 2017/18 - 2019/20 financial years. A cost sharing agreement is in place.

An update on Māori representation at WALT was requested. The chief executive confirmed the charter has been discussed, and Te Oranganui attends WALT. It has been discussed at Hauora A Iwi (HAI) and will be followed up via HAI.

7.2 Pro Equity Update

Lead: Rowena Kui, Director Māori Health

The paper was taken as read. Discussion arose as below:

- Heather noted that she is delighted with the progress of pro equity, feels there is buy in from Māori and non-Māori, and is encouraged by the action being taken.
- Non-Māori are involved in the leadership of this. The implementation plan is that all leaders in the organisation will actively promote this, and Executive Leads and senior portfolio managers are involved.
- Working hard to manage the incorrect perception that this piece of work will be done by Māori, for Māori; is about achieving equity for all and we all have a role to play.

The Committee:

1. **Noted** the WDHB Pro Equity Check Up Report Update
2. **Received** the WDHB Pro Equity Check Up Report Update.

Rowena Kui left and Peter Wood-Bodley arrived at 10.03am
Sarah Grigson, Kim Ostern, Zona Julian and Awhina Rushworth arrived at 10.05am

Unconfirmed

7.3 The First 1000 days of life

Lead: Barbara Charuk, Portfolio Manager, Service and Business Planning

The current pathway for mother and child from pre-pregnancy to five years of age was shared, including where LMC care and the Well Child Tamariki Ora programme fit in to this. Many travel through this pathway smoothly, but the critical first 1000 days of life can be compromised for some children.

Adverse childhood experiences
From the third trimester to the age of two the child's growth is substantial – the child's brain will grow to 80% of its full adult size. Research shows that adverse child experiences such as family violence, poverty, poor housing, etc, can affect social emotional and cognitive impairment, potentially leading to adoption of health-risk behaviours, making disease, disability and social problems more probable, and potentially leading to early death.

Strong family relationships and other positive influences can offset adverse experiences to an extent; in the absence of strong family relationships the risk of poor outcomes increase. According to Dr C Dale, at least one in five children is said to experience deprivation that compromises their health, education and their future.

Kim Fry arrived 10.13am

A PET scan image contrasting a healthy child versus an abused child was shown and discussed.

Discussion arose as below:

- There was discussion about whether the research referred to was an American model and whether it had been disputed. The Dunedin Longitudinal Study supports the research cited and is considered an exemplary of longitudinal studies around the world. The issue is complex and we need to be careful in interpreting data and aware of how statistics without context can reinforce erroneous society perceptions.

A Ted Talk from Dr Johan Morreau, a paediatrician in Rotorua was played with key points as follows:

- "There can be no keener revelation of a society's soul than how it values its children" - *Nelson Mandela*.
- We have done some things in care for children very well, including surgical care, immunisation and cancer care, however there are predicable and preventable illnesses in children that stem from children's needs not being met in the first 1000 days of their life.
- In some European countries a child health nurse spends up to eight hours a day with parents teaching them to respond how to child's needs. The impacts on the child, including health outcomes, is significant.
- Health spend on children versus elderly was highlighted. A few percentage points invested will make a huge difference; $1 invested in childhood saves $17 in adulthood.
- Health alone cannot solve the issue – a whole of government, whole of sector, whole of community approach is needed.

Current situation

System level transformation is being led by the Board and key staff.

Some of the systems and programmes in place at WDHB were described, including the Child Protection Alert system, Violence Intervention Programme (VIP), and Power to Protect - where our newborn hearing team educate parents about the impacts of shaking a baby and discuss strategies for dealing with a crying baby. Another staff initiative involves education in the prisons for people that go to periodic detention.

Unconfirmed

Information sharing across health providers and other key organisations is key to picking up on issues.

Interventions with families/whānau

The following were highlighted in the presentation:

1. Te Rerengi Tahi/Family Violence Integrated Services
2. Watch Wait, and Wonder Therapy
3. Well Child Tamariki Ora service
4. Jigsaw Whanganui.

1. Te Rerenga Tahi/Family Violence Integrated Services
Sarah Grigson, Midwife/TRT coordinator and Kim Ostern Social Workers, WDHB

The Te Rerenga Tahi (TRT) programme has been running for a year and a half. Care is centred around the woman, her child and whānau. TRT seeks to prevent the baby being uplifted from their mother by putting support in place around the mother and whānau before issues arise.

It is a collaborative, information sharing platform including many organisations and specialties, such as social workers, Jigsaw, Plunket, Te Oranganui, Maternal Mental Health, LMCs etc. It encourages co-ordination across health services, enabling a clearer picture of the situation and allows services to provide what the woman and whānau really need. The woman's consent is obtained for their information to be discussed. A lot is being achieved and the service is continuously improving.

Kim Ostern shared the case of a woman who was a victim of family violence. The care of the woman and her child was based on open, honest communication, genuine care and wrap-around support. At each step consent was obtained for recommended services and support, both internal and external, including Haumoana services, Te Oranganui – family start referral, WINZ support for transitional housing, petrol vouchers from patient travel, baby resources, and food from city mission. WDHB staff also attended Oranga Tamariki hui to support the whānau and were able to talk to the mother's strengths as well as the challenges she faces. The outcome was that the baby stayed with his mother and the mother accepted and continues to receive support.

Discussion arose as below:

- It was queried how TRT multi-disciplinary group incorporates Whānau Ora. Sarah confirmed they don't discuss a woman at the meeting without her consent, or make a care plan for the woman. The group meets to facilitate a more comprehensive understanding of the situation, brainstorms solutions. TRT support the people working around the woman and her whānau to offer the services they need and wish to engage with.
- TRT also support women in the rural communities where possible. The service is still developing.
- Judith MacDonald noted – acknowledged those working from on the governance group for Rural Tamariki Children's Group including Grace Taiaroa – who are working on a new model of care and invited the speakers to participate in this work.

The Chair thanked Sarah and Kim for their presentation, and acknowledged the valuable work they do. Jenny Duncan also acknowledged the speakers and thanked them for their work.

Sarah Grigson left and Judie Smith arrived at 11.09pm

2. Watch Wait, and Wonder Therapy
Zona Julian, Infant Child and Adolescent Mental Health and Addiction Services (ICAMHAS), WDHB

Research shows that the quality of early relationships affects a child's development. Watch Wait and Wonder Therapy is an evidence-based therapy targeted at infants in the 0-4 age range and is effective as a short term intervention for attachment and behavioural problems. The approach is whānau centred; they are guided by the family.

The therapy has two components:

Unconfirmed

1. Infant led play – the mother is given instructions
2. Guided reflection – discussion of mother's observations and experience. The potential for experiential change and insight are both addressed.

Two case examples were shared. Zona described how they worked with the mother, baby and whānau, and the successful outcomes achieved – particularly restoring connections/building/forming positive relationships children and improved mental health for both the mother and child.

The committee acknowledged the impact of the work being done.

Zona Julian left at 11.18am

3. Well Child/Tamariki Ora service - Te Oranganui Trust
Maria Potaka, Registered Nurse, WDHB

In a recorded interview between Barbara Charuk and Maria Potaka, Maria explained her role which involves home-based health checks, education, support and follow up services for tamariki up to age 3 and their whānau. The service links to Te Oranganui Whānau Ora and Family Start services. They work to Tamariki Ora guidelines, but guided by the whānau – their focus is patient and whānau centred care.

