



# Minutes

## Public session

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

held in the Board Room, Fourth Floor, Ward/Administration Building  
Whanganui Hospital, 100 Heads Road, Whanganui  
on Friday 31 July 2015, commencing at 9.30am

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#### **Present**

Ms Kate Joblin, Committee Chair  
Ms Harete Hipango  
Mr Stuart Hylton  
Mrs Judith MacDonald  
Dr Alan Mangan  
Ms Dot McKinnon (Board Chair)  
Mr Matt Rayner  
Ms Grace Taiaroa

#### **In attendance**

Ms Tracey Schiebli, General Manager, Service and Business Planning  
Mr Matthew Power, Funding and Contracts Manager  
Mr Jon Buchan, Portfolio Manager, Child Health  
Ms Sue Campion, Communications Manager  
Ms Shonelle Bristol, Executive Assistant, Service and Business Planning (*minutes*)

#### **In attendance for part of the meeting**

Mrs Julie Patterson, Chief Executive Officer  
Mrs Andrea Bunn, Senior Portfolio Manager, Health of Older People and Mental Health  
Ms Rihi Karena, Clinical Manager Maori Health

#### **Media**

One media representative attended the meeting.

#### **Public**

One members of the public was in attendance for the meeting.

#### **Welcome**

The committee chair welcomed new member Grace Taiaroa to the committee and advised that Grace is the operation manager, for Te Rūnanga o Ngāti Apa, Te Kotuku Hauora Ltd.

It was also noted that a representative from Grey Power, Wanganui was attending in the public area.

## **Karakia/reflection**

Mr Matt Rayner provided a Karakia and prayer to remember our kuia Aunty Dardi.

## **1 Apologies**

Apologies were received and accepted from Mr Frank Bristol and Ms Jenny Duncan.

## **2 Conflict and register of interests update**

### **2.1 Amendments to the register of interests**

Grace Taiaroa advised the following for the register:

- Operations manager for Te Rūnanga o Ngāti Apa (as part of that work she manages the health and social services - Te Kotuku Hauora)
- Member of Children's Action Plan (CAP) Governance Group
- Member of the Mental Health and Addiction Strategic Planning Group
- Member of the Whanganui Alliance Leadership Team (WALT)

Dot McKinnon advised the following:

- No longer a trustee of the Whanganui Community Foundation
- Now appointed to the NZ Health Practitioners Disciplinary Tribunal

Mr Matt Rayner advised the following:

- No longer an employee of Te Oranganui Iwi Health Authority (TOIHA)
- Now employed by the Whanganui Regional Health Network (WRHN)
- Is a Trustee of Life to the Max

Mrs Judith MacDonald advised the following:

- Member of Children's Action Plan (CAP) Governance Group

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

Nil

## **3 Late items**

### **Terms of Reference Evaluation of RWHS and Thematic Review of Maternity Services**

To be discussed in public excluded section of this meeting.

### **Financial and update of end of year financial position**

To be discussed in the general manager's report, public session

## **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 19 June 2015 are approved as a true and correct record.

*All agreed/carried*

## **5 Matters arising**

The following were queries regarding the minutes of the last meeting held on 19 June 2015:

### **Māori Health Indicators of Performance 1 April 2015**

The director Māori health advised an update on the ASH rates was included in items for discussion section 11.

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

There was no chair's report given.

## **7 Presentation**

There was a presentation at this meeting as part of the joint child health workshop with the Hospital Advisory Committee.

## **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 has been submitted to the Ministry of Health. The DHB awaits response from the Ministry of Health.

### **8.2 Whanganui DHB Certification surveillance audit**

Whanganui DHB had its' certification surveillance audit. Feedback from the auditors was that the surveyors reported a low number of corrective actions which is unprecedented for a DHB. The auditors made special mention of the visibility of integration efforts within the hospital and across the DHB, noting that improvement initiatives take a whole of system view. The draft audit report is expected mid-August 2015 and will be presented to the board.

Examples were provided to committee members on a few initiatives that are underway within the community and hospital.

