Minutes
Public session

Meeting of the Whanganui District Health Board

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday2 November 2018, commencing at 10.00am

Present

Mrs Dot McKinnon (QSM), Board Chair
Mr Graham Adams
Mr Charlie Anderson (QSM)
Mrs Philippa Baker-Hogan (MBE)
Ms Maraea Bellamy
Mrs Jenny Duncan
Mr Darren Hull
Mr Stuart Hylton
Mrs Judith MacDonald
Ms Annette Main (ONZM)
Dame Tariana Turia (DNZM)

In attendance

Mr Russell Simpson, Chief Executive
Mrs Sue Campion, Communications Manager
Mr Hentie Cilliers, General Manager People and Performance
Mrs Rowena Kui, Director Māori Health
Dr Frank Rawlinson, Chief Medical Officer
Mr Paul Malan, General Manager, Service and Business Planning
Mr Brian Walden, General Manager Corporate
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Maraea Bellamy opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:

Nil.

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 Late items

Nil.

4 Delegations

Nil.

5 Presentation

The board was provided with a presentation on the collaboration between the Infant, Child and Adolescent Mental Health and Addiction Services (ICAMHAS) and Jigsaw Whanganui (a local non-government organisation) to deliver an equine assisted programme to support children in their emotional wellbeing.

Tim Metcalfe, from Jigsaw, and a parent shared their experiences and insights in respect of the programme with the board.
The parent spoke regarding her experience of returning to Whanganui with her family and a serious event occurring which put pressure on the family, resulting in the children responding by playing up. She went to Jigsaw and was referred to the "Reigns" programme, which has been a very therapeutic and bonding process for the family
Tim Metcalfe explained that the Reigns programme involves and requires active engagement from not only the children, but also others in the family creating positive family dynamics and bonds.

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting

It was resolved that:

The minutes of the public session of the meeting of the Whanganui District Health Board held on 21 September 2018 be approved as a true and correct record.

Matters arising

Nil.

7 Minutes of committee meetings

7.1 Combined Boards Hauora A Iwi and the Whanganui District Health Board meeting held 11 September 2018

It was resolved that:

The minutes of the public session of the combined boards, Hauora A Iwi and the Whanganui District Health Board, held on 11 September 2018 be received.

7.2 Combined Statutory Advisory Committee meeting held 19 October 2018 be received.

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 19 October 2018 be received.

8 Board and Committee Chairs' reports

8.1 Board

Nil.

8.2 Combined Statutory Advisory Committee

Nil.

8.3 Risk and Audit Committee

Nil.

9 Chief Executive's report

It was suggested that some board and management meetings be held in the board's rural communities.

9.1 Maori Health

Taken as read.

9.2 centralAlliance

The chief executive (CE) has had discussions with the MidCentral chief executive regarding more emphasis on the centralAlliance. A small group is being established to oversee the centralAlliance work program. A comprehensive paper on centralAlliance activities will be brought to the next board meeting.

9.3 New Zealand Resident Doctors' Association (NZRDA)

The CE noted the recent media release from the NZRDA and advised has publicly recorded his disappointment in those statements and has arranged for a meeting with Deborah Powell and the RMOs. That meeting will be followed by a meeting between the RMOs and the management team and then a debrief following those meetings.

9.4 Te Awhina

Good progress is being made in reducing the pressure on bed numbers at Te Awhina. The CE acknowledged the work which has been undertaken by the chief medical officer (CMO), management and clinical teams to improve the sustained pressure on the unit's beds.

As at 4:00pm yesterday, the numbers were 13 (3 people on leave, two of whom are out of town patients, but there have been difficulties in getting them back to their DHB of domicile).

The Director of Mental Health at the Ministry of Health is being kept updated. The data on seclusion and restraints is improving, but the October results are still awaited.

The CMO noted that the position which had developed resulting in 23 people in a 12 bed space was not therapeutic. As the numbers have reduced, there has been a significant improvement in the atmosphere in the unit.

