

**MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE**

**HELD ON MONDAY 10 APRIL 2017
TE WAKA HAUORA, KAITAIA HOSPITAL**

COMMENCING AT 9.00 AM

PRESENT

John Bain (Chair)
Sally Macauley
Sue Brown

Libby Jones
Gary Payinda

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Andrew Potts, Neil Beney, Ian McKenzie, Jeanette Wedding, Mike Roberts, Harold Wereta, Margareth Broodkoorn, Sam Bartrum, Dr Murray Patton (part), Jenny Freedman-Hague (part), Segina Te Ahuahu (part) Liz Inch, Kathryn Leydon, Julie Shepherd (notes)

APOLOGIES

Denise Jensen, Debbie Evans

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

1. COMMITTEE MINUTES

1.1 Confirmation of Minutes

It was moved that the minutes of the meeting held on 6 March 2017 be approved

MOVED Sally Macauley : SECONDED John Bain CARRIED

1.2 Matters/Actions Arising

1.2.1 Presentations on new Mental Health and Addictions model of care.

- Ian McKenzie, GM, Mental Health and Addictions gave a presentation on the External Review Update
- This significant review was commissioned in 2015 using external experts and focussed mainly on adult services. The report made 40 recommendations and progress is being made on all these
- Governance and leadership – these changes have led to the recruitment of a new General Manager and Clinical Director who with the Director of Nursing in a clinical governance model is evolving well
- Although not originally part of the NHSP, Mental Health and Addictions will be included moving forward
- Engagement with staff is the next level of activity, listening to their concerns, establishing gaps in the service and areas for improvement
- Increased resources have been approved to assist the service – four inpatients beds; an additional 20FTE this year and more next year; they are a passionate local workforce with a good representation of Maori; the aim is to grow our own with both doctors and nursing staff
- Staff culture and morale is a work in progress but there is now greater opportunity for communication and regular forums with NGO and primary care partners for problem resolution. Acuity, drug & methamphetamine use is a feature of the service. H&S is

constantly addressed. The new model of care will assist with this

- There were 47 staff vacancies in January, 39 in February, 35 in March, and beds are being used as demand dictates
- Quality & Safety – a clinically led quality group are routinely turning round and addressing issues
- Maori mental health – Te Roopu Whitiara (Maori clinical team) is close to fully staffed. The GM, Maori Health has assisted with recruitment and skill development. The Clinical Governance Group has endorsed developing a model of care to ensure the experience of care for both whanau and patient is safe and appropriate – it is not just the care but the need for engagement to include the entire family
- Youth service – Northland DHB no longer has youth beds in Whangarei as it is felt more appropriate for youth to be treated in Auckland. However it is acknowledged that this is away from their families.
- Occupancy of the inpatient unit fluctuates. The ideal is around 90% occupancy rate

Dr Murray Patton, Clinical Director, Mental Health & Addiction Services gave a presentation on implementation of the Model of Care

- Factors influencing the Model of Care are – closer to home; fit for purpose; co-location and collaboration; working to top of scope; shared care; communication and information sharing; evidence based practice and outcomes focus
- The inpatient facilities are inadequate and certain areas will be wanting refurbishment
- Northland DHBs vision and values and Mental Health's Components of Recovery underpin the Model of Care
- 3% of the population have serious mental health disorders moving to 9% with milder or moderate presentations
- They will be engaging with people widely across the sector. This engagement will be with teams rather than just leaders and front line staff will be involved. This will assist evolving into where we want to be over next five years. The data assists with planning for staff and NGOs
- Dashboards were explained
- Developing a shared care relationship with NGOs and the Model of Care will assist in the change process to shape the future

Jenny Freedman-Hague (Clinical Psychologist) gave a presentation on Substance Abuse Compulsory Assessment and Treatment