They support the woman and whānau to problem solve and decide for themselves 'where to next', help them to understand what they need, what support is available, how to access services, and also support them with whānau interactions.

To keep the child safe they aim to educate people in a way that changes the environment for that child. More than one visit often needed to meet needs over and above the topic scheduled for that visit. They work to understand what need is 'on top' for the woman and her whānau and address this first.

4. Jigsaw Whanganui
Vanya Teki, Social Worker

In a recorded interview Vanya Teki, Vanya explained the intensive, home-based social work support provided for families under stress, young parent support, parenting programmes and therapeutic programmes for mothers experiencing past pain. Jigsaw receive referrals from a number of services and work with the whole whānau. Vanya's role is in therapeutic social work, which has the following aims:

- Restoring and strengthening of social and emotional wellbeing so whānau can manage past and present experiences.
- Engaging with families as active and responding agents in their own lives, upholding their mana and dignity
- Growing whānau networks of support
- Building hope and optimism
- Supporting resistance to and recovery from violence and trauma.

Summary - Interventions with families/whānau
- The presentations have shown how our colleagues are working with a Whānau Ora approach with women, their children and their whānau in the first 1000 days of a child's life.
- Inter-sectoral collaboration, data and ongoing research is key.

Discussion arose as below:
- It was noted that the Tamariki Ora guidance is very prescriptive and the contract wording makes it challenging to deliver a Whānau Ora approach. Having the ability to deal with the need 'on top' is critical.
- There was discussion around whether there are any parenting programmes in our schools. How can we start a dialogue before the woman is pregnant?

Annette Main left at 11.43am

Unconfirmed

- A wrap-around programme exists in the Bay of Plenty involving a range of providers. It operates from a school as this is a safe, environment to educate parents and a place they feel comfortable. This programme has been successful.
- Jigsaw has some programmes in schools, and some schools are proactive and invite services to their premises.
- Heather Gifford noted that this is a complex national problem. She hears increasingly from Māori academics and leaders that there is an over representation of Māori negatively affected - so there need to be Māori solutions and solutions led by Māori. She challenged the DHB – are we doing enough to harness Māori leadership and solutions? The chief executive responded that we have come a long way, and we have a way to go. We are on a pathway to see Māori involved at every level of our organisation through our Pro-equity and Māori workforce initiatives.
- Heather Gifford reminded us of the need to be cautious of data that predicts life course outcomes - it can reinforces bad pre-conceptive ideas and attitudes, and therefore practice.

The Chair thanked Barbara for the report and the presenters for their presentations in support of the report.

The Committee:

1. **Noted** The First 1000 days of a child's life paper
2. **Received** the presentations.

7.4 Workforce and organisational development

Lead: Hentie Cilliers, General Manager People and Performance

The report was taken as read. Hentie added that People and Performance are working with managers and team leaders to increase the numbers of performance reviews taking place.

7.5 Financial Performance

The report was taken as read.

The chief executive reported that the year to date variance at end of May is $198,428 unfavourable to budget – a good result overall, especially noting the impact of the May RMO strike on service delivery and cost.

Hentie Cilliers, Judie Smith, Kim Ostern, Barbara Charuk, Awhina Rushworth left

Judith MacDonald noted that Surgical, Medical, Allied Health and Mental Health clusters were unfavourable to budget, but Public Health and Community was favourable to budget. We are seeing primary health services offsetting costs in hospitals – it is a trend we can't sustain.

8 Reference and Information Section

The information papers noted below were taken as read:

1. New Zealand's Maternity and Child Health Services – preconception to 6 years
2. Economics of early intervention
3. Whanganui SUDI prevention discussion 18 October 2017 – services for wāhine, hapū and whānau in Whanganui
4. NZ Child and Youth Epidemiology Service 2017 - Whanganui DHB vs New Zealand.

Unconfirmed

9 Date of next meeting

Friday, 26 July 2019.

10 Glossary and terms of reference

For information only.

11 Exclusion of public

It was resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Minutes of meeting held on 3 May 2019 (public excluded session)	For the reasons set out in the committee's agenda of 3 May 2019	As per the committee's agenda of 3 May 2019

Persons permitted to remain during the public excluded session

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, senior managers and clinicians	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of meeting

The public session of the meeting ended at **11.59am**

Unconfirmed

5 Matters arising from previous meetings

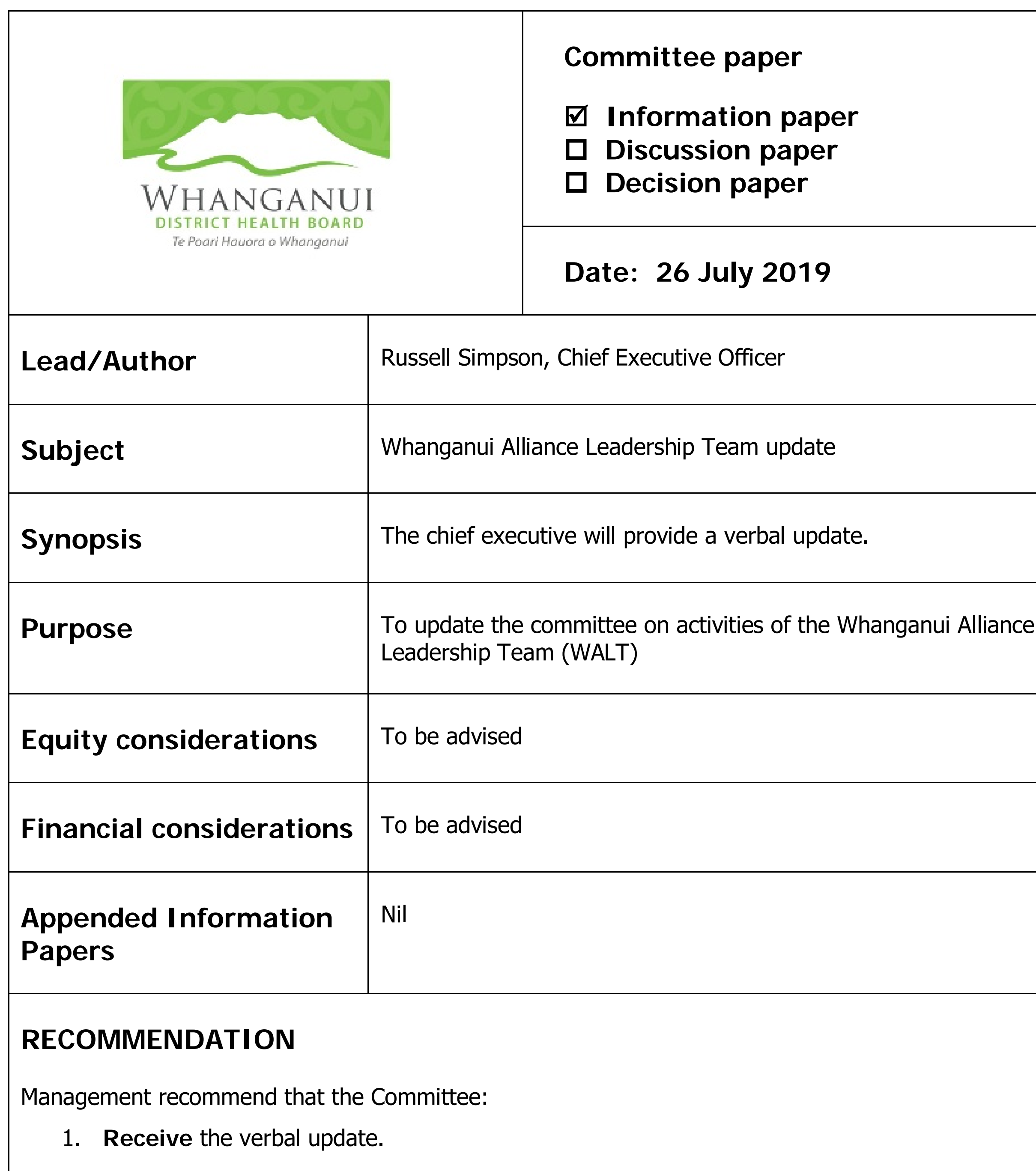
Nil.

