



# Minutes

## Public session

### Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building  
Whanganui Hospital, 100 Heads Road, Whanganui  
on Friday 1 September 2017, commencing at 9.30am

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#### **Combined Statutory Advisory Committee members in attendance**

Mr Stuart Hylton, Committee Chair  
Mr Graham Adams  
Mr Charlie Anderson  
Mrs Philippa Baker-Hogan  
Ms Maraea Bellamy  
Mr Frank Bristol  
Ms Jenny Duncan  
Mr Leslie Gilsean  
Ms Grace Taiaroa  
Mrs Judith MacDonald  
Ms Annette Main  
Mr Matthew Rayner

#### **In attendance**

Ms Tracey Schiebli, General Manager, Service and Business Planning  
Mrs Rowena Kui, Director Māori Health  
Ms Kim Fry, Director Allied Health  
Mrs Andrea Bunn, Senior Portfolio Manager, Mental Health and Health of Older People (*part of the meeting*)  
Mr Jon Buchan, Portfolio Manager, Maternal, Child and Youth Health  
Ms Sue Champion, Communications Manager  
Ms Katherine Fraser-Chapple, Business Manager, Medical, Community and Allied Health  
Mr Jeff Hammond, Associate Director of Nursing, Mental Health/DAMHS (*part of the meeting*).  
Mrs Wendy Stanbrook-Mason, Medical Director, Medical Services  
Ms Katheryn Butters, Nurse Manager, Mental Health and Addiction Services (*part of the meeting*).  
Ms Cleo Mercer, Whanganui Regional Health Network (*part of the meeting*).  
Ms Shonelle Fergusson, EA to General Manager, Service and Business Planning (*minutes*)

#### **Media**

One media representative attended the meeting.

#### **Public**

There were three members of the public in attendance.

#### **Karakia/reflection**

Mr Matt Rayner offered a karakia.

## **1 Welcome and apologies**

Apologies were received and accepted from Dame Tariana Turia, Dot McKinnon, Dr Andrew Brown and Mr Darren Hull.

### **Welcome**

The committee chair welcomed Ms Grace Taiaroa, who is representing Hauora A Iwi, Grace has been appointed and endorsed.

Grace introduced herself to committee members and the following background information was noted:

- Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative
- General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton)
- Member of the WDHb Mental Health and Addictions Strategic Planning Group
- Member of the Maori Health Outcomes Advisory Group

The above will be included in the conflict of interests register.

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

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

*New update:*

Frank Bristol advised that he has been appointed to the HQSC Board's Consumer Advisory Group.

*Amendments to the register of interest:*

Philippa Baker-Hogan is no longer a trustee of Wanganui Events Trust.

Matthew Rayner is now a trustee of Whanganui Hospice.

Graham Adams is a member of Grey Power Wanganui Inc, but is no longer the Treasurer.

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

Nil

## **3 Late items**

No late items were advised.

## **4 Minutes of the previous meeting**

*It was resolved that:*

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 14 July 2017 be approved as a true and correct record.

*All agreed*

## **5 Matters arising**

*Next steps: Page 19 of the minutes 14 July 2017:*

The DHB would take the lead in developing a Suicide Plan, and invite key people from external agencies to contribute.

WDHB has underway a plan which is involving key stakeholders. The plan will be presented back to this committee at a later date.

## **6 Committee Chair's report**

Whanganui District Health Board, Te Hau Ranga Ora hosted over the past few days a research team from Canberra University Australia. The outcome of this research will influence the environment inside and health services delivered from the new regional hospital at Canberra University opening in 2018 and influence the way services are delivered to acknowledge the values and beliefs of their aboriginal people. The research encompasses the ability to practice restorative health practices especially for the indigenous population of Australia.

A welcome for the research team was held at the putiki marae which was an amazing experience to be part of, appreciation and acknowledgment was expressed to the director Māori health and her team. Last night the research team were given a farewell on campus with a Hangi and giving of gifts. The committee chair held up the gift, a painting that was presented to the DHB which shows a sister relationship that has been formed and developed between us while they were here which will be mutually fostered.

On Wednesday, 20<sup>th</sup> September, Ms Susan Reid, NZ Health Literacy director, is coming to Whanganui and we're hoping you will find her presentation interesting and motivating. An invitation will have been sent out to members from Tricia Wells, board secretary.

