



Minutes

Public session

Meeting of the Community and Public Health/ Disability Support Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Wanganui Hospital, 100 Heads Road, Wanganui
on Friday 19 June 2015, commencing at 9.30am

Present

Ms Kate Joblin, Committee Chair
Mr Frank Bristol
Ms Jenny Duncan
Ms Harete Hipango (*arrived at 9.50am*)
Mr Stuart Hylton
Mrs Judith MacDonald
Dr Alan Mangan
Ms Dot McKinnon (Board Chair) (*arrived at 10.03am*)

In attendance

Ms Tracey Schiebli, General Manager, Service and Business Planning
Mr Matthew Power, Funding and Contracts Manager
Ms Sue Campion, Communications Manager
Mrs Rowena Kui, Director Māori Health
Dr Francois Rawlinson, Clinical Director, Mental Health Services
Mrs Kaydi Tindle, Personal Assistant, Service and Business Planning (*minutes*)

In attendance for part of the meeting

Mrs Andrea Bunn, Senior Portfolio Manager, Health of Older People and Mental Health
Mrs Jennie Fowler, Strategic Advisor Health of Older People
Mr Jeff Hammond, Associate Director of Nursing (Mental Health Services)
Mrs Marama Cameron, Health Promotion Manager
Mrs Jevada Haitana, Associate Director of Nursing (General)
Mr Kilian O'Gorman, Business Support Manager
Mrs Candace Sixtus, Portfolio Manager, Primary Care

Media

One media representative attended the meeting.

Public

No members of the public were in attendance for the meeting.

Karakia/reflection

The committee chair opened the meeting with the prayer 'A step along the way' by Oscar Remero, to honour Mr Richard Orzecki.

Committee members reflected on Richard's understanding and commitment to Māori. Richard created movement forward for our region. He inspired everyone in his wake, and will be sadly missed.

1 Apologies

Apologies were received and accepted from Mr Matt Rayner.

2 Conflict and register of interests update

2.1 Amendments to the register of interests

Frank Bristol declared he is chairing the Whanganui Regional Health Network 'manage my health' steering group.

2.2 Declaration of conflicts in relation to business at this meeting

Nil

3 Late items

Nil

4 Minutes of the previous meeting

It was resolved that:

The minutes of the public session of the meeting of the Community and Public Health/Disability Support Advisory Committee held on 8 May 2015 are approved as a true and correct record with an amendment on page 16 (bullet point one) to read:

Expanding the rural service for patients who choose to die in their own homes, as this is an increasing choice.

All agreed/carried

5 Matters arising

The following were queries regarding the minutes of the last meeting held on 8 May 2015:

New Zealand Dr Magazine

DHBs implementing policies around sugar sweetened beverages (SSB) - An update on the Whanganui DHB's policy was included under section 11.2 – items for discussion.

Regional Women's Health Service – Update

The general manager service and business planning advised the terms of reference are awaiting sign off by the chief executives.

Whanganui DHB – Submission to Ruapehu District Council on Water Fluoridation in the Waimarino District

The general manager service and business planning advised we are correctly following the internal process when completing submissions. The committee will have input into submissions if possible within the specified timeframe.

Māori Health Indicators of Performance 1 April 2015

The director Māori health advised an update on the ASH rates will be included in the July joint committee workshop.

6 Committee chair's verbal report

There was no chair's report given.

7 Presentation

There was no presentation at this meeting.

8 General Manager Service and Business Planning's report

8.1 Whanganui DHB – 2015/16 Annual Planning

The final draft of the Whanganui DHB 2015/16 Annual Plan will be submitted to the Ministry of Health early next week. Minor technical amendments are required to finalise the plan.

8.2 Whanganui DHB – 2014/15 Health Target Performance

Health Target Four – Immunisation

Immunisation

Good process has been made on the immunisation target. We need to continue to be proactive with those families who are increasingly choosing not to immunise their children.

Health Target Five – Better help for smokers to quit

Primary Care

The primary care target is that 90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit smoking. The quarter three result has achieved the national goal.

The general manager service and business planning advised that we need to start looking beyond this target as it only focuses on the people presenting to primary care. Risk stratification will be the key to the future of these health targets.

