



# 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 27 November 2015, commencing at 9.30am

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#### **Present**

Mrs Judith MacDonald, Chair (Deputy Chair)  
Ms Jenny Duncan  
Mr Stuart Hylton  
Dr Allan Mangan  
Ms Dot McKinnon (Board Chair)  
Mr Matt Rayner

#### **In attendance**

Ms Tracey Schiebli, General Manager, Service and Business Planning  
Mrs Julie Patterson, Chief Executive Officer  
Mr Francois Rawlinson, Chief Medical Officer  
Mrs Sandy Blake, Director of Nursing  
Ms Sue Campion, Communications Manager  
Mrs Andrea Bunn, Senior Portfolio Manager, Health of Older People and Mental Health  
Mr Matthew Power, Finance and Contract Manager  
Mrs Candace Sixtus, Portfolio Manager, Service and Business Planning  
Mr Jon Buchan, Portfolio Manager, Child and Youth Health  
Ms Angela Adams, Maternity and Quality  
Mr Kilian O'Gorman, Business Support Manager, Service and Business Planning  
Mr Peter Wood-Bodley, Business Manager, Mental Health and Surgical Services  
Mrs Louise Torr, Business Manager, Medical, Public, Rural Health Services  
Ms Shonelle Fergusson, Executive Assistant, Service and Business Planning (*minutes*)

#### **Media**

One media representative attended the meeting.

#### **Public**

There were no public in attendance for the meeting.

#### **Karakia/reflection**

Mr Matt Rayner provided a Karakia.

## 1 Apologies

Apologies were received and accepted from Ms Grace Taiaroa, Ms Kate Joblin, Ms Harete Hipango and Mr Frank Bristol.

## 2 Conflict and register of interests update

### 2.1 Amendments to the register of interests

Nil.

### 2.2 Declaration of conflicts in relation to business at this meeting

Nil.

## 3 Exclusion of public

There were no late items.

*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 27 November 2015 (public-excluded session)	For the reasons set out in the committee's agenda of 27 November 2015	As per the committee's agenda of 27 November 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

*Public session commenced at 9.55am*

## **5 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 11 September 2015 are approved as a true and correct record.

*All agreed/carried*

## **6 Matters arising**

There were no matters arising.

## **7 Committee chair's verbal report**

There was no committee chairs report, however the Chair noted that Hon Bill English was the guest speaker at the recent General Practice NZ AGM and a brief outline was given to committee members.

## **8 Presentation**

There was no presentation at this meeting.

## **9 General Manager Service and Business Planning's report**

### **9.1 Whanganui DHB – Annual Planning for 2016/17**

The general manager, service and business planning advised the committee that the Whanganui District Health Board's Annual Plan 15/16 has been approved.

She advised that planning for the 2016/17 year has commenced beginning with a Ministry of Health national planning day held on Friday 13<sup>th</sup> November. She noted to committee members that a report highlighting the planning signals for the coming year was included under section 11 combined committee business.

The Whanganui Alliance Leadership Team and Joint Clinical Directors Forum have also commenced discussions on areas of focus for the coming year. On 2<sup>nd</sup> December 2015 the Whanganui DHB Health Needs Assessment (2015) will be discussed at a joint workshop between the Board and Hauora a Iwi.

### **9.2 Central Alliance Strategic Framework**

On 2nd October 2015 a board to board workshop was held involving members of the respective boards, statutory committees and Iwi governance partnerships, to discuss the Central Alliance

Strategic Framework. The workshop was also attended by members of the respective management teams, including senior clinical leaders.

The aim is to identify opportunities to work together on areas of health gains and where clinical viability needs to be strengthened.

It was noted that the Triple Aim potentially has a 'fourth pillar' - Healthy Workforce. Whilst Triple Aim focuses on the population and the patient, this pillar recognises the importance of our staff.

### **9.3 Whanganui Rising to the Challenge**

The general manager, service and business planning advised that each of the three work streams have been guided by the Whanganui DHB 2015/16 Annual Plan.

Each area is different, but a number of common themes have become apparent across all work areas. The three project work streams have identified and continue to progress a number of initiatives and improvements. She noted that staff are becoming excited about these initiatives and improvements.

It was noted that 'co-design' is the consumers and clinicians working together to optimise the service for that person.

Members asked how this work will link into clinical pathways. Management noted that one work stream is looking at community mental health and creating such a pathway, however it is about trusting the process and not pre-determining the outcome.

A discussion was also held around data collecting and the following was noted:

- What are the outcomes that have been achieved for consumers?
- Has this added value to date?
- A need for some tangible measures to see if this is working and making a difference for consumers
- What is success going to look like?