## **7. Delivery against commitments in the 2017/18 Annual Plan**

### **7.1 Annual Plan focus area: Equitable access to clinical services | Mental health and addictions**

*The committee received a presentation on the wellbeing model and proposed model of care across primary and secondary care by Katheryn Butters, Nurse Manager Mental Health and Addictions Services and Cleo Mercer, WRHN.*

Nationally there is growing call for action and change and Whanganui DHB is well placed as a region to respond and be at the forefront of a shift in approach for mental health and addictions, with Whanganui Rising to the Challenge framing a life course approach.

To achieve the infrastructure and culture change, with an initial focus on primary care, a full systems approach needs to be taken.

Priority areas and goals to include:

- A person centred approach
- Social determinant inclusive
- Involves community/ co-design
- Health not disease focused
- Applying principles of self-management.

To enable these changes, development of a collaborative pathway and the 'Advanced Forms' was created for general practice. Advanced forms are lively, Patient Management System (PMS) integrated tools to ensure a structured and consistent approach to screening, referral and management.

Within the tool there are seven components which interact with each other and clicking on any one of the modules opens up other options. The components are:

- Identification of at risk population
- Te Whare Tapa Whā framework for consideration
- Core screening module
- Live-well assessment
- Clinical module
- Referral directory built-in patient and clinician evaluation.

*Comments noted about the tool are as follows:*

- The tool creates a care plan
- There is a navigation of services/options within the tool
- Pop up reminders for the clinicians
- Links into a whole range of web based support and e-therapy, which can be emailed or texted to the patient (if requested).
- Shown to have continuity of care and better information (speaking the same language).

*Other comments noted:*

- This is business as usual improvement, and is mostly about re-organising where resources are focused
- The Whanganui community have a stabilised workforce and service
- Aim to have clinicians working at the top of their scope
- WDHB has a good base and can meet the national direction however this is locally develop based on our population needs
- It is about having gold standard practice
- Services being inter-connected
- Cohesions for clients
- There will be accountability at all levels through clinical governance.

A committee member acknowledged the changes WDHB is making which are not easy to do, and that this has required leadership from the teams.

It was noted that the WDHB have been approaching the wider audience across GP, pharmacy and practice nurses, the initial engagement has been very positive.

*Presentation attached for committee members:*



Mental health  
presentation - The V

### **Quality improvement and service development update**

Report was taken as read.

### **Suicide Prevention – Barry Taylor**

Report was taken as read.

### **Substance Addiction (Compulsory Assessment and Treatment) (SACAT) Act 2017**

Report was taken as read.

### **Mental Health Social Investment Fund**

Report was taken as read.

### **Office of the Ombudsman visit**

Report was taken as read.

## **7.2 Annual Plan Focus Area: Improving equity for priority populations | All of population initiatives, including prevention and management of long term conditions**

### **7.2.1 System Level Measures: Amenable mortality and acute hospital bed days**

*Lead: Wendy Stanbrook-Mason, Nurse Manager Medical Services*

### **Specialist diabetes services**

Report was taken as read.

### **More heart and diabetes checks**

Report was taken as read.

### **Psychology**

Report was taken as read.

### **Primary Options for Acute Care (POAC)**

Report was taken as read.

### **Access to primary care and acute demand**

The general manager, service and business planning noted to the committee members the growing issues around members of the public presenting themselves at WAM if they cannot get into their own GPs the same day after telephoning in. This has raised some concerns around complex issues and a changing demographic. Public expectations are high. GPs report that some people present to WAM before they have even tried to get an appointment at their GP practice. Some patients ring their GP practice and expect to be seen at a certain time, or are reluctant to see a practice locum instead of their own GP. The DHB is seeking to get a better understanding of these concerns across the health district.

There has been an increase of volumes presenting at WAM, some of which are not urgent care. There is also a flow on impact into the Emergency Department in the hours what WAM is not open.

Some people, often the elderly, have no family/carer support and these are the people who seek out professional help from their GPs because they are socially isolated and wanting to be supported.

A committee member suggested that we could provide more proactive messages and information in the community, for example, at supermarkets, to enable people to manage their own minor ailments.

The general manager noted the important role of the community pharmacist, and asked whether this resource was being used to its full advantage for minor ailments.

