

**MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD
COMMUNITY & PUBLIC HEALTH AND DISABILITY
SUPPORT ADVISORY COMMITTEE**

**HELD ON MONDAY 4 DECEMBER 2017
IN THE WAIPOUA ROOM, TOHORĀ HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 9.00AM

CPHAC/ DiSAC

Libby Jones (Chair)
Sue Brown
Craig Brown

Beth Cooper
Sally Macauley
Beryl Wilkinson

IN ATTENDANCE

Nick Chamberlain, John Wansbone, Kath Bowmar (part), Warren Moetara (part), Kathryn Leydon, Sarah Hunt (minutes)

APOLOGIES

Sharon Shea, Jonny Wilkinson

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

1. COMMITTEE MINUTES

1.1. That the minutes of the CPHAC/DiSAC meeting held on 25 September 2017 be approved.

Two points were clarified and minutes updated to reflect these changes.

MOVED Sally Macauley: SECONDED Sue Brown

CARRIED

1.2. Matters/Actions Arising

1.2.1. Copy of feedback given to NRA for the Northern Region Health Plan

- Taken as read.
- Youth specific services data doesn't get into region reporting at all. Committee would still like to see this detail. GM PIPP to follow up for next meeting
- Population data shows numbers of elderly in Northland are rising. Concerned with people living at home alone. Need to be looking very clearly at home support services. New estimates show that 60,000 older people in NZ are considered socially isolated.
- Pay equity hasn't enticed the quality and increased numbers of persons into the environment as expected, which is concerning. Recently some poor outcomes as a result of short staffing.
- Don't believe that carer stress is being adequately addressed. Carer stress has been included in a number of national plans so something to monitor more closely.
- Report identifying possible strategies to address carer stress as part of the Committee work plan in the new year to be prepared.

1.2.2. Update on early draft of implementation framework for NZ Disability Strategy

- Defer to March meeting

1.2.3. Report to identify how many patients with high ED utilisation aren't linked with a GP any processes already in place to support this

- Report was taken as read.

1.2.4. Why Prostate Cancer reporting isn't included in the Statement of Performance

- Statement of Performance is a selective snapshot combination of metrics that have been pulled together.
- Prostate cancer reporting has not been identified through national or local priorities.
- New Northland Health Services Plan will identify and present metrics.
- Conflicting evidence around value of prostate screening, as a result there is no national programme. Currently have cervical, breast, colorectal screen programmes. Any new screening programme needs to be evidence based and nationally supported.
- Request for future discussion on diabetes/ future plan action list, specifically poor performance and inequalities for Maori. Would like a proposal around diabetes on the workplan for 2018.

2. CHAIR'S REPORT

- Chair thanked the committee members for their input throughout the year.
- Reminder to attend the meeting on 30 January 2018.
- Encouraged members to review both the DHB website and Facebook pages periodically – both are useful resources to identify what is happening in DHB services.

3. SYSTEM PERFORMANCE

3.1 Northland Health Services Plan (NHSP) Update

- Another pleasing quarter with good progress made with Neighbourhood Healthcare Homes projects.
- Nursing models of care. Project that was established 18 months ago and implemented this year. Success with the nurse navigator role, however only 1 role and Whangarei based.
- Nurse specialist teams discussed.
- District nursing service trialling MDT case conferences with GPs.
- Te Hono – enables rural GPs to have access to secondary services specialists via video conferencing. Has been very successful.
- Individual clinics being run via telehealth. Patients attend with a nurse, the specialist is at another site. Can be diagnosis through to treatment and management. Advice for surgery can be provided, however specialist surgeons prefer to travel in Northland.
- Telehealth is a key strategy for Northland to improve access for patients.
- HSC Coordinator will have a regional focus, to balance out Nursing MOC being Whangarei only. Vision is to apply this across Northland, however recognise there will be different models in the districts.
- Discussed work that Dr Lance O'Sullivan has been doing with his App. Board Chair has requested that Dr O'Sullivan present this initiative to the Board. Some concern noted with regards to co-payment of pharmacy scripts.

3.2 Northern Region Health Plan Update, Quarter 1 Update

- Youth projects – chlamydia testing and u25 pregnancy, alcohol presentations. Auckland DHBs are focussing on Chlamydia, Northland is focussing on alcohol presentations.
- Committee requested more information on delivery of medication with a drone. Recognise this as the way of the future, however would like to understand what the process will be. Currently trialling it in Hokianga. Fits with telehealth and the mix of virtual care and remote access.
- Smart Health approaches will be driven by consumers.
- Concern with current approach around primary care and the new government reducing costs – don't believe that barrier of co-payments for scripts and medications have been considered.
- Teen pregnancies data is across the Northern Region. Useful to extract Northland data for this.
- Stroke – concern with ADHB offering services to other DHBs and how that will affect Northland people attending the Auckland unit. Chief Executive explained that clot retrieval in New Zealand is only done in Auckland. Northland has a strong voice, however the challenge is more to do with timeliness of access post event.