6 Committee Chair's report

A verbal report may be provided at the meeting.

7. Whanganui DHB Annual Plan work programme

7.1 Whanganui Alliance Leadership Team



WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Committee paper** ☑ **Information paper** ☐ **Discussion paper** ☐ **Decision paper** **Date: 26 July 2019**
Lead/Author	Russell Simpson, Chief Executive Officer
Subject	Whanganui Alliance Leadership Team update
Synopsis	The chief executive will provide a verbal update.
Purpose	To update the committee on activities of the Whanganui Alliance Leadership Team (WALT)
Equity considerations	To be advised
Financial considerations	To be advised
Appended Information Papers	Nil

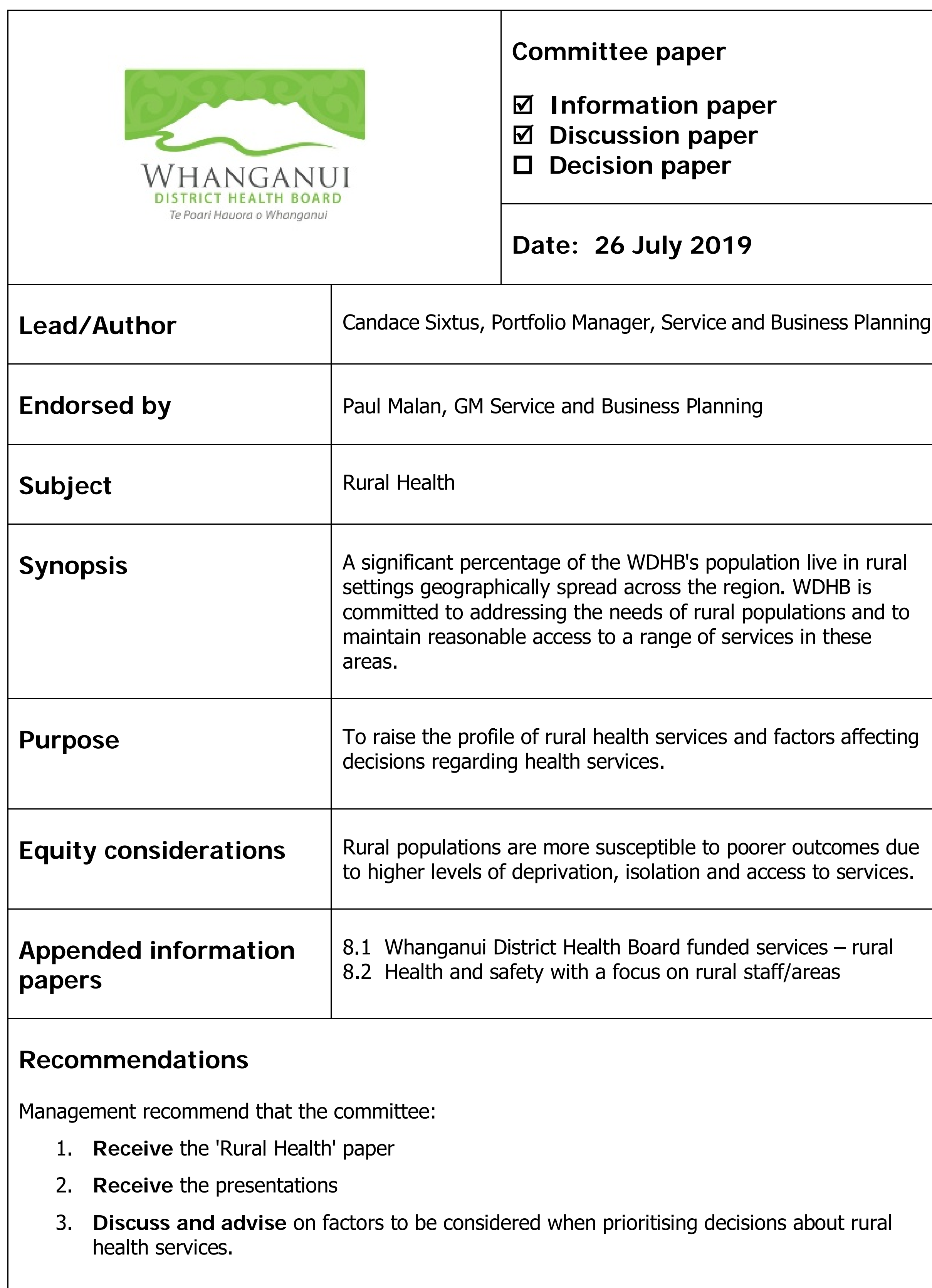
RECOMMENDATION

Management recommend that the Committee:

1. **Receive** the verbal update.

The chief executive will provide a verbal update.

7.2 Rural Health

	**Committee paper** ☑ **Information paper** ☑ **Discussion paper** ☐ **Decision paper** **Date: 26 July 2019**
Lead/Author	Candace Sixtus, Portfolio Manager, Service and Business Planning
Endorsed by	Paul Malan, GM Service and Business Planning
Subject	Rural Health
Synopsis	A significant percentage of the WDHB's population live in rural settings geographically spread across the region. WDHB is committed to addressing the needs of rural populations and to maintain reasonable access to a range of services in these areas.
Purpose	To raise the profile of rural health services and factors affecting decisions regarding health services.
Equity considerations	Rural populations are more susceptible to poorer outcomes due to higher levels of deprivation, isolation and access to services.
Appended information papers	8.1 Whanganui District Health Board funded services – rural 8.2 Health and safety with a focus on rural staff/areas

Recommendations

Management recommend that the committee:

1. **Receive** the 'Rural Health' paper
2. **Receive** the presentations
3. **Discuss and advise** on factors to be considered when prioritising decisions about rural health services.

Introduction

Today's meeting will feature presentations providing demographic information for the region, demonstrate delivery of primary health care, public health and community services and highlight challenges relating to the sustainability of rural health services.

Whanganui District Health Board (WDHB) services a significant percentage of its population who live in rural settings geographically spread across the region. Providing and ensuring access to equitable and sustainable health and support services continues to be a challenge. District health boards have been tasked by the Minister of Health, Hon Dr David Clark, to raise the profile of rural health services and consider the health needs and factors that affect health outcomes for rural populations when DHBs make decisions regarding health services.