- The National Drug Policy aims to minimising harm caused by drug use by supply control, demand reduction and problem implementation, through an wide range of treatments
- The Alcoholism and Drug Addiction Act has been replaced by the Substance Addiction (Compulsory Assessment & Treatment) Act.
- The new Act is similar to legislation in Australia and is aimed at restoring capacity to make decisions about treatment for people with severe substance dependence.
- Waitemata DHB has led the Northern region process for the new Act. It has been developed with clinicians, and a technical advisory group to develop a model of care for the region. It will utilise a hospital based service with a continuum of care in a semi-secure environment.
- The new Act will make compulsory treatment for a very short period of time and then it is voluntary.
- In the northern region a hub (Auckland) and spoke (Northland) model will be used with a multi-disciplinary team
- The new Act has been widely consulted and is aligned with human rights legislation & the Mental Health Act. It is seen as mana enhancing.
- Risks include the fact that the bar is low and the Act allows for insufficient duration to treat properly. The volumes are unknown, there is a risk of revolving clients and the issue of community expectations. The facility will be in Auckland and availability for a supported community facility is unknown. The Minister is considering the Northern region's proposal
- NA – Narcotics Anonymous has a branch in Northland and like AA has success over a longer period of time

Segina Te Ahuahu Gave a presentation on the Methamphetamine Demand Reduction Joint Venture – Te Ara Oranga

- This is a joint venture with health and police testing an innovative approach to break the drug supply chain and reduce drug harm within Northland. New funding comes from the Proceeds of Crime Act and is confirmed for the first year and probably the second.
- The venture has the oversight of the Social Wellbeing Governance Group for the project and steering group.
- Indications report 1130 people in Northland used Methamphetamine during the 2014/15 year and of these our service saw 100 people. It is very addictive and users will take a long time to seek help. It is very expensive and brings criminal activity. It often isolates users from their supports.
- 1-3% of New Zealanders have used Methamphetamine
- The model of care comprises - screening and brief intervention; treatment; whanau/ community resource
- Risks include continued funding, recruitment, and managing expectations
- Mental Health and Addictions currently work in the Prison
- Discussion about efficacy of treatment and assessment of the programme. Agreed having regular employment or activity was important to long term success.
- Evaluation of the programme will be undertaken and reoffending rates will be considered
- Methamphetamine users often don't want to engage. They are usually best helped by outreach services but acknowledged addiction is a chronic illness.
- A survey of 1,000 16 year olds showed 80% binge drink, 6% are cannabis dependent 30% use cannabis two or more times a week

1.2.2 Performance against quarterly financial forecast to be included in financial report

- Actioned

2. CHAIR'S REPORT

- No report

3. GENERAL BUSINESS

- No general business

4. SYSTEMS PERFORMANCE

4.1 Operational Report

- Acute admissions remained high in February with high ED presentations
- ED length of stay target continues to prove challenging with high bed occupancy level and acute admissions
- Funding for the methamphetamine demand reduction programme in Northland has been confirmed
- A weekly dental service is now being provided at Ngawha Prison by the community dentists
- There were zero falls with harm in February for the district hospitals and Ward 15 at Whangarei Hospital
- Acute medical activity year to date is 19% above the budgeted level. The DHB was ESPI non-compliant in February with regard to first specialist appointments and elective surgery but expected to regain compliance in March for elective surgery.
- Opportunistic immunisations continue to be undertaken in children's services
- Acute activity growth and the requirement to deliver additional elective surgery continue to present financial challenges
- Sick leave levels in February were below the 3% target level

Surgical

- Acute surgical activity was 9% over the planned level, which is not as much as the increase in acute medicine, however it has resulted in the cancellation of a number of elective operations
- Pressure remains with colonoscopy waiting times are expected to reduce with the appointment of a second gastroenterologist