A committee member advised that data presented at a recent vulnerable children forum, showed that 40% of the children admitted in the ASH category come from a home that has a smoker. We need to start embracing this as a social issue not just health. As a minimum standard private investors and Housing NZ need to ensure all homes in our region are insulated.

Health Target Six – More heart and diabetes checks

Long-term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions including cardiovascular disease (CVD) heart attacks and strokes and diabetes are the leading cause of morbidity in Whanganui and across New Zealand. It disproportionately affects Māori, Pacific and South Asian peoples and as the population ages, and lifestyles change, these conditions are likely to increase significantly.

8.3 Whanganui DHB – Indicators of DHB performance 2014/15

Taken as read.

Whanganui DHB's final performance for Quarter Two of 2014/15 was included in the information section.

8.4 Whanganui Alliance Leadership Team

The Whanganui Alliance Leadership Team (WALT) met on 12th May 2015. The main focus of the May meeting was to host senior members of the Ministry of Health Primary Care team. This was a valuable opportunity for the Ministry team to see how the local alliance is progressing and most importantly, to understand our strategic imperative of reorganising investment toward areas that will improve health and reduce disparities.

The general manager service and business planning advised the real challenge will be getting the message through to all parts of the Ministry of Health, through to senior level.

8.5 centralAlliance Strategic Framework

The centralAlliance sub-committee provided feedback on the draft centralAlliance Strategic Framework at their meeting on 11 May 2015. The sub-committee considered a revised draft at their meeting on 15 June 2015.

A joint Board workshop is scheduled for the afternoon of 26 June to consider the framework and future for the centralAlliance. Along with members of both Boards, the workshop will be attended by

the Iwi governance partner chairs and members of the Project Steering Group, which includes both PHO board chairs.

The general manager service and business planning advised the key to moving ahead is not about how both DHBs work together, but about receiving support from the centre for us to operate as one. The learnings from the RWHS evaluation will be crucial.

A committee member advised there is real opportunity to have the primary care indicators set for each community to evaluate inequity and inequality.

The committee chair noted the discussion around co-design is reoccurring. As a district health board a more coherent strategy is required to work with other agencies to involve consumers more.

8.6 Whanganui DHB – Polypharmacy Pilot Evaluation

Whanganui DHB has been a pilot site for implementation of a Multi-interventional Approach to Polypharmacy (MiAP). The pilot was established following the work of the Central Region Polypharmacy Working Group.

Members will note the strong participation from across the Whanganui health district. The evaluation will be reviewed by the Central Region Executive Committee (REC) in June, with consideration of extending the programme to other DHBs in the Central Region.

As an update, the Central Region Executive Committee considered this pilot and have expressed overwhelming support to rollout into other areas.

The allied health manager updated committee members on the purpose, findings and feedback on the pilot evaluation. Additional hours were allocated for data capturing to ensure a robust evaluation. The service is now in place as business as usual. Further discussions are required around future resource and engagement with community pharmacies.

The pilot evaluation received an award for excellence in integration and collaboration at the recent WDHB quality awards.

The committee chair commended the pilot evaluation and requested an update to the committee in six months time.

8.7 Whanganui DHB - use of the Mental Health (Compulsory Assessment and Treatment) Act 1992

The Mental Health Act defines the circumstances under which people may be subject to compulsory mental health assessment and treatment. It provides a framework for balancing personal rights and the public interest when a person has a diminished capacity to care for themselves or poses a serious danger to themselves or others due to mental illness.

A discussion was held around the improvements required to recruit staff that are better qualified and changes to cultural aspects that are operating.

The committee chair commended the implementation of the real time consumer feedback tool.

8.8 National waiting times for InterRAI Assessment

Taken as read.

8.9 Financial performance

The general manager service and business planning advised our IDF result is \$472,000.00 favourable to budget (year to date). This will help our consolidated position and if the results continue for another month we should achieve break even at the end of the year.

A committee member noted the result is not favourable to the financial viability of the NGO sector. We will lose capacity and those experts will move out of our community to seek employment elsewhere, resulting in people presenting to the hospital service which is inappropriate.

8.10 Next committee meeting

It was agreed that the next committee meeting on 31 July would focus on child health for the joint part of the meeting with the Hospital Advisory Committee.