It was noted that some data is being collected through Real Time Feedback, but is a work in progress. Conversations need to occur with consumers to hear their stories over time. Committee members were advised that many positive stories have been received so far and it is about developing a way of capturing these stories.

A discussion was held around the recent media stories that have been published and the committee wished for this to continue.

### **9.4 Restraint and Seclusion in Mental Health and Addictions**

A discussion was held around the reducing rates in restraint and seclusion and what has contributed this this.

Dr Frank Rawlinson gave the committee members some information relating to recent Stanford House review and also the treatment and management of clients.

### **9.5 Whanganui Tobacco Control Plan**

WDHB has developed a tobacco control plan which describes what the DHB and district will be working on with key stakeholders as part of its work towards Smokefree Aotearoa 2025.

The Whanganui DHB Tobacco Control Plan (TCP) was developed in consultation with key stakeholders.

The general manager, service and business planning noted that this will be a 'living document' to enable the tobacco advisory group to be able to re-assess over time, and to be able try other initiatives to help achieve the goal.

The overarching principle of this plan falls out of the Healthy Families concept to improve people's health where they live, learn, work and play. Noting that this is a concept we could apply to other health priorities.

There has been a lot of work done to support people to become smokefree and there has been a lot of uptake into smokefree programme. Noting that more work will be required to be able to reach the goal by 2025.

A focus is needed on younger people and a need to have champions in the workplace.

## **9.6 Whanganui DHB Maternity and Maternity Quality and Safety Programme (MQSP) Annual Report**

Whanganui DHB and MidCentral DHB opted to create individualised maternity/MQSP reports that would be aligned and consistent in particular to content pertaining to the Regional Women's Health Service.

Management noted that Whanganui District Health Board is doing well in their services and initiatives:

- In Whanganui DHB, the normal birth rates are high compared with the New Zealand average
- There is a low rate of epidural use
- The caesarean section rate is lower than the national average
- The maternity services consumer survey feedback indicates the service is rated highly with excellent feedback.

It was noted to committees that this is the first report developed by Whanganui District Health Board and we are very proud of this and WDHB has had some fantastic outcomes, next we will be looking at capturing the women's journey.

Data examples were given to the committee around data collections and reviews of practices, education, birthing's and women health and also why some events are happening during birth, looking at their health prior to birthing and making a plan for them.

The committee chair congratulated management on development of the plan.

## **9.7 Strengthening Health Promotion in the Whanganui health district**

Whanganui DHB has made a commitment to lift the profile of health promotion in the community and re-align health promotion activity to address the health priority areas for the region.

This recognises the importance of health promotion and prevention, focusing strongly on the things that determine good health – education and health literacy and housing.

Whanganui DHB, Te Oranganui Iwi Health Authority and Whanganui Regional Health Network have committed to partner to deliver health promotion across the Whanganui health district.

We can have the best services in the world but we need to have the population living in healthy environments.

## **9.8 Health Target Performance**

### **Health Target 4 and Population Health Indicator 21 - Immunisation**

Whanganui DHB immunisation coverage has increased from 88% to 91.2% coverage of fully immunised eight-month-old children during the quarter one period of 2015/16. This represents a solid improvement in performance but does not achieve our goal meeting the 95% coverage target.

Strategies to improve performance continue with Well Child Tamariki Ora nurses and Immunisation Outreach being fundamental to this. Each child continues to be monitored at an individual level to ensure everything that can be done is done to complete immunisations and to still offer immunisations to them.

It was suggested to management that we begin to look at data trends over a long period rather than focusing on small variances from month to month.

### **Health Target 6 – More heart and diabetes checks**

Taken as read.

## **9.9 Financial performance**

The overall result for the month of October was \$246k worse than budget mainly due to own provider elective performance ahead of target (116.6% to target) and inter-district outflow. The impact of over delivery of elective services, which is also evident in the year to date result, is cost neutral to the DHB as the provider arm shows a favourable result.

- IDF is in an improved position.
- Pharmaceutical area is favourable driven around what PHARMAC are forecasting
- ARC continues to grow, especially in dementia as well as long terms home support.

## **9.10 Next joint committee meeting**

The next joint committee meeting between CPHAC and HAC is scheduled for 15 April 2016. At members' request, this will be a workshop on renal services development.

## **10 Information papers**

Taken as read.