### **Cervical and breast screening**

Report was taken as read.

### **Tobacco control**

Report was taken as read.

## **7.2.2 Promoting men's health in the Whanganui DHB region**

Whanganui DHB health promoter, Karney Herewini, was in attendance at the committee meeting to provide an overview of activity that has been occurring in our community to promote men's health.

"Men's Health Matters ... We want our tāne to live long and healthy lives – for themselves and for their whanau." – Dr Tom Muholland

#### *Tane Hauora collaborative:*

Key stakeholders responsible for Men's Health Whanganui 2017.

- Nine local stakeholders organisations
- Seven key areas to promote health
- Four shared outcomes:
  1. Collaboration
  2. Promote
  3. Engage
  4. Increase awareness.

#### *Promotion:*

Through the collaborative efforts of the Tane Hauora collective, a variety of health promotion approaches were used to promote Men's health month (June 2017). The following approaches were targeted within the Whanganui DHB region and aimed to localise and promote Men's health:

- Development of a communications plan with key messages and reframing Men's health from "What's the matter with you" to "What matters to you"
- 27 short clips and snippets (social media outlets) which received over 45K views
- 7 specific events posters - 150 men's health posters were distributed to local businesses and GPs
- 4 billboards for the community
- Radio adverts played multi times during the day across media networks
- 3 morning radio talk show on Awa FM
- 2 live feeds from the events held
- 15 specific men's health articles within local newspapers across the month
- 4 specific email campaigns targeted to 309 recipients
- 1 specific mail out campaign targeting 178 recipients as a reminder to visit their GP – 3 year drop off rule.

*Engaging men in means health month outcomes:*

- 89% response rate from participant evaluations that were captured
- 104 participants involved in the 2 challenges – Man Challenge and Mitre 10 Beard Challenge
- 69 participants in the workshops and education
- 60 participants in the family friendly approaches
- 40 participants in health checks provided by PHC/WDHB staff at 2 events
- 10 participants in lunch time physical activity
- 19 men created short clips in the video clips sharing “what matters to them”

*Increasing Awareness:*

Men’s health month was successful in achieving all shared outcomes through the activities and approaches used. Evaluations showed an increase awareness of men’s health and 91.8% increase in their awareness about men’s health.

*Collaboration:*

Key stakeholders rated the overall success of Men’s Health Month 3.5 out of 4 which is a rating of very good, stakeholders were also interested in promoting Men’s Health in June 2018.

A model/framework has been developed to guide future work in this space.

*Action plan: Opportunities for future work*

- Stakeholder and community partners analysis
- Further resourcing to extend the reach and growth of Men’s Health initiatives
- Investigate barriers for men accessing primary health care
- Targeted approaches for reaching harder to reach areas including rural areas
- Stronger focus and priority on key health areas – ie Mental Health
- Working with business and developing partnerships with workplaces
- Improving determinants impacting on men’s health

*A copy of the presentation is included below for the committee:*



Mens health  
month, MHM 2017 F

### **7.2.3 Whanganui DHB Community Responsiveness Programme**

*Lead: Eileen O’Leary, Project Manager, Service and Business Planning*

#### **Community Responsiveness |**

#### **Improving attendance at scheduled appointments (did not attend/DNA)**

##### *Audiology and Newborn Hearing Screening Improvement Initiative:*

It was noted that within 48 hours of birth is the best time for this screening to occur, but in some cases screening cannot be achieved due to home births, babies’ ear drum issues and unsettled babies at the time of screening.

#### **Community Responsiveness | Health Literacy**

It was suggested that community posters are developed.

#### **Community Responsiveness | Supporting Patient Navigation**

WDHB is currently looking into the patient processes within the hospital.

### **Community Responsiveness | Patient Transport**

- Developing support for patients to get to their FSA
- Working with Maori health providers in rural areas to identify need.

### **7.2.4 Cardiac Service Improvement Programme**

*Leads: Wendy Stanbrook-Mason, Nurse Manager Medical Services  
Katherine Fraser-Chapple, Business Manager Medical, Allied and Community Services*

A work plan is being developed to look at the big picture of service provision and to inform the work to create service improvement and improve equity. We will be working with primary healthcare to improve referral processes and timely access to echo diagnostics.