Outpatients/Cancer and Blood Services

- High cost medical oncology treatments for melanoma and breast cancer are presenting a substantial financial pressure. These treatments have a high nursing workload and pharmacy component. Clinical haematology treatment has also grown considerably following the development of a local service. The treatment costs used to be in Auckland IDFs.
- Chemotherapy has doubled over three years. Our population is growing and aging and there is a level of unmet need which becomes manifest when a local service is established.
- Preparation for the commencement of a satellite medical oncology service at Kaitaia Hospital continues. Subject to funding approval for capital purchases the service is expected to commence in July 2017. There are modest numbers of patients involved but at present they need to travel for treatment
- Discussion about the Choosing Wisely Programme, cost of palliative care, cost of pharmaceuticals and the challenge for oncologists working in this area
- The Choosing Wisely programme is driven by clinicians and is aimed at concentrating resources on higher value interventions. The cost of pharmaceuticals from PHARMAC covers the drug cost but does not cover the nursing and pharmaceutical costs involved with the administration of these drugs
- Ministry of Health is providing funding to enable an improvement project to be undertaken in the eye clinic to reduce the number of overdue follow-up appointments throughout the country following some patients who have gone blind while waiting to be seen because of extended follow-up intervals. There have been no incidents in Northland so far that we are aware of, however we do not meet all follow-up times. A large percentage of these patients are seen for macular degeneration

Older People and Clinical Support

- Very busy month.
- There were no falls with harm but two hospital acquired pressure injuries for the month of February
- Breast screening behind target due to machine breakdown and extended sick leave. Retinal screening is also behind target.
- The service is recruiting a new geriatrician
- An increasing number of complex social issues are placing pressure on support services such as NASC, social workers and geriatricians

Medical

- Very busy month.
- Acute readmissions to hospital for February at 18% for the month and 15% YTD. Audits have been completed in the past showing multiple reasons for readmission – chronic conditions, relapse, availability of community services, rurality, availability of pharmaceuticals, etc. More work being undertaken
- Average length of stay in February is 4.9 days YTD 3.9 days
- The budget is unfavourable with significant personnel costs and unbudgeted watch shifts. Patients with cognitive and fragility issues needing watches.
- Releasing Time to Care has commenced on ward 14. Focuses on length of time nurses spend at the bedside with their patients

Renal

- Activity up on last year.
- Need to increase the number of patients with home dialysis. Some homes need better water supply which can cost \$5-25k. Patients need to be suitable with the support from family. Home dialysis offers more flexibility for patients and is a financially efficient option

Emergency

- Very busy month with a 7% increase in presentations over last year. Staff are doing well to treat the demand
- The budget was unfavourable due to personnel costs and clinical supplies
- Current performance against Shorter Stay in ED is 90%. We expect improved performance in March
- Northland DHB is working with MoH expert identifying possible areas for improvement in patient flow across the organisation. The MoH expert will visit once a month this year

District Hospitals

- Kaitaia ED has been busier than previous months, total presentations are significantly down on last year. Additional surgery being performed in Kaitaia and patients being sent to Kaitaia as there is not the theatre capacity in Whangarei
- Bay of Islands Hospital was busy. Northland DHB has negotiated a seven doctor roster with the medical doctors in the Bay of Islands. Local GPs will provide after-hours cover until 11.00pm and then Northland DHB doctors will cover all presentations until 8.00am the following morning when the GPs start primary care coverage again. This agreement must remain in place for a minimum of five years and after hours coverage must continue to be delivered at the Bay of Islands Hospital

Paediatric

- Quiet month 70% occupancy compared 94% last year. Peak in March
- Maternity, SCBU, and the Paediatric ward are piloting Releasing Time to Care
- HPV vaccination for boys will commence this year
- There has been only one case of rheumatic fever this year. Northland DHB has seen two years of very low numbers. Very pleasing result following massive effort

4.2 Financial Report

- Financial report as read.
- The results for December – February have been reasonable, however the forecast is unfavourable for March as activity increases in an attempt to be ESPI compliant. Costs of acute growth and oncology drugs are a concern
- There is a real possibility Northland DHB will have a deficit at the end of the financial year. Possibly \$0 – 2.5m deficit. In the past the Board has always been able to maintain a small positive position but growth has been extreme and we have maintained increased costs as well
- \$12m cap in funding is a significant problem with acute growth of 7-8%, and a deprived population with complex and growing health needs

5. NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 29 May 2017, Community Services Conference Room, Dargaville Hospital

There being no further business the meeting closed at 10.48am

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

CHAIR

DATE