WDHB does not have a specific rural health plan. However, we continue to consider the health needs and the factors affecting health outcomes and utilise existing networks including the Māori Health Outcomes Advisory Group, Ruapehu Whānau Transformation Community Reference Group, primary care providers and communities to inform health services for rural populations.

Population and boundaries

WDHB serves a population of 64,550 people who live in the three territorial authority areas of Whanganui, Rangitikei and part of Ruapehu. The district covers a total land area of 9742 square kilometers, much of which is sparsely populated.

WDHB has a rural population of more than 20,000 people, half of whom live in rural centres including Marton, Raetihi, Ohakune, Taihape and Waiouru. The remaining residents live outside of the rural centres in other rural areas and smaller settlements, such as Ratana with a population of about 330 people.

Presentations

1. Demographics

a) Whanganui District Health Board – Kilian O'Gorman, Business Support Manager, Service and Business Planning

A brief presentation of demographic data highlighting the rural context.

2. A primary health organisation snapshot of rural health across the district

b) Whanganui Regional Health Network – Judith MacDonald, Chief Executive

Whanganui Regional Health Network has been actively supporting rural health since its inception as a primary health organisation in 2003. The WRHN chair (Dr Ken Young) and chief executive have both worked as clinicians, leaders and governors in the rural sector over this time.

3. Delivery of WDHB district nursing, public health and community services

c) Whanganui District Health Board – Itayi Mapanda Clinical Nurse Manager Public Health, Community and Rural

A brief discussion of the WDHB services delivered in our rural areas.

Current services

Services delivered in the rural communities include a range of health and disability support services funded by the Ministry of Health and through the WDHB, including services provided by Whanganui Hospital, DHB-funded providers (including iwi providers) and Whanganui Regional Health Network. Further details on those funded by the WDHB is provided in information paper 8.1.

Please note that this is not the totality of rural health services, as other parts of the system (for example hospice and home-based support services) provide a service that covers the rural areas but may not be exclusively located in a rural setting.

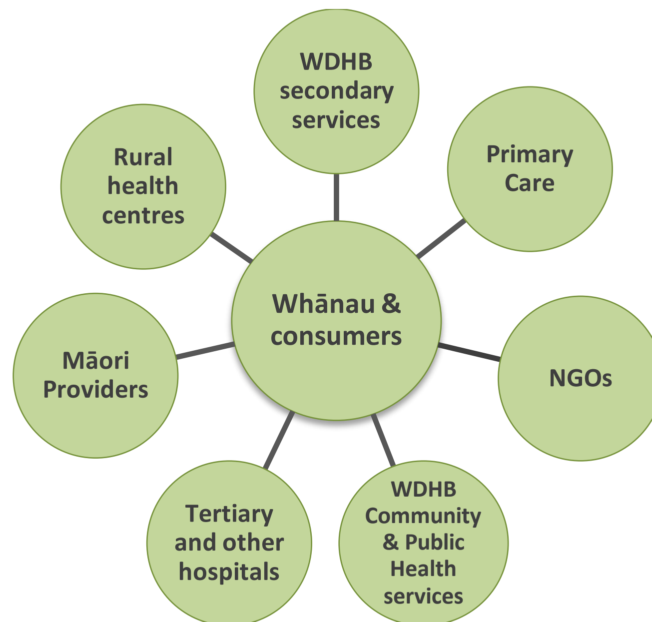


Figure 1: Rural service provider groups

WDHB rural health centres located in Marton and Raetihi and the Taihape Health Centre provide quality community-based health services with a multidisciplinary focus delivered by DHB and non-DHB providers. As the focus of health services within these local communities, these 'hubs' are an integral component of addressing rural risk factors for health disparities including geographic isolation, limited access to health services, and higher rates of deprivation.

Acknowledging that there are gaps in service provision in some areas, particularly the Waimarino, the DHB has grasped the opportunity to work alongside the Ngāti Rangi Iwi-led initiative, Ruapehu Whānau Transformation Community Reference Group to create sustainable health services delivery in that region.

Strategic challenges of rural service delivery for Whanganui District

The current Minister of Health, Hon. Dr David Clark recently spoke at the National Rural Conference in Blenheim and acknowledged that geographical isolation is a significant challenge for the maintenance of rural health services, as is maintaining a rural workforce. The Government has prioritised rural workforce development and is intending to establish a steering group to support progress in this regard.

The Minister also declared that a priority is to establish rural training hubs in locations around New Zealand. This was received as 'good news' by the Whanganui Alliance Leadership Team when a paper was presented proposing that a course of action for WDHB and partners is to ready ourselves to be a preferred option for a hub. Rural and provincial New Zealand share many commonalities in regard to maintenance of an expert health workforce across the system. The preference for Whanganui is to create an integrated training hub that considers not only doctors, but also nurses and allied health professionals. The entire health system and their workforce needs (primary, community, Kaupapa, hospital, end of life) will be included in this model. While this strategy is in its infancy, the opportunity to 'grow our own' workforce and support the growth and development of our rangatahi to careers in health is an exciting prospect for our future, and very necessary for sustaining rural services.

The Minister of Primary Industries (MPI), Hon. Damien O'Connor, is driving a strategy described as 'rural proofing'. Recognising the unique challenges faced by rural communities, MPI has developed guidance to help policy makers address these challenges during development and implementation of their policies. The benefits of rural proofing is that it helps government (and it's agents) to provide essential services, lasting infrastructure and access to information and communications by taking

account of rural community's low population density, isolation and reliance on the primary sector for employment. We recognise that, in order to have a strong and equitable public health system, it is imperative to acknowledge and respond to all the challenges that drive disparity.

Resources not being available equitably is a dilemma for many countries and this was voiced at the National Rural Conference by the Australian Rural Commissioner, Professor Paul Worley. He also noted there is much more to health than the traditional approach, "It's more about the connectedness to the country, iwi and whānau". After 16 years of working alongside the rural communities of WDHB, Whanganui Regional Health Network believe this statement to be very relevant to our experience and our approach to maintaining health services for our rural residents.

WRHN was asked to ensure maintenance of health services for the Taihape community following the liquidation of the local community trust model in 2010. WRHN operated alongside our iwi partner Mōkai Pātea Services, to resurrect a range of services that included maternity, district nursing, meals on wheels, general practice, supported living programme for the elderly and palliative and end of life care. Through listening to our iwi partner, community groups supporting the most vulnerable people and providing and meeting obligations as a good employer, Taihape Health Limited's journey has been one of positive incremental steps to restore faith and confidence in the health services for this rural community.

In 2018 WRHN established Ruapehu Health Limited (RHL) following the exit of the privately-owned general practitioner business. Six months prior, WRHN met with both Ngāti Rangi Trust and Uenuku Trust to consider options. RHL was established as a result of the discussions, with both iwi nominating governance representatives to be active partners on the board of directors. This partnership with iwi and the community has unfolded in many ways. It has created trust and confidence in the service, and providing an opportunity to share challenges and concerns in open and transparent forums has been highly regarded by the communities and by the people. WRHN are the owners of this service. However, should at any time the community and or iwi choose to own and manage this critical service for their community then WRHN will willingly hand over the reins. Rural communities are proud and dignified. They expect that leaders will be generous with their time and participate in strategy and commit resources where needed. Both WDHB and WRHN chief executives are active participants in several forums that ensures rich discussion and shared strategies develop effectively.

