MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD – PART I
HELD ON MONDAY 27 AUGUST 2012
LEARNING CENTRE, MAUNU HOUSE,
WHANGAREI HOSPITAL
COMMENCING AT 11.33am

PRESENT
Tony Norman (Chair) Pauline Allan-Downs
John Bain Craig Brown
Greg Gent Libby Jones
Colin Kitchen Sally Macauley
June McCabe Bill Sanderson
Sharon Shea

IN ATTENDANCE
Nick Chamberlain (CEO), Michelle Crayton-Brown, Liz Inch, Kathryn Leydon, Robert Paine, Kim Tito, Dr Win Bennett (part), Dr Clair Mills (part),

Members of the public

PROCEDURES
The fire exits were noted

1. APOLOGIES
There were no apologies

2. CONFLICTS OF INTEREST
The Chair reminded Board members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise

Greg Gent declared that he had been appointed as Chair of the Kaipara District Council Review Team, and as a Director of Southern Cross

Tony Norman declared he was a Director of healthAlliance, and as of this week he is Acting Chairman

3. CONFIRMATION OF THE MINUTES
IT WAS MOVED THAT the minutes of the meeting held on 16 July 2012 be accepted

MOVED Greg Gent : SECONDED June McCabe CARRIED

4. MATTERS/ACTIONS ARISING FROM 16 July 2012
Child Health Inequalities and Preventable Hospitalisations in Northland
Paper presented by Dr Win Bennett and Dr Clair Mills on Child Health Inequities and
Preventable Hospitalisations in Northland.

Summary:
- Maori children under five are admitted to hospital with avoidable admissions at twice the rate of non-Maori and stay longer, have more complications and are more likely to be readmitted. The main causes are acute infections, respiratory and dental
- Important long-term implications: chronic ill health - asthma, chronic lung damage and bronchiectasis, rheumatic heart disease, hearing loss, dental problems, reduced growth and learning, school absences
- 60% of births in Northland are Maori and from low-decile populations
- An ageing population and adolescent migration, setting the scene for a future of increasing economic and health burden
- Two health policy issues:
  i. health determinants and environment, and
  ii. access to care / quality of care
- Evidence strongly suggests that the right interventions in the appropriate policy setting can change outcomes positively
- The Northland Health Services Plan (NHSP) provides strategic direction and includes many initiatives relevant to this paper.

Key Issues and Discussion Points:
- An NHSP Implementation workshop is scheduled for September. Child health and inequalities is a major focus of the NHSP and fits with the national agenda around vulnerable children. Where actions are linked we will identify and ensure they are one particular coordinated action
- The Public Health team are working with the PMPPH team on key indicators of progress and will develop a reporting framework for the Board, and lower level reporting for each of the groups that are set up
- Nursing roles in schools: Current reviewing school health services and role of Public Health Nurses (PHNs). Looked at rheumatic fever prevention projects, offer free access to swabbing and treatment. Looking at a pilot alongside this where PHNs will be involved in managing skin infections
- Schools identified as an important access channel to children. There will be a coordinated school plan as part of the NHSP
- Star Programme run in GP practices on long term conditions. Programme is about managing people with chronic disease over a long period of time. Use nursing staff in a different way so they essentially run the patient's programme and use the doctor as advisor. A care plan is developed for the patient that involves regular visits, review of medications, to increase quality of care for patient and more effectively look after a large number of people
- It was recommended that the ‘ASH’ paper go to Hei Mangai Hauora Mo Te Waka A Taonui (Maori Health Gains Council)
  A 2008 study by Dr Ratana Walker et al identified that there is poorer access in community care by Maori, resulting in higher ASH rates in hospital, and noted that Maori children are not showing on PHO enrolment registers.
- Inequities in health are alterable - with economic recession inequities have grown. Doing things in primary care can make quite a difference to our hospitalisation rates. Need to work cross-sector with other agencies
- A lead agency to drive change is needed, need parents/families/whanau to want to change the situation
- Interventions in NHSP will take time to impact on life expectancy. Focus is on children. Don’t expect to see any credible results until next year.
IT WAS MOVED THAT the Board:
  • **Note** the disparities in child health and their long term implications for the health sector;
  • **Note** the need for both population health and service delivery initiatives to reduce avoidable hospital admissions and reduce inequalities for children in Northland;
  • **Supports** development of a coordinated work plan to implement population, primary and hospital priority actions in the NHSP related to child health.