### **8.3 Whanganui Alliance Leadership Team**

The Whanganui Alliance Leadership Team (WALT) met on 14<sup>th</sup> July 2015. The main focus of the meeting was to discuss the priorities for health of older people.

A forum will be held to hear patient and family stories to get a better understanding of what is working well and where improvement needs to occur. This is part of our commitment to involving services users in the design of services.

Development of home based support services to become better integrated with primary care is a high priority. The DHB will await any recommendation from the Director General of Health in relation to the national sustainability review of Home and Community Support Services.

Following a discussion about staffing levels in aged residential care, the general manager reminded members that any reports of inadequate staffing need to be reported formally to the DHB to enable them to be followed up from a contractual perspective.

### **8.4 centralAlliance Strategic Plan**

Whanganui and MidCentral DHBs held a joint board workshop in Marton on 26 June to discuss the centralAlliance Strategic Plan. The meeting included members of Whanganui and MidCentral board and sub-committees, DHB executive team members and the strategic plan working group.

In essence there are three themes: to address the readily apparent avoidable morbidity and mortality in our communities, to ensure quality, sustainable clinical services into the future, and to ensure medium and long term financial viability in an environment of constrained funding. Whanganui DHB will be working with MidCentral DHB to explore these three themes.

During discussion the following was noted:

- We need to shift the investment toward community to improve health and reduce inequities
- Work on the determinants of health can continue at local level however we need to work together on specialist services
- We need to make sure the specialist resource across the two DHBs can be used for the benefits of the combined district, in hospital and in the community. A meeting is scheduled to look at Urology services.
- Relationship building is a priority at all levels if the work is to progress effectively – developing trust and confidence in services.
- The two boards have had one workshop and plan to hold another one soon.

### **8.5 Whanganui DHB – 2014/15 Health Target Performance**

Taken as read.

### **8.6 Free primary care for children under 13**

All local general practices have agreed to provide 'zero fees' to children under 13, including after hours.

## **8.7 Whanganui DHB – Renal services development**

The aim of this development is to enable more people to receive their services as close to home as possible and Whanganui DHB committed to working with the patients and their families to improve the range of options available to allow patients to dialyse in their own homes. This option will not be suitable for everyone and the DHB also need to be assured that complex patients that need to travel to Palmerston North for dialysis have an experience that is as positive as it can be, under the circumstances.

During discussion the following was noted:

- The vision is to move toward a more community based model of care, such as the one that operates in Christchurch. This will require more support for people in the community which in turn requires development of the workforce.
- Whanganui and MidCentral DHB need to share this vision for the service, at the clinical level

A committee member noted that the work programme was silent on kidney transplants. Another member noted the timelines need updating on the uncompleted actions.

### **Action**

The general manager to provide information on kidney transplants and on timelines for the uncompleted areas on the work programme.

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

Taken as read.

*Colour graphs to be included in future reporting or shading to differentiate different colours.*

## **8.9 Financial performance**

The general manager service and business planning tabled a new provisional consolidated financial performance for the year ended 30 June 2015. It was noted that there is a \$50k surplus to budget at this stage.

Disability support services expenditure has experienced growth due to increased volume in aged residential care but is now stabilising. Long-term home based support has also shown growth in recent months over and above what was expected due to transfer of expenditure from short-term home based support services. Whanganui DHB budgeted for a 1% growth in the 14/15 year and again this year.

### **IDFs**

Some DHBs has been behind in their coding of inpatient events, which adds to the uncertainty of the final inpatient IDF position. A provision of \$198k has been made initially, to allow for any events that may be coded late.

### **Community pharmacy**

Cost transferring from our own DHB pharmacy to community pharmacy, results in a variance in the funder accounts. The Wanganui Hospital pharmacy no longer provides community services.

## **8.10 Next committee meeting**

It was agreed that the next joint committee meeting on 30 October would be focused on Health Informatics, Shared Care Record and Clinical Portal. The workshop will be prepared and led by the Hospital Advisory Committee.