*Mr Matt Rayner closed the CPHAC/DSAC meeting with a Karakia at 10.45am.*

## **11. Combined Committee Business meeting commenced at 11.45am**

### **Present**

Phil Sunderland, Chair  
Mrs Judith MacDonald  
Ms Jenny Duncan  
Mr Stuart Hylton  
Dr Allan Mangan  
Ms Dot McKinnon (Board Chair)  
Mr Matt Rayner  
Mr Ray Stevens  
Mr Allan Anderson  
Ms Julie Nitschke  
Ms Philippa Baker-Hogan

### **In attendance**

Ms Tracey Schiebli, General Manager, Service and Business Planning  
Mrs Julie Patterson, Chief Executive Officer  
Mrs Sandy Blake, Director of Nursing  
Mr Francois Rawlinson, Director of Health  
Ms Sue Campion, Communications Manager  
Mr Matthew Power, Finance and Contract Manager  
Mrs Candace Sixtus, Portfolio Manager, Primary Care  
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People  
Mr Peter Wood-Bodley, Business Manager, Mental Health and Surgical Services  
Mrs Louise Torr, Business Manager, Medical, Community and Rural Health Services  
Mr Jon Buchan, Portfolio Manager, Child and Youth  
Mr Kilian O’Gorman, Business Support Manager, Service and Business Planning  
Ms Shonelle Fergusson, Executive Assistant, Service and Business Planning (*minutes*)

## **11 Combined Committee Business**

### **11.1 Annual Planning for 2016/17**

The general manager advised that she attended the national planning day for DHBs where signals were given of expectations for the coming year.

#### **Update of the NZ Health Strategy**

The GM noted that Whanganui will be well placed to respond to the new strategy, as many of the themes are already part of the local landscape. This includes commitment to:

- Consumer co-design
- Measuring the patient experience
- Planning and improvement culture across the system
- Developing technology to enable the system to work smarter for patients and clinicians

A committee member asked whether the Ministry of Health may consider the changing the template for the annual plan next year, to achieve a shorter plan. The general manager advised that the look and feel of the annual plan will not change however there will be a section for the DHB to respond to the new health strategy.

Unfortunately, Whanganui District Health Board will still continue to have three separate plans – the annual plan, Maori health plan and the public health plan.

A committee member asked about progress with renal and urology. The general manager advised that the board is strongly committed to renal and there is a workshop scheduled to discuss renal in April 2015. Progress has been made with agreement to appoint a Nurse Practitioner for renal services across Whanganui and MidCentral. Urology is progressing with the development of a model of care for the combined district.

## **11.2 Health targets**

The committee members were advised that the July to September results have now been received. Overall the health targets for Whanganui are pleasing with the exception of the 'Faster Cancer Treatment' target.

It was noted that the ED target has a pleasing performance.

### **Faster access to cancer treatment**

It was noted to committee members that the target 85% within 62 days is a hard target to achieve with small volumes.

The business manager gave examples as to why some issues with patients could impact on achieving the target. She noted that we are working regionally to approach the target. There have been no changes to what we have been doing rather it is due to small numbers. A variety of reasons contributed to the poor result, the most significant of which is sorting out the problems we have in urology.

It was noted that one of the local newspapers picked up only the Minister's press release which did not comment on our poor performance against the cancer target. This meant that the community received no acknowledgement that we were unhappy with this performance, and what we were doing about it, as we had included in our press release. The communications department has discussed this with the local media and we are hoping that there will be something in the papers over the weekend.

### **Faster access to diagnostic**

The DHB expect to be in green in the next quarter.

## **11.3 Director Māori Health's report**

### **Māori Consultation New Zealand Health Strategy Update**

The general manager advised that the Maori community have had a chance to feedback on the draft health strategy. Emerging themes were the importance of health literacy and healthy promotion.

### **Māori Health Plan 2016-17 planning guidelines**

- Planning guidelines for DHB Māori health Plans have been released
- Focus is on advancing Maori health

### **Porritt Lecture Series – Professor Sir Mason Durie**

- Both sessions were very well represented
- Once the video has been released we will ensure the committee will be able to view.

#### *Reminder:*

On 2<sup>nd</sup> December 2015 the Whanganui DHB Health Needs Assessment (2015) will be discussed at a joint workshop between the Board and Hauora a Iwi.



#### **11.4 Communications report**

Taken as read.

#### **12 Items for decision**

There were no items for decision at this meeting.

#### **13 Date of next meeting**

Friday, 12 February 2016 – Annual Planning Workshop  
Combined Board, Statutory Committees, Hauroa A Iwi and Whanganui Regional Health Network

*The public session of the meeting ended at 12.17pm.*

#### **14 HAC meeting commence at 1.00pm**

HAC commenced their public excluded session of their meeting at 12.17pm