Service delivery challenges for district health board services

The reality of living in rural areas presents challenges which are consistent with the ageing population and young people leaving rural centres for education and work opportunities, the impacts of climate change and environmental damage and the quality of housing and water in some areas.

From a health service operational perspective, providing services in rural areas presents a number of unique day-to-day issues which are monitored and mitigated. Access to services including transport due to lack of public transport options or seasonal weather conditions causing road slips, snow and closure of roads often limit access to patients by health staff and for patients to reach health services. The distances from other services such as pharmacy and disability support, availability of services outside of cities, for example aged residential care and lower levels of health literacy, also present challenges.

With information gathered from patients, families/whānau and the networks outlined above, health services have endeavoured to be responsive to meeting the needs of our rural population and increase patient satisfaction. The development of the discharge to rural areas after hours provides guidance to support appropriate discharge ensuring patients are not disadvantaged and the aim for patient scheduling is to take distance and age into account when scheduling appointments.

More complex challenges include:

- **Telecommunications connectivity**
  The lack of connectivity of internet and mobile phones in some rural areas hinders the ability of technology to fully support the health needs of patients and delivery of services. With the reduction in rural postal services, an increasing number of people rely on texts to remind them of appointments and some rural people can miss these reminders.

  The implementation of electronic patient management systems in the rural centres has been thwarted by this lack of connectivity, with manual documentation of data which currently is electronically inputted back in the office, increasing staff workload. Access to telehealth including HealthLine (0800 611 116) and other health websites, including the WDHB's website, can also be compromised.

  Keeping staff safe is paramount. However, there are areas where staff cannot be reached, or phoned for support, in an emergency due to lack of mobile phone coverage. We are currently trialing remote monitoring in one service to mitigate this risk – see district nursing below.

- **Workforce**
  Attracting and retaining staff in rural areas continues to be a significant issue and the national workforce shortage contributes. The priority is to ensure reliable and consistent quality of care and recruitment and retention of a skilled workforce which requires a continued focus on attraction and identifying models of care to support current resource.

  The establishment of the Ministry of Health's Health Workforce Directorate is expected to create and support a clear strategy and future pathway for the New Zealand health workforce. This will include workforce planning, policy, commissioning of training and support for the development and implementation of innovative workforce initiatives across sectors including district health boards.

  There have been recurring maternity and district nursing clinical risks related to workforce capacity that has resulted in the suspension of maternity services for the Waimarino population due to a midwifery vacancy. This has since been resolved.

  The main challenge with the broader midwifery service is the general lack of lead maternity carers. District health boards are running three international recruiting campaigns for RMOs, midwives and nurses and completing work nationally to enhance the terms and conditions of the midwifery workforce.

  Recruitment for specialties to work in rural areas is difficult. Sexual health clinics were held in Waimarino but we have been unable to recruit a venereologist or to fill this vacancy through succession planning.

  Please also refer to information paper 8.2 – health and safety with a focus on rural staff/areas.

Innovation

Rural communities are by nature resilient, adaptable and they respond to situations and challenges with energy, enthusiasm and with innovative solutions. The WDHB has, and needs to be able to respond to challenges accordingly, ensuring proper engagement. There have been a number of initiatives implemented in rural areas to address challenges and support access including:

- **Information technology**
  Advances in information technology including Zoom, enables remote connection for video and audio conferencing connecting remote participants on desktop, mobile or other systems. Service providers offer this option for service users to connect with clinicians for appointments, reducing travel times for both parties and supporting more efficient use of time and resource.

- **Transport**
  Transport options to support patients to access health services locally or outside of their area including Whanganui and other hospitals is supported by a mix of DHB-funded national travel assistance, St John Ambulance services in Marton and the Waimarino, Older and Bolder in Taihape and Māori providers.

- **Community strength and balance – Age Concern**
  As part of the national effort to promote Live Stronger for Longer, community strength and balance classes aimed at reducing the risk of falls and fracture which inevitably have a serious impact on quality of life for older people. Classes are available in Taihape, Waimarino and Rangitikei.

Mōkai Pātea Services and Taihape Health Limited
As presented recently when the committee focused on Whānau Ora, this service delivery model encompasses an integrated model with primary care and other key stakeholders within the Taihape community including health, social sector, justice and education. The WDHB established an approach between Mōkai Pātea and Taihape Health Limited which ensured a working relationship that supports the provision of services that are responsive to Māori and enhances community knowledge and linkages.

WDHB district and community nursing services
Waimarino Health Centre district nurses have started working in an integrated way of working closely with the Ruapehu Health limited general practice. They have set up a process where they can provide continuity service delivery for better patient outcomes, demonstrating Whānau Ora in action. The aim of the integration is to improve collaboration, systems and processes and communications between teams to prevent fragmented patient care.

It is envisaged that such innovative drive of primary health and community health-related activities will influence and shape implication for important reforms within the health professions, practice and education. Shared knowledge of the healthcare needs of local patients through the integrated service delivery will help the team understand the needs of the community and its resources for health.

The district nursing service is trialling a GPSOS limited mobile emergency technology with the rural and local district nurses. The trial commenced on 27 May 2019 and if successful, will roll-out to all staff working in community settings. Each district nurse working in the community has a pendant on them that they can activate and an operator responds with help and initiating of safety measures that have been put in place. There is emergency communications and monitoring of staff during their work time when they are out in the community by the operator, however, this is limited to areas with connectivity only, as discussed above.

Conclusion

Considering and addressing where we can, the needs and factors that affect health outcomes of our rural populations is important. Demographic changes including ageing population and an increase in average life expectancy and the prevalence of long-term conditions will impact health services and workforce requirements.