4. INFORMATION PAPERS

4.1 Public and Population Health Services Update

- Kath Bowmar and Warren Moetara spoke to the paper, which was taken as read.
- Business as usual with planning processes and District Councils.
- Discussed subdivision regarding Whangarei subdivision and concerns regarding septic systems, wastewater and aquifers.
- Mumps outbreak in Dargaville. Have requested that GPs recall all U5s who aren't fully immunised. Public health nurses following up with schools.
- Pertussis outbreak. Some cases in Ngunguru which has a higher non immunisation level.
- New legislation regarding STIs. Sexual Health clinic already follows up, and refers to district nurses if unable to make contact. Similar rates of infection to last year. Discussed under-reporting and possible increase now that GPs are required to report.
- High level Havelock Inquiry report due 8 December. Anticipating stronger emphasis on compliance and enforcement.
- Kaeo Water supply. Very active residents group that continues to raise issues around quality of water supply. Noted that the water supply is privately owned.
- Alcohol related harm. Concern with funds available to the industry and potential for them to fight all hearings. Harm is significant for certain populations, particularly young people. Consider national solution with new government.

4.2 Development of the new Northland Health Services Plan

- Report taken as read.

5. GENERAL BUSINESS

5.1 Pressure Area Management in the Community: Presentation – Hayley Moyle, Clinical Nurse Manager, District Nursing

- District Nursing: One service of the multiple provides – ACC and Non ACC; Referrals from Inpatient setting, Aged Residential Care (ARC), General Practice (GP), Iwi providers.
- Inpatient presentation: ED gateway – preventative measure – pre-existing, high risk, hospital acquired; Discharge – multiple providers e.g. Geneva, iwi providers, occupational therapy +- DN. Issues with equipment and assessments discussed.
- DN management. Referrals from DHB, ARC, GP – issues knowledge and equipment; Interface disjointed – OT/ DHB differing assessment tools, ARC products, knowledge and skills; Wound management – Range products packing/ pad to complex NWPT, 15 minutes to 60 plus minutes per dressing, Daily or 2-3 times a week. Discussed support/ education for carers.
- Solutions. Standardisation of assessment tools; interdisciplinary approach; hybrid mattress as preventative; access to equipment 24/7; true interface inpatient to all community; tissue viability service.
- Co-ordination occurs in each ward if required – pressure injury risk assessment. Not currently available for community. Last year less than 5% of new pressure injuries were caused by DHB owned services. However, noted that if someone presents to ED with an existing pressure injury they do not improve while in hospital. Struggle with chronic wounds.
- Data collection on source of injury is difficult. Noted the extra stress on carers when a pressure injury is additional to current care requirements.
- Tissue Viability Service would ensure education occurs proactively to prevent injuries occurring in the first place.
- Consider categories of people who are more susceptible to pressure injuries.
- Cost of dressings is expensive.
- Single most important thing that can be done across the whole spectrum is purchase/ supply of preventative mattresses and seating. In the home would be the most important – residential care – wherever the person lives.
- Pressure sores in ED and concern about resourcing/ equipment of the same. Requested that this be followed up to ensure most proactive stance is being taken. Results of that are not required at this forum.

5.2 Primary Options Programme Update

- Defer to March meeting.

5.3 Results Based Accountability – Presentation: Sunitha Gowda, Population Health Strategist, Public & Population Health; Susanne Scanlen, Portfolio Manager, Health of Older People; Stephen Jackson, Health Planner, Planning, Integration, People & Performance.

- Outcome focussed planning, funding and monitoring across the Northland health sector
- An outcome focused model measures more and better than input or output focused approaches
- RBA concepts – 2 key types of accountability and language discipline; 3 types of performance measures; 7 questions from ends to means
- From populations to clients – population, performance accountability
- Use: RBA informs your strategies and choice of programmes/ services when planning
- Progress achievements – population accountability framework; northland health services plan; maori health directorate; northland public health unit's strategic plan, annual planning and reporting; northland DHBs contracts, health of older people contracts, whanau ora contracts, primary care mental health services; oral health service – planning and monitoring.
- Challenges – context; last minute; quality improvement; lean principles; misconceptions; working in silo's
- **Committee requested that the presentation be emailed.**
- Require ELT support to finalise population outcome measures.
- Further session required on this due to lack of time.

5.4 Progress on the NDHB Annual plan with regard to accessibility

- Defer to March meeting

6. NEXT MEETING DETAILS

The date of the next meeting is: Tuesday 30 January 2018 at 9.00am in the Tangihua Room, Tohorā House, Whangarei Hospital.

There being no further business the meeting closed at 10:30 am

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

CHAIR

DATE