One of the issues is around accommodation. We do not discharge back into the community without knowing that patients have accommodation (we are a defacto supplier of accommodation for people with mental health issues, but we do not own any accommodation for mental health patients).

Accommodation is provided by MSD, Housing New Zealand, social providers and private providers, but some patients are not placeable in accommodation with private providers. Other models and boards are being looked at to see how they address the issues.

When there is overcrowding and there are not enough beds, staff have to move beds onto floors and in other spaces which is not ideal. Ideally the situation should not happen where the unit has more patients than the twelve available beds, but from time to time it does occur.

At any one time, there are often patients who are not yet "discharged" but are "on leave", transitioning back into the community.

The issue of housing is escalating as a result of increased pressure on the available housing in the community.

A number of patients who have been stable living in the community have had relapses. The biggest issue seems to be alcohol, with licensing being granted in low decile areas, impacting on our community.

Judith MacDonald observed that as a district we should develop and adopt an alcohol strategy. Anecdotally she understands that the police consider that if we had a widely accepted alcohol strategy, it would substantially reduce the police workload. She advocated that the district health board, councils and other agencies should get together to develop and adopt an alcohol strategy.

Other points made and comments noted included:

- Marae housing may be a possible option.
- Safer Whanganui also has a significant work stream around housing at the moment.
- The issue is coming to the Strategy and Finance Committee at Council before Christmas and all providers have been included in that piece of work.
- There are both short term and long term housing needs.
- The CE and the general manager service and business planning met with MSD in relation to the issue of housing assessments, but it appears that the issue is not with housing assessments but the placement of people with housing needs.
- There can be unintended and undesirable consequences from using motels to meet housing needs, with mixed residents.
- The Te Puea Marae strategy to help homeless has been a highly successful model, which is worth looking at.

Stuart Hylton recorded his potential conflict of interest in relation to discussions regarding liquor licensing, he being the liquor licensing commissioner for Whanganui, Rangitikei and Ruapehu.

Further comments made and points noted:

- Alcohol is a central government issue.
- Licensing trusts (for example as in Invercargill) are owned by the community and results in all income from the sale of alcohol going back into the community.
- He also observed that the same issues arise and will arise in relation to cannabis (especially if cannabis is legalised).
- There is a need for appropriate facilities to deal with heavily intoxicated patients being brought into Te Awhina and ED. There are instances where six strong police officers will bring in a heavily intoxicated person, leaving staff at ED or Te Awhina to deal with that person.
- The CE believes that a district wide forum is necessary to develop a strategy. There is currently only one district wide forum – Healthy Families.
- The Health Promotion Agency is funded and is well placed to do this sort of work.
- The CE will take the issue to the Healthy Families Forum and in due course bring it back to the board.

9.5 Speaking Up for Safety (SUFS)

The CE presented the "Safety C.O.D.E." video developed by WDHB and the Cognitive Institute promoting "speaking up for safety".

9.6 Compliance with statutory requirements

Taken as read.

10 Decision items

Nil.

11 Discussion/noting items

11.1 Health and Safety report

The general manager, people & performance, responded to questions from members regarding the health and safety report. The paper was taken as read and discussion points noted:

There were possible contributing factors to he four manual handling injuries noted in the report, lack of education around moving equipment and lack of availability of specialised 'fit for purpose' equipment, butare hypotheses only. There is an active training programme for staff and any staff who have suffered an injury receive further training from a manual handling trainer.

The board's main contractors, Spotless and Medlab, are involved in the Speaking Up for Safety programme. Other contractors won't necessarily have gone through the same kind of training, but 97% of the board's staff and contractors have participated.

Hapai te Hoe (Maori cultural education programme) education/training is provided to new staff, UCOL graduates and providers such as hospice.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Health and safety report'.