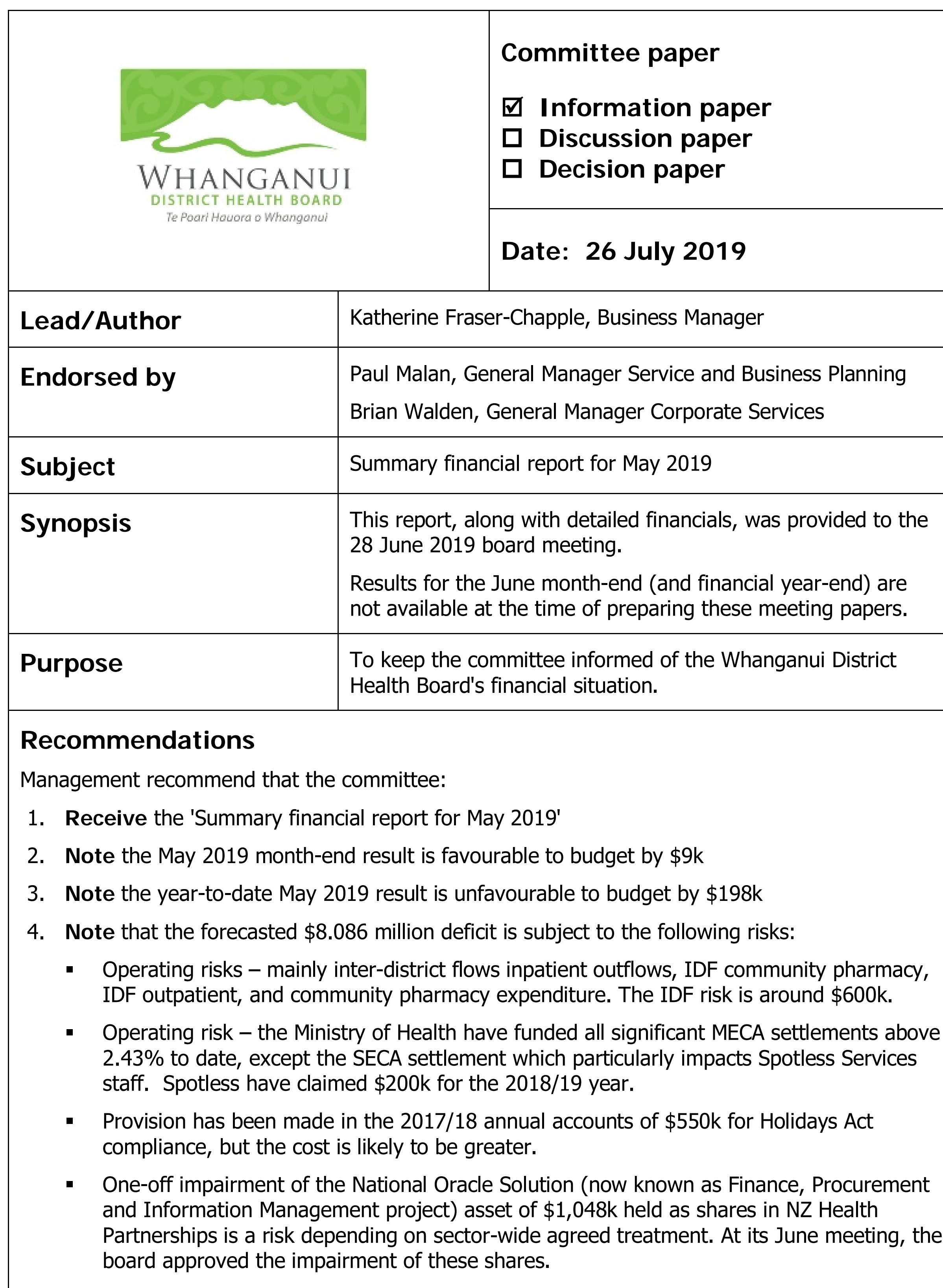
To achieve this:

a) Do we require a specific rural health plan and if so, what are the key elements that need to be considered and who needs to be involved?
b) Do we know through the models already established in Taihape and the Waimarino, that the needs of the population have been met appropriately?

7.3 Liquor licencing – process for DHB input and submissions

A late paper will be provided.

7.4 Financial performance



Committee paper

☑ **Information paper**
☐ **Discussion paper**
☐ **Decision paper**

Date: 26 July 2019

Lead/Author	Katherine Fraser-Chapple, Business Manager
Endorsed by	Paul Malan, General Manager Service and Business Planning Brian Walden, General Manager Corporate Services
Subject	Summary financial report for May 2019
Synopsis	This report, along with detailed financials, was provided to the 28 June 2019 board meeting. Results for the June month-end (and financial year-end) are not available at the time of preparing these meeting papers.
Purpose	To keep the committee informed of the Whanganui District Health Board's financial situation.

Recommendations

Management recommend that the committee:

1. **Receive** the 'Summary financial report for May 2019'
2. **Note** the May 2019 month-end result is favourable to budget by $9k
3. **Note** the year-to-date May 2019 result is unfavourable to budget by $198k
4. **Note** that the forecasted $8.086 million deficit is subject to the following risks:
   - Operating risks – mainly inter-district flows inpatient outflows, IDF community pharmacy, IDF outpatient, and community pharmacy expenditure. The IDF risk is around $600k.
   - Operating risk – the Ministry of Health have funded all significant MECA settlements above 2.43% to date, except the SECA settlement which particularly impacts Spotless Services staff. Spotless have claimed $200k for the 2018/19 year.
   - Provision has been made in the 2017/18 annual accounts of $550k for Holidays Act compliance, but the cost is likely to be greater.
   - One-off impairment of the National Oracle Solution (now known as Finance, Procurement and Information Management project) asset of $1,048k held as shares in NZ Health Partnerships is a risk depending on sector-wide agreed treatment. At its June meeting, the board approved the impairment of these shares.

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s) CONSOLIDATED	Month				Year to Date				Annual		
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18	
Provider Division	(993)	(760)	(233)	U	(9,653)	(8,787)	(866)	U	(8,442)	(5,504)	F
Corporate	174	111	63	F	288	(132)	420	F	27	1,189	U
Provider & Corporate	**(819)**	**(649)**	**(170)**	**U**	**(9,365)**	**(8,919)**	**(446)**	**U**	**(8,415)**	**(4,315)**	**F**
Funder Division	(368)	(413)	45	F	261	335	(74)	U	526	(366)	F
Governance	56	(2)	58	F	333	11	322	F	3	502	U
Funder divison & Governance	**(312)**	**(415)**	**103**	**F**	**594**	**346**	**248**	**F**	**529**	**136**	**F**
Net Surplus / (Deficit)	**(1,131)**	**(1,064)**	**(67)**	**U**	**(8,771)**	**(8,573)**	**(198)**	**U**	**(7,886)**	**(4,179)**	**F**

Note :- F = Favourable variance; U = unfavourable variance

Result for the month of May 2019 was unfavourable to budget by $67k

- Provider $233k unfavourable to budget result was mainly due to higher nursing personnel costs, medical locum costs, support and management personnel, radiology service, pharmaceuticals, and elective wash up of $87k (94.8% to target, internal). This was partly offset by favourable ACC non-acute inpatient revenue, radiology outpatient clinic revenue and a donation for a laser machine.

- Corporate $63k favourable to budget was due to IT costs, corporate training, other operating expenses and depreciation costs. This was partly offset by NZ Health Partnerships (NZHP) settlement wash up and IT depreciation costs.

- Governance $58k favourable to budget was due to personnel costs, professional fees, other operating expenses, staff travel and board expenses.

- Funder $45k favourable to budget was mainly due to the elective wash up with own provider $87k (internal), pay equity revenue, in-between travel revenue and ACC revenue. This was partly offset by greater than expected community pharmaceuticals and costs related to pay equity.

Year-to-date May 2019 result was unfavourable to budget by $198k

This was mainly driven by provider and funder performance; offset by corporate and governance performance.

- Provider $866k unfavourable to budget result was mainly due to reduced elective volumes (92.7% to target, internal), nursing personnel, clinical supplies (mainly wards and pharmaceuticals), facility maintenance costs and outsourced clinical services (mainly in radiology). This was partly offset by theatre consumables due to lower elective surgery output, accreditation costs and additional MECA funding received.

- Corporate $357k favourable to budget was due to IT personnel costs (vacancies), corporate training, IT Regional Digital Health Services (formerly known as the Regional Health Informatics Programme) favourable wash up and depreciation costs. This was partly offset by NZHP costs.

- Governance $262k favourable to budget was due to personnel costs, professional fees, other operating expenses, board fees and board expenses.

- Funder $74k unfavourable to budget was mainly due to greater than expected expenditure on inter-district flows, community pharmaceuticals, older people home-based support services, aged residential care rest homes and mental health provider. This was partly offset by the elective wash up with own provider (internal), as well as less than expected patient travel subsidies, hospital aged residential care expenditure, a one-off favourable wash up on in-between travel and the current year funding wash up.