*Other comments:*

- Supporting primary care in early identification of cardiovascular risk, management, and rehabilitation, focusing on Māori
- Development in the cardiac echo service including workforce/resourcing
- Continue to work with MidCentral DHB to manage cardiologist services
- Good heart health promotion required
- Monitor engagement in cardiac rehabilitation for Māori.

### **7.3 Annual Plan focus area: Improving equity for priority populations | Maternal, child and youth health**

*Lead: Jon Buchan Portfolio Manager: Maternal Child and Youth, Service & Business Planning*

It was noted that the inpatient unit has been busy and at capacity sometimes, this may be due to the winter 'knock on' effect.

#### **7.3.1 System Level Measure | Ambulatory Sensitive Hospitalisations (ASH)**

Report was taken as read.

#### **7.3.2 System Level Measure | Babies in smokefree households**

It was suggested that a different narrative is required and/or research to understand what matters to women and their whanau in relation to smokefree.

Development of some communication around the policies that have been approved, for example what is the difference between vaping and smoking in certain areas.

#### **7.3.3 System Level Measure | Youth access to services**

Report was taken as read.

### **7.3.4 Oral Health Improvement Project**

*Lead: Kim Fry, Director Allied Health (Oral Health Improvement Project) and Felicity Spencer, Project Lead*

The data provided in the committee report showed a definite improvement over the years, and also reflects the hard work of the dental team in both the percentage of children who are carries free at age five and year eight.

WDHB are under meeting our carries free rate by 3.2% , however our high enrolment rate of our pre-schoolers means that more of them are being seen, and treated, which in turn will have an impact on the caries rate.

Although we may have a high rate of failed appointments among the pre-school population, the actual total population who have not been seen meets and exceeds the target again, showing a positive outcome for the hard work we are doing.

Whanganui DHB is conducting a thorough mapping of what is currently happening within our community. We will continue working with the Kohanga's, Haumoana team, public health staff, dental staff, Plunket, Tamariki Ora nurses and patients.

A mobile van has visited Te Oranganui during the school holidays, and other potential sites outside of schools are being considered.

A committee member asked why services could not be taken to Kohanga. One response was that almost all our Kohanga are collocated with schools so getting children to the clinics should be able to be coordinated.

During discussion the committee expressed their concerns around all social determinants of health especially around housing within Whanganui and that the local housing has become a real issue to the health of our community.

The issue of who should lead this work was discussed. It was agreed that the DHB should participate, but not lead, but that a push for healthy homes in the broader context be given at the right level. It was suggested that this should be taken up with the district councils, and that this should be a priority at the Safer Whanganui Committee.

#### ***Recommendation:***

- 1. That** the WDHB Statutory Advisory Committee progresses a formal request via the Whanganui Mayor that the Safer Whanganui Council Committee takes the lead on healthy homes in the broader content.

*All agreed.*

## **7.4 Annual Plan focus area: Living within our means**

### **7.4.1 Service and Business Planning (Funding Division)**

*Lead: Matt Power, Funding and Contracts Manager*

Report was taken as read.

## **7.4.2 Mental health and addictions services (Provider Division)**

*Lead: Peter Wood-Bodley, Business Manager Surgical Services and Procurement*

Report was taken as read.

## **7.4.3 Medical Services including ED, Medical Ward, Critical Care Unit, AT&R (Provider Division)**

*Lead: Kath Fraser-Chapple, Business Manager Medical, Community and Allied Health*

It was noted that the nursing costs are over budget due to high volumes on the wards and in ED due to the winter alignments, and high level of un-wellness in the community.

The committee was advised to read page 111 (Attachment 2.1) which shows the acute demand and pressures at WDHB. The purpose of this report was to provide a high level snapshot of current pressures and how we managed the pressure and demand on the Emergency Department.

## **8 Date of next meeting**

Friday, 13 October 2017.

## **9 Glossary and terms of reference**

Taken as read.

## **10 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.

<b>Agenda item</b>	<b>Reason</b>	<b>OIA reference</b>
Minutes of meeting held on 14 July 2017 (public excluded session)	For the reasons set out in the committee's agenda of 14 July 2017	As per the committee's agenda of 14 July 2017

### **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, senior managers and clinicians	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 meeting

The public session of the meeting ended at 12.04pm.