MOVED Craig Brown : SECONDED Libby Jones CARRIED

Immunisation Denominator
  • The immunisation denominator is the PHO register data, but the NIR data is the numerator. Patients who are known to have left the district can only be taken off a PHO register if they enrol with another PHO or after three years without contact.
  • Northland has the second poorest immunisation rates for the June quarter.
  • The enrolment rules are rigidly applied at the national level.

Dr Clair Mills did research to quantify the issue. The MoH is working with the Ministry of Immigration to see how immigration data can be used to update immunisation register. The Northland population is quite transient, at around 5%. Can track through other DHBs.

5. ADVISORY COMMITTEES

Advisory Committee meetings were held earlier today
  • No issues out of HAC or CPHAC
  • Clinical integration may be moved into CPHAC/DiSAC meeting
  • Regular PHO update will be provided to CPHAC/DiSAC

6. CHAIR’S REPORT

The Chair spoke to his report
  • There were no issues raised

IT WAS MOVED THAT the Board receives the Chair’s report

MOVED Tony Norman : SECONDED Bill Sanderson CARRIED

7. CHIEF EXECUTIVE’S REPORT

The CEO spoke to his report, which was taken as read

Pg 036 / Para 5 to be corrected to read:
  Overall coverage is 74.8% with Maori at 72.4% and non-Maori at 75.4%

Key Issues and Discussion Points:
  • Positives: Outstanding achievement in elective service performance in number of patients seen and zero waiting at end of June. Significant achievement for teams
  • Whangarei Hospital being painted
  • Supporting “It’s not Ok” family violence campaign
  • Project Promise has reached $1.5million
• Achievement in breast screening and hand hygiene, of note best or best equal in country
• Certification surveillance audit based on last year’s audit has occurred. Much improved performance on previous audit
• 3,300 NHSP summary documents and a number of full documents sent to staff and key stakeholders.
• Received approx 30 significant pieces of feedback on NHSP. Large number of staff completed quiz
• Meningococcal C vaccine, discussion on options for using short-dated vaccine

IT WAS MOVED THAT the Board receive the Chief Executive’s report

MOVED Sally Macauley : SECONDED Pauline Allan-Downs CARRIED

7.1 FINANCIAL REPORT - JUNE 2012

The GM, Finance, Funding & Commercial Services spoke to the Financial Report

Key Issues and Discussion Points:
• The reported financial result for the DHB of $137k surplus for the year is subject to final audit clearance. Minor subsequent changes have increased the surplus to approximately $300k.
• Pressure on acute services within hospital NDHB Services (previously Provider Arm)
• Health targets met for ED length of stay and elective surgery.
• Revenue $5,77k favourable to budget and includes Meningococcal C reimbursement of $2.2M.
• Expenditure over budget $5,385k and includes Meningococcal C costs of $3M.
• The Mental Health Acute Inpatient Unit has been very busy and there has been resultant over expenditure.
• The balance sheet as reported does not include the revaluation of land and buildings at 30 June 2012. The valuation was significantly higher than three years ago. DHB will be compensated the resultant additional capital charge due to change of rules by MoH. Assets that weren’t previously required have been brought onto our books, due to audit and insurance requirements. To be discussed in more detail at Audit Committee
• Long service leave and retirement provisions increased significantly because of our ageing workforce. In the 65 years and older group, head count increased from 93 to 128 in past year.