*It was noted that this is a Friday before the long weekend - Harete and Matt noted their apologies for the 30 October meeting.*

## **11 September 2015 – CPHAC/DSAC meeting**

The chair suggested to committee members that every second meeting excludes 'business as usual' monitoring unless there were material exceptions to report. Meetings should focus on the strategic issues.

The following suggestion was made for the 11 September meeting:

- Focus on the centralAlliance strategic plan
- Invite primary and secondary clinical leaders to present their view of the world
- Shifting investment through integration – presentation by one or two people who have attended overseas study tours on integration – what is possible?
- Profile health of older people – what could be different?
- Invite HAC members to attend

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

### **9.1 Māori Health Plan 2015-16**

The Ministry of Health has approved the Whanganui District Health Board and Whanganui Regional Health Network Māori Health Plan 2015-16.

The SUDI plan was approved and the Maori Health plan was awarded an 'Outstanding' rating for our Child Health section. It was noted that these indicators also match with the annual plan. The importance of all leaders supporting delivery of the Maori Health Plan was noted, as this is not something to be done by the Maori Health team alone.

### **9.2 Summary of Progress to the review of WDHB Māori Health Strategy Huarahi Oranga**

Taken as read.

### **9.3 Reflective Evaluation**

Introduction of formal cultural supervision for staff is important as staff are working with families with complex needs so it is important to have an avenue where staff can discuss issues and to keep them culturally safe and professionally safe.

## **10 Communications report**

There was no report at this meeting.

## 11 Items for discussion

### 11.1 Whanganui Rising to the Challenge

Taken as read.

On the 8<sup>th</sup> and 9<sup>th</sup> of September Whanganui DHB will be hosting two days of workshops delivered by Dr Lynne Maher of Ko Awatea to introduce the utilisation of Consumer Co-design for our service improvement projects.

### 11.2 Improving Child Health in Whanganui DHB region

This section of the meeting commenced at 11.30 am with invitations extended to Hospital Advisory Committee (HAC) and Whanganui Alliance Leadership Team (WALT) members.

The purpose of the workshop was to update both the committees on the progress with improving child health in the Whanganui DHB region and show case the data analysis designed to get a better understanding of where the risk sits in our community.

The general manager noted that improving child health and reducing disparities remains a top priority for Whanganui DHB and its' planning partners for the 2015/16 year. The DHB and PHO have been working closely together, supported by members of the Whanganui Alliance Leadership Team (WALT) to develop strategies for improvements in population health. Moving data analysis to the next level is a key part of the strategy. The CEO of WRHN reinforced this and explained the intent of the analysis in the context of improving the health of our vulnerable children. She also explained the potential to add data from other sectors to provide a comprehensive picture of risk and vulnerability in our community.

Phil Murphy, the WRHN/WDHB Information Analyst presented 'Paediatric health and vulnerable children from an information perspective'. A copy of the presentation is **attached** to the minutes (excluding some data modelling slides that are not able to be printed).



Paediatric Health  
Master - WRHN.pptx

The following points were noted from discussion:

- There is real commitment to deliver on the Children's Action Plan (CAP) locally through establishment of Children's Teams
- It is about the well-being of our children and desire to support early intervention strategies
- Reducing avoidable hospitalisations for children remains a top priority
- Commitment is required from all head agencies for a repository of information to identify a picture of risk profile in our community across health and social domains
- We need to educate our community to support children, and each other through skills development, for example, cooking, budgeting, parenting
- Whanganui has good relationships across sectors and is therefore well placed to establish Children's Teams

The committee acknowledged Phil Murphy's comprehensive presentation and the joined up commitment to improving child health.

## 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, 11 September 2015.

## 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 19 June 2015 (public-excluded session) | For the reasons set out in the committee's agenda of 19 June 2015  | As per the committee's agenda of 19 June 2015                                 |
| Service and Business Planning risk register   | To protect the privacy of natural persons, including that of deceased natural persons<br><br>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<br><br>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)<br><br>Section 9(2)(b)(ii)<br><br>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 12.37pm.