11.2 Care Capacity Demand Management and the Accord report

The paper was taken as read and discussion points noted:

- WDHB is a lot more advanced in terms of the implementation of the CCDM programme than most other district health boards in New Zealand.
- The roll out of CCDM in the community has not occurred yet and nationally there is work being undertaken on this. Nationally work continues on the roll out of CCDM in the allied services' workforce.
- South Canterbury and Whanganui would be the most advanced in terms of implementation of the programme.
- The Ministry of Health, under the Accord agreement, have allocated funding for 7 FTE nursing staff. (This will vary according to the seniority of the staff employed), but has supported WDHB to increase resource into TrendCare and CCDM by 1.2FTE.
- From a budgeting perspective, because WDHB has already implemented CCDM, the Accord agreement will result in an increase in FTEs. The board is now receiving additional funding but is being required to further increase its FTEs.
- The additional resource that has gone into TrendCare and CCDM will be used to improve monitoring of the data in the system.
- The reason most DHBs have not completed implementation of CCDM is because they have been waiting on implementation of the acuity tool (TrendCare) to measure and provide accurate information on patient need and acuity in areas such as mental health, community nursing etc.
- All district health boards are required to implement CCDM by 2021.
- When the Chief Executive and the board chair met with the Minister of Health they advised that the implementation of CCDM across the health boards is likely to result in FTE growth throughout the country.
- In different areas the board has "TrendCare Champions" championing the implementation of TrendCare. The inputting of information is tested and reported and there is a robust process around the quality of the information going into the system.
- Whanganui District Health Board's early implementation of CCDM puts the board in a position of strength relative to other boards over the next few years.
- In terms of the additional FTEs that the board will be required to take on, it is likely that they will be allocated to areas of higher demand and acuity e.g. community services and ED.
- Things change with changes in models of care. It is important that the models of care and any changes in those models align with need, legislative requirements and funding.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Report to board regarding Care Capacity and Demand Management and the Accord funding'.

11.3 Inter-District Flows six-monthly report

Taken as read.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Current status of inter-district flows (IDFs)'.

11.4 Maori Health report

The report was taken as read and discussion points noted:

- The director Maori health has compiled a draft meeting schedule for the WDHB and Hauora A Iwi combined board hui in 2019, based on the dates agreed at the WDHB board meeting on 21 September 2018. Hauora A Iwi received the schedule for consideration on 16 October 2018.

- The Whanganui District Council meeting schedule has been checked, but the draft meeting schedule has not yet been checked against the Whanganui District Council committee meeting schedule. The draft meeting schedule will be checked against the Council's committee meeting schedule and will be discussed at the next Hauora A Iwi meeting.

- The board chair noted that there are clashes for her with the MidCentral board meetings. She will discuss the schedule further with the director of Maori health.

- It was noted that the proposed board only strategy meeting scheduled for 8 November 2018, clashes with the Ratana 100 year celebrations.

It was resolved that the Whanganui District Health Board:

1. **Notes** the draft Hauora A Iwi and WDHB Board Hui Schedule 2019.

2. **Agrees** that the Draft Hauora A Iwi and WDHB Board Hui Schedule 2019 will be an agenda item for the boards' hui 4 December 2018 for discussion and approval.

12 Information papers

Taken as read.

13 Date of next meeting

Friday 14 December 2018 from 10:00am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

14 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
Whanganui District Health Board minutes of meeting held on 21 September 2018 (public-excluded session)	For the reasons set out in the board's agenda of 21 September 2018.	As per the board's agenda of 21 September 2018

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of meeting held on 19 October 2018	For the reasons set out in the Combined Statutory Advisory Committee agenda of 19 October 2018	As per the committee agenda of 19 October 2018
Risk and Audit Committee Meeting 12 September 2018	For the reasons set out in the Risk and Audit Committee agenda of 12 September 2018	As per the committee agenda of 12 September 2018
Chief Executive's report	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)
Multi-employer collective agreement or negotiations	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)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Procurement proposal – new natural gas supply contract with Genesis Energy	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)
Allied Laundry Limited – annual general meeting and financial results	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)
Technical Advisory Services AGM	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)
SMS Millipaed contract renewal	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)
Statement of performance expectations	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)
Detailed financial report September 2018	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

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
Board secretary	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

The public session of the meeting ended at 11.55am.