The committee meeting will commence at the usual time of 9.30 am, followed by the joint workshop at 11 am.

Postscript: Vulnerable children forum

An overview was given on the recent vulnerable children forum held on Thursday 18 June 2015. The forum was held to bring together the health and social sectors to have the conversations required as a group to address a more cohesive sector. A data set was presented at the forum and attendees were alarmed at the results.

The childrens action plan leaders attended the forum. The last hour of the day was dedicated to an open discussion on the rollout of the childrens action plan. This gave an opportunity for the community to voice their views about how the roll out should occur in our district.

The general manager service and business planning advised that the children's action plan leaders are holding a further community consultation forum on Friday 10 July 2015 from 10am-12pm at Jigsaw Whanganui. It is crucial we have as many local people involved as possible.

9 Director Māori Health's report

9.1 WDHB and WRHN Māori Health Plan 2015-16

The WDHB and WRHN Māori Health Plan 2015-16 version two has been submitted to the Ministry of Health for final comment and endorsement.

The director Māori health advised Hauroa A Iwi have endorsed both plans and commended the general manager service and business planning on the integration of particular initiatives for Māori health.

9.2 Launch of Web Based Tool for MHP Indicator Reporting

Whanganui DHB has been one of the trial sites for the web based tool for Māori Health Plan indicator reporting. This is an expansion of the current reporting from Dr George Gray. The reporting tool includes:

- Regionalised report including trend and commentary
- Localised report including trend and disparity gap
- DHB self-select comparative report
- All DHB indicator ranking (same as MoH indicator ranking report)

The launch will be in Tauranga hosted by the Bay of Plenty DHB on Thursday 11 June 2015.

10 Communications report

There was no report at this meeting.

11 Items for discussion

11.1 Whanganui DHB Suicide Prevention & Postvention Plan

District health boards were required to develop a plan to support suicide prevention and postvention as part of the annual planning assumptions for 2014/15. The section provided an update to the committees on development of the Whanganui DHB Suicide Prevention and Postvention Plan.

The general manager service and business planning advised we are working through the consultation period and an early draft has been submitted to the Ministry of Health. It is important to see this piece of work in context with our much broader commitment to building resilience in communities, primarily done through Whanganui Rising to the Challenge.

The clinical director for mental health indicated his disappointment that DHBs had been tasked with developing this plan as suicide is a community and societal issue not a health issue.

The associate director of nursing (mental health services) advised the next phase of the consultation period is to meet with school councils. The Whanganui DHB SUPP service has taken an increased role in this plan.

11.2 Whanganui DHB Nutrition Policy

This section provided an opportunity for members to provide advice and input to influence future policy in this area and the following was noted from discussion:

- The Whanganui DHB nutrition policy is about guiding people to make the healthy choice
- Nutrition will sit within the Whanganui DHB healthy workplace framework, which will be developed from the ground up
- At this stage the focus is on internal DHB nutrition to ensure we take a strong lead
- A settings approach will be used to integrate health promotion in all areas (nutrition, physical activity and tobacco)
- The point was made that healthy drinks such as fruit juices also contain high sugars level and artificially sweetened drinks also have a strong correlation with obesity as they promote a 'sweet tooth'.

Committee members commended the restructure of the cafeteria cold drinks cabinet and noted the improvement required with the food to move in the right direction.

Dot McKinnon left the meeting at 11.31am.

12 Items for decision

There were no items for decision at this meeting.

13 Information papers

Papers were taken as read.

14 Date of next meeting

Friday, 31 July 2015 – joint strategy meeting with a childrens health focus.

15 Exclusion of public

It was unanimously 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
Community and Public Health/Disability Support Advisory Committee minutes of meeting held on 8 May 2015 (public-excluded session)	For the reasons set out in the committee's agenda of 27 March 2015	As per the committee's agenda of 8 May 2015
Service and Business Planning risk register	To protect the privacy of natural persons, including that of deceased natural persons To protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information 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)(a) Section 9(2)(b)(ii) Section 9(2)(i) and 9(2)(j)

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 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	Minute taking	Recording minutes of committee meeting

The public session of the meeting ended at 11.44am.