MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD

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

COMMENCING AT 11.00 AM

PRESENT

Sally Macauley (Chair)
John Bain
Craig Brown
Sue Brown
Libby Jones
Colin Kitchen
June McCabe
Gary Payinda
Sharon Shea

IN ATTENDANCE

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

Members of the public

APOLOGIES

Denise Jensen
Debbie Evans

FIRE PROCEDURES

The fire exits were noted

KARAKIA

Karakia was led by Nick Chamberlain

CONFLICTS OF INTEREST

Sharon Shea has a short-term contract with The Social Investment Unit
Sally Macauley is a Director of the Turner Art Centre in Kerikeri
John Bain is no longer a Board member of Sport Northland

ATTENDANCE REGISTER

Register was noted.

At lunch the Board will tour the Kaitaia Hospital facilities

1. BOARD MINUTES

1.1. Confirmation of Minutes 6 March 2017

IT WAS MOVED THAT the minutes of the meeting held on 6 March 2017 be accepted.

MOVED Sharon Shea : SECONDED John Bain **CARRIED**

1.2. Matters/ Actions Arising

1.2.1 Outcome of engagement with hearing and visually impaired patients and families

- The Quality Directorate have been working with the hearing impaired and families of hearing impaired patients and a full presentation will be given at the next meeting

1.2.2 Investigate whether CRAB is able to provide ethnicity data

- Northland DHB is waiting to hear back from the company. Software developers are currently investigating

1.2.3 Update report on Neighbourhood Healthcare Homes (NHH) programme to be provided to the Board

- The briefing paper was noted which provided background on NHHs and NHSP implementation.
- This investment for NHH has come from NDHB and Manaia and Te Tai Tokerau PHOs in NHH programme and the paper indicates where progress is at
- As NHH is a significant change Appendix 1 details the components of care which are required to be met within the new model of care by the GP practices.
- This is an exciting change. It is not just about saving money but improving patient care and keeping people well in the community. There are significant quality improvement and equity management issues in primary care.
- Six GP centres are well underway with NHH implementation and the second EOA round will be held in May to enable a new group of general practices to enter the NHH programme
- Additional practices after this will depend on the size of the practices already chosen
- Northland DHB model of NHH is broader than that operating in other DHBs encompassing community nursing and allied health services as well.
- The University of Auckland will support the formal evaluation programme which will be conducted as NHH proceeds
- Demographics are driving acute growth. It is hoped that this will assist stemming some of this growth
- It makes sound intervention logic to invest upstream. The cost of the programme for the DHB is $2m annually or 0.04% of funding
- We have change managers employed to assist with the challenges
- It is hoped that NHH will provide a sustainable workforce as staff will want to work in these practices
- Request for a one or two page summary of how NHH works; how does it free up GP's time for those who need it the most; are premises involved; do staff change employers

1.2.4 **Health & Safety liability of members on voluntary Boards**

- The briefing paper was noted
- Contracts with NGOs have been amended to include the new health and safety obligations
- There is protection for volunteers who have the same obligations as paid staff
- Northland DHB has been leading the country with this health and safety work. Two years ago a legal opinion was sought which all DHBs are now using

1.2.5 **Presentation and report on Aged Related Residential Care**

Dr Alan Davis gave a presentation via video conference. A hand-out was distributed

- Dementia is a significant issue for Northland. We have one of the older populations in New Zealand with one in five people being over 65 years (second or third highest in the country)
- Dementia is an age associated condition involving loss of thought process affecting a person's daily functioning, problems with