



# 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, Whanganui  
on Friday 8 May 2015, commencing at 9.30am

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#### **Present**

Ms Kate Joblin, Committee Chair  
Ms Jenny Duncan  
Ms Harete Hipango  
Mr Stuart Hylton  
Ms Maria Potaka  
Mrs Judith MacDonald  
Dr Alan Mangan  
Ms Dot McKinnon (board chair)

#### **In attendance**

Mr Matthew Power, Funding and Contracts Manager  
Ms Sue Campion, Communications Manager  
Ms Shonelle Bristol, Executive 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  
Mr Jon Buchan, Portfolio Manager, Maternal Child and Youth  
Mrs Jennie Fowler, Strategic Advisor Health of Older People

#### **Media**

One media representative attended the meeting.

#### **Public**

One member of the public was in attendance for part of the meeting.

#### **Karakia/reflection**

The committee chair paused for a moment to acknowledge the tragic situation for Nepal.

## **1 Apologies**

Apologies were received and accepted from Mr Frank Bristol, Mr Matthew Rayner and Mrs Rowena Kui, Director Maori Health.

## **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**

### **New Zealand Dr Magazine**

The committee chair tabled to committee members an article that was printed in the New Zealand Dr magazine dated 29 April 2015 regarding DHBs implementing policies around sugar sweetened beverages (SSB).

The general manager made the following comments and clarifications:

- That the article was incorrect and the Whanganui DHB has asked for a correction to be re-printed.
- Whanganui DHB has implemented and adopted Midcentral DHBs SSB policy (we note that Midcentral received a 'tick' in the article for implementing their SSB policy)
- Midcentral allow a larger size of 600ml rather than the 355ml limit we impose.

Committee members requested that this is an agenda item for the next meeting and the following to be reported on:

- How well are we implementing the policy
- Could the policy be improved
- Is it time to review the policy

## **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 27 March 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 27 March 2015:

### **Multi-enrolment of newborn babies**

Portfolio manager, service and business planning has completed a draft a letter for LMCs, however timeliness of this letter provides an opportunity for the letter to include other valuable information and to update them with regards to the maternal service related activities occurring within our district.

Other comments noted:

- Women with babies need to physically attend a practice before they can become registered
- Early intervention is difficult if they are not enrolled or have not attend at practice
- That PHO enrolled population is used as the DHB's total population when calculating funding

The committee chair requested that an update is provided back to this committee in six months' time.

## **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**

Formal feedback on the Whanganui DHB 2015/16 Annual Plan has been received and management are working through this, noting that the next draft is due to the Ministry of Health on the 26 May 2015.

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

#### **Health Target Four – Immunisation**

During Quarter Three of 2014/15 Whanganui DHB immunisation coverage fell from 96% coverage to 86%, this was anticipated and is important to remember that the sudden drop is not a trend, as we have been consistently high in our target immunisation.

The most recent fall in performance in due to the fact that a significant number of parents with strong beliefs around immunisation that prevented both timely immunisation completion and commencement of immunisation. It is important to remember that immunisation remains a personal choice for families as it is deemed to be a medical treatment. We continue to work with these families to provide information to them.

### **Cold Chain Failures**

This quarter there was a cold chain failure that required 14 children to be revaccinated. All children affected were revaccinated.

A discussion was held around the policy and strict monitoring process of the temperatures of the fridges. The Ministry of Health have done a lot of research on this and the policy would not be active if there were any clinical risks in re-immunisation children due to any cold change incidents.

### **8.3 Central Region DHBs Work Programme – Regional Stroke Network**

Whanganui DHB is performing very well against the acute stroke unit targets, Whanganui DHB thrombolysis volumes continue to be lower than target. Whanganui DHB is participating in the sub-regional work to look at options to improve these rates, including use of tele-stroke and a regional roster to support the local team.

### **8.4 Regional Women's Health Service – Update**

An external evaluation of the service is planned for May–June 2015, to assess progress following the first 18 months of the RWHS service arrangements looking into what has worked and what hasn't together with Midcentral and other DHBs.

It was noted that the evaluation will be completed with a '360' aspect.

RWHS steering group will be considering the terms of reference at their next meeting. The committee chair asked that this will be emailed out to committee members.

The committee chair noted that the role of the lead evaluator will need to reflect the different dimensions, management advised that the DHB has confidence in this. Also to be included in the scope we would like to see a detailed structured process of they are going to acquire good consumer feedback.

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

The report was taken as read.

A concern regarding the submission was brought to the attention of the chair. The committee chair requested that management look at the WDHB policy to see if this submission followed the process.

Another committee member advised that this submission clearly shows the names and that it came from an operational team and was not for the board as such.

The general manager agreed that this submission is very clear that it has come from an operation team and as an operation team we cannot ignore government policy. All our submission link into DHB strategies.

A discussion was held around the number of streams within our oral health policy and that submission was not a representation of the board decision.

The committee chair request as a follow up in the matters arising section around the endorsement of submissions.

## **8.6 Whanganui Alliance Leadership Team - Update**

Taken as read.

At the next meeting the Ministry of Health will be attending to discuss integration and advancing re-investment in integration.

## **8.7 Financial performance**

The overall result for the month was \$10k better than budget mainly due to interest income and inter-district flows, partly offset by increased expenditure in aged residential care and pharmaceuticals.

### **March 2015 year to date IDFs variance to budget**

Over the last few months IDF outflows to Capital and Coast and MidCentral DHBs have remained low, positively impacting on the funders' financial performance.

IDFs data for Capital and Coast is below budget which is good news from financial perspective however IDFs are very hard to predict.

Other comments noted:

- Cardiology still high volumes going through to Capital & Coast
- Positive variance in neonates at present
- General surgery is below budget

#### *Older persons*

Growth in unfavourable variance in older persons – growth in dementia is between 12-18% per year, because there is more need. This growth shows that these people need secure environment and secured care. It is difficult for DHBs to budget for growths, however we are doing an evaluation of the data sets and whether coding is correct.

## **8.8 Next committee meeting**

The next joint committee meeting between CPHAC and HAC is scheduled for 31 July 2015, the following suggestion was put forward:

Child health:

- Information (Data and rates)
- Paeds
- Primary and hospital

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

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

The Māori health indicator performance for the central region shows that Whanganui is performing fairly well compared to other central region DHBs.

### *Breastfeeding*

What is happening to get an improvement around breastfeeding at 6 weeks:

- Most of this data is collect from Midwifery when they do a hand over
- Still need to remove barriers
- There are environmental issues
- And this could be a personal choice

Update to be provided at the next committee regarding ASH rates.

## **10 Communications report**

There was no report at this meeting.

## **11 Items for discussion**

### **11.1 Health of Older Persons – Joint Workshop with Hospital Advisory Committee**

*This part of the meeting commenced at 11.30am and the minutes were taken by Tricia Wells, Board Secretary.*

## **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, 19 June 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.

<b>Agenda item</b>	<b>Reason</b>	<b>OIA reference</b>
Community and Public Health/Disability Support Advisory Committee minutes of meeting held on 27 March 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 27 March 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.

<b>Person(s)</b>	<b>Knowledge possessed</b>	<b>Relevance to discussion</b>
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 10.47am and recommenced at 11.30am.