IT WAS MOVED THAT the Board receive the Financial report

MOVED Bill Sanderson : SECONDED Craig Brown CARRIED

8. GENERAL BUSINESS

8.1 Health Targets taken as read
The Health Target results were noted
• Immunisation —. Dropped backwards last quarter despite significant resources
• Now have new target – instead of being fully immunised by 2 years of age it is now 8 months
• Coordinated plan, steering group, structures in place, trying to drive more accountability in primary care. We now have very early registration and enrolment occurring, midwives more proactive, primary care very engaged, PHOs putting in resources, NDHB investing further, have role which is driving immunisation within hospital services
• good performance for DHB in other targets

8.2 Better Public Services – Five Year Targets
• 95 percent of eight-month olds fully immunised
• Reduce the incidence of rheumatic fever by two thirds
• Reduce continued growth in child assaults - achieving high levels of compliance of the violence intervention programme. NDHB received outstanding achievement for family violence this quarter
• Staff have training in violence detection and reporting.

IT WAS MOVED THAT the Board note the contents of the briefing and discuss what “Better Public Services” means for Northland DHB in order to lead, deliver and work with communities to achieve the outcomes sought

MOVED Sally Macauley : SECONDED Sharon Shea CARRIED

8.3 Bay of Islands Hospital Redevelopment Update

Key Issues and Discussion Points:
• GPs and Maori health provider in Kawakawa want to have IFHC on site. Will take longer to upgrade facility. Need to clarify if the IFHC will be detached or add-on to current facility, or integrated within current facility. Significant capital cost, issues with public/private partnerships but NDHB is supporting the project. Need to develop model of care which will inform design going forward. Dedicated resource supplied and working group established. Work progressing.
• Discussion for requirement of steering committee re this project

IT WAS MOVED THAT the Board note the contents of this briefing

MOVED Colin Kitchen : SECONDED Bill Sanderson CARRIED

8.4 Draft 2013 Meeting Schedule
• Keep meeting times flexible
• Reduce number of presentations to committees,
• Move clinical integration from HAC to CPHAC/DisAC

IT WAS MOVED THAT the Board approves the draft 2013 meeting schedule

MOVED Greg Gent : SECONDED June McCabe CARRIED

9. NEXT MEETING DETAILS

The date of the next meeting is Monday 8 October 2012, 11.15am venue to be confirmed
10. RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:
“That the public be excluded from the following part of this meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;

<table>
<thead>
<tr>
<th>Agenda item and general subject of the matter to be discussed</th>
<th>Reason</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Confirmation of minutes for meeting held on – Public excluded session 16 July 2012</td>
<td>For reasons given in the previous meeting</td>
<td></td>
</tr>
<tr>
<td>12. Matters/Actions Arising</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>13. Primary Care Services</td>
<td>Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)</td>
<td>9 (2)(j)</td>
</tr>
<tr>
<td>14. Whangarei Hospital Car Parking</td>
<td>Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)</td>
<td>9 (2)(j)</td>
</tr>
<tr>
<td>15. Patient Administration System</td>
<td>Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)</td>
<td>9 (2)(j)</td>
</tr>
<tr>
<td>16. Risk Management/Initiatives</td>
<td>Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)</td>
<td>9 (2)(j)</td>
</tr>
</tbody>
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MOVED Craig Brown : SECONDED June McCabe CARRIED
11. CONFIRMATION OF PUBLIC EXCLUDED MINUTES
   The minutes were approved

12. MATTERS/ACTIONS ARISING
   The matters were discussed

13. PRIMARY CARE SERVICES
   The submission was approved

14. WHANGAREI HOSPITAL CAR PARKING
   The submission was approved

15. PATIENT ADMINISTRATION SYSTEM
   The paper was noted

16. RISK MANAGEMENT/INITIATIVES
   The issues were discussed

The meeting closed at 3.44pm

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting

__________________________________________  __________________________
CHAIR                                      DATE