8 Information papers

Attachment	Description	Page
1	Whanganui District Health Board funded services - rural	
2	Health and safety with a focus on rural staff/areas	
Reference attachments – combined committee interest		
3	Glossary	
4	Combined Statutory Advisory Committee - Terms of Reference	

8.1 Whanganui District Health Board funded services - rural

PROVIDER	DESCRIPTION
Whanganui District Health Board Waimarino Health Centre	Rural district nursing, midwifery & birthing, social worker, public health, sexual health, mental health nurses, X-ray, meals on wheels, child adolescent mental health services, community mental health & addictions, alcohol and drug service, mental health psychologist, dietitian, new born audiologist, smoking cessation, visiting specialists (orthopaedic, general surgery, psychiatrist) & oral health
Whanganui District Health Board Taihape Health Centre	Rural district nursing, public health, mental health nurses, X-ray, child adolescent mental health services, community mental health & addictions, alcohol and drug service, mental health psychologist, dietitian, new born audiologist, smoking cessation, visiting specialists (orthopaedic, general surgery, psychiatrist) & oral health
Whanganui District Health Board Rangitikei Health Centre	Diabetes nurse specialist, dietitian, newborn hearing & screening, child adolescent mental health services, occupational therapy, wound nurse, visiting specialists (orthopaedic, general surgery, psychiatrist) paediatrician)
NGO Providers	Palliative Care, Needs Assessment Service Coordination, Home Based Support Services, Falls Prevention, Green Prescription, Fit for Surgery, Mental Health Peer Support, Breast screening
Ngati Rangi Health Centre	Well Child/Tamariki Ora - Well Child checks for Pepe, Whanau Ora Māori community health services, Kaupapa Māori community mental health support service and transport support
Te Puke Karanga	Whanau Ora Māori community health services, Kaupapa Māori community mental health support service and transport support
Whanganui Regional Health Network - Ruapehu Health Limited	General practice services for the enrolled population including GP and nursing and other primary care services available through general practice including cervical screening, healthy homes, skin lesion removal, sleep apnoea, long term conditions programme, pepi pods, antenatal education, primary mental health, smoking cessation, B4 school checks, immunisation and fracture liaison
Whanganui Regional Health Network – Taihape Health Limited	Community Nursing, occupational therapy, physiotherapy, social work, social work pre-termination counselling, community services, meals on wheels, accredited visiting service, day programmes for older people, community palliative care nursing services, mobile surgical bus, pregnancy and parenting education, midwifery and birthing service
	General practice services for the enrolled population including GP and nursing and other primary care services available through general practice including cervical screening, healthy homes, skin lesion removal, sleep apnoea, long term conditions programme, pepi pods, antenatal education, primary mental health, smoking cessation, B4 school checks, immunisation and fracture liaison

8.2 Health and safety with a focus on rural staff/areas

Various aspects of rural service delivery are supported from the main campus in Whanganui.

The profile of dedicated rural staff are as follows:

- Headcount 46
- FTE 25.6

83 percent of the staff are permanently employed and 17 percent are employed on a casual basis.

The profile of the various staff categories are as follows:
- Administration 7 percent
- Allied health 33 percent
- Nursing 48 percent
- Support staff 13 percent

The average length of stay for rural staff is 10.5 years. This is slightly higher than the WDHB overall average.

24 percent of the staff working in the rural areas identify as Māori. Nine percent of the staff are male and 91 percent are female.

Rural staff are made up of 37 percent nursing, 11 percent midwives, 15 percent dental therapists and assistants, and 7 percent social workers.

There are currently no vacancies advertised for the rural areas.

Health and safety incidents recorded on RiskMan for Rangitikei and Waimarino for the three years from 1 July 2016 to 30 June 2019 are depicted in the following table.

Incident type	Rangitikei	Waimarino	Summary
Slips/trips/falls	2	2	Slip on liquor and blood, trip on a step, over a bag and twisted knee whilst turning
Aggression	1	5	All verbal aggression incidents
Manual handling	1	1	One lifting an object and one patient related
Blood/body fluid	1	0	Opening a glass medication vial
Note: There was one incident not related to aggression that resulted in an ACC claim.			

Glossary and terms of reference *(for information and reference)*

AAU	Acute Assessment Unit
ACE	Advanced Choice of Employment
AH	Allied Health
AOD	Alcohol and Other Drugs
AoG	All of Government
APEX	Association of Professional and Executive employees
APC	Annual Practising Certificate
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
Capex	Capital expenditure
CAR	Corrective Action Request
CCU	Critical Care Unit
CMO	Chief Medical Officer
CSAC	Combined Statutory Advisory Committee
CSA	Critical Systems Analysis
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DNA	Did Not Attend
DSS	Disability Support Services
ED	Emergency Department
EN	Enrolled Nurse
ESPI	Elective Services Performance Indicator
FTE	Full Time Equivalent
GP	General Practitioner
HAI	Hauora a Iwi
HDC	Health and Disability Commission(er)
HPPPD	Hours Per Patient Per Day
HQPP	Hospital Quality and Productivity Programme
HQSC	Health Quality and Safety Commission
HRT	Health Round Table
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
InterRAI	International Resident Assessment Instrument
LMC	Lead Maternity Carer
MERAS	Midwifery Employee Representation and Advisory Services
MERT	Medication Error Review Team
MHAHT	Mental Health Assessment Home Treatment
MHOAG	Maori Health Outcomes Advisory Group
MoH	Ministry of Health
NASC	Needs Assessment Service Coordination Agency
NETP	Nurse Entry To Practice (Nursing)
NHC	National Hauora Coalition
NRT	Nicotine Replacement Therapy
NZHP	New Zealand Health Partnerships
NZNO	New Zealand Nurses Organisation
NZPHDA	New Zealand Public Health and Disability Act, 2000
NZRDA	New Zealand Resident Doctors' Association
OAG	Office of the Auditor-General
Opex	Operational expenditure
PACS	Picture Archive Communication System
PATHS	Providing Access To Health Solutions

PDRP	Professional Development and Recognition Programme (Nursing)
RAC	Risk and Audit Committee
RCA	Root Cause Analysis
RIS	Radiology Information System
RFI	Request for Interest
RFP	Request for Proposal
RMO	Resident Medical Officer
RN	Registered Nurse
RSP	Regional Service Plan
SAR	Severity Assessment Rating
SCBU	Special Care Baby Unit
SLT	Speech Language Therapist
SWIS	Social Workers In Schools
TAS	(Central Region) Technical Advisory Services
TOT (formally TOIHA)	Te Oranganui Trust (formally Te Oranganui Iwi Health Authority)
TOR	Terms Of Reference
VIP	Violence Intervention Prevention
WDHB	Whanganui District Health Board
webPAS	Web-based Patient Administration System
WRHN	Whanganui Regional Health Network

Kupu Māori	**English**
Aotearoa	Land of the long white cloud – New Zealand
Aroha	Love
Hapai te Hoe	Name of WDHB Education Programme
Hapū	Sub-tribe of a large tribe. It also means pregnancy or to be pregnant
Hariru/Hongi	Acknowledge (Pressing noses x2)
Haumoana	Family/whanau navigator
Hinengaro	Psychological realm, mental well-being
Hui	Meeting, gathering
Ipu Whenua	Container for placenta
Iwi	Tribe
Kai	Food
Kaiarahi	Clinical Management - Te Hau Ranga Ora Framework
Kaihoe	Frontline Staff - Te Hau Ranga Ora Framework
Kaikorero	Speaker (on behalf of group)
Kaitakitaki	Operational Management - Te Hau Ranga Ora Framework
Kaitiaki	Protector, caretaker
Kaitiakitanga	Protection, Guardianship
Kaihautu Hauora	CEO - Te Hau Ranga Ora Framework
Kaiuringi	Executive Management Team - Te Hau Ranga Ora Framework
Karakia	Blessings, incantations, prayer
Karakia tuku i te wairua	A prayer/incantation for the safe departure of the spirit from the deceased
Karanga	Calling (done by women)
kāumatua	Elder (usually male)
Kaupapa	Policy, protocol, theme, rule, topic. It also means a fleet (of ships)
Kia ora	Greetings
Kia piki te ora	Get well/May you be well
Koha	Gift

Kupu Māori	English
Koroheke	Elder (male)
Kotahitanga	Unity, cohesion, sharing vision, working together, trust, relationships
Kuia	Elder (female)
Kupu	Words
Mana	Status, standing, power, influence. The spiritual power/authority to enhance and restore tapu
Manakitanga	Ultimate respect and care
Manatangata	Dignity of relationships
Māoridom	Plural of Māori world
Māoritanga	Maori culture and perspective
Marae	Traditional meeting place
Mātua	Parents
Mauri	Life essence
Mauri Ora	Emergency Housing of families on WDHB Campus (Name of building)
Mihi or Mihimihi	Greeting/welcome, acknowledgement
Mihi Whakatau	Informal welcome
Noa	Free from tapu. Tapu and noa are terms used to describe a state or condition affecting both the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu
Pae Ora	Healthy Futures – Aim of the Ministry of Health Maori Health Strategy – He Korowai Oranga.
Pēpē	Baby infant
Pou tuara	Back bone
Pōwhiri	Formal Māori welcoming ceremony
Rangaimārie	Humility, peace
Rangatahi	Youth
Rongoa	Traditional Māori methods of healing
Take	Subject, topic, purpose
Tamariki	Children
Tāngata Whaiora	Māori mental health service user
Tangata Whenua	Local people Māori
Tangihanga	The mourning process before burial. Funeral
Tāonga	Treasure, valuables. Tāonga is interpreted to mean in its broadest sense an object or resource which is highly valued. Children and future generations are also regarded as tāonga
Tapu	Sacred. Tapu and noa are terms used to describe a state or condition, affecting the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu
Tapu o te Tinana	Respect for people
Te Hau Ranga Ora	WDHB Māori Health Services
Te Piringa Whanau	Building on WDHB campus under Tikanga of the Whanganui Iwi.
Te Puawai Arahi	Māori Mental Health Cultural Advisor
Te Reo Māori	Māori Language
Te Whare Whakatau Mate	Building on WDHB campus under Tikanga of the Whanganui Iwi – Temporary resting place for the deceased.
Tena koutau/koutou katoa	Greetings/to all
Tikanga	Customs, protocols or policies. Tikanga is used as a guide to moral

Kupu Māori	English
	behaviour and within a health context indicates the way resources, guardianship, responsibilities, obligations and future generations will be protected
Timatanga	Beginning
Tinana	The physical body
Tino Rangatiratanga	Māori chieftainship, self-determination, and absolute sovereignty
Toihau	Board/Chairperson – Te Hau Ranga Ora Framework
Tūpāpaku	Deceased person
Waiata	Song
Waiora	Health
Wairua	Spirit. Wairua refers to the spiritual element, an integral part of tapu and noa
Wairuatanga	Spirituality
Wananga	Place of learning
Whakamutunga	End
Whakanoa	Ceremony to make an area safe to use again
Whakapapa	Genealogy
Whakatauki	Proverb
Whakawhanaungatanga	Family/make connections
Whānau	Family. It also means to be born/give birth. Whānau in this document refers to Māori patients and their families and can include groups regarded as extended family as well as groups outside the traditional family structure
Whanaungatanga	Relationship
Whare	House, Building
Whenua	Placenta. Also means land

*The English definitions for Kupu Māori are reflective of the WDHB context.

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Terms of Reference

Combined Statutory Committee	
Applicable To: Whanganui District Health Board	**Authorised By:** Whanganui District Health Board
	Contact Person: Chief Executive

1. Committee of the board

The Combined Community and Public Health, Disability Support and Hospital Advisory Committee is a standing committee of the board, established in accordance with Section 34 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the committee

- To provide advice to the board on the needs, and any factors that the committee believes may adversely affect the health status of the resident population of the district health board.
- To provide advice to the board on the disability support needs of the resident population of the district health board.
- To provide advice to the board on policy and priorities for use of the health and disability support funding provided.
- To ensure that all service interventions the district health board has provided or funded, or could provide or fund for the population, maximise the overall health and independence of the population whilst contributing to improving equity of outcomes for all people.
- To promote, through its services and policies, the inclusion and participation in society, and maximise the independence of people with disabilities within the district health board's resident population.
- To advocate to external parties and organisations on the means by which their practices may be modified so as to assist those experiencing disability.
- To monitor and advise the board on the financial and operational performance of the hospitals (and related services) of the district health board.
- To assess strategic issues relating to the provision of hospital services by or through the district health board.
- To recommend policies relative to the good governance of hospital services.
- To report regularly to the board on the committee’s findings (generally the minutes of each meeting will be placed on the agenda of the next board meeting).

3. Delegated authority

The advisory committee shall not have any powers except as specifically delegated by the board from time to time. The following authorities are delegated to the Combined Statutory Committee.

- To require the chief executive officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.
- To interface with any other committee(s) that may be formed from time to time.

4. Membership and procedure

Membership of the Committee shall be as directed by the board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with board and committee Standing Orders.

Membership will consist of:

- All board members, one of which will be appointed to chair the committee
- External (non-board member) appointments:
  - Up to two members following nomination from Hauora A Iwi
  - Up to five members able to advise on matters relating to the DHB's functions and objectives.

5. Meetings

The Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the board. It is anticipated that 8-10 meetings will be held annually, including the annual planning workshop.

Note

For the purposes of this document, the definitions of 'public health and disability support services' is incorporated in the Act, which means the health and disability support of all of the community in the district health board's region.

'Hospital' means all public health services owned by the Crown and previously known as 'Hospital and Health Services'.

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8 End of meeting review

This process is designed to make our meetings more productive.

A committee member will be nominated in advance to carry out the review. The topics chosen and focus of the review is at the reviewer's discretion. Frank and constructive contributions are welcome.

If desirable, some topics may be selected in advance because of a perceived need, or their infrequent inclusion.

Suggested checkpoints

1. Overall meeting management by the chairperson
2. Opportunities for participation in the dialogue
3. Soundness of decision making
4. Sense that directors' time was well spent
5. Sufficiency of data/information in support of decisions
6. Conflicts well managed (if there were any)
7. Maximum use of the chief executive and management's expertise
8. Sufficient time allocated for the 'big' issues
9. Adequacy of committee reporting and recommendations
10. The extent to which dialogue remained focused at the governance level

Where an improvement opportunity is identified, the chair will lead a brief discussion designed to agree what could be done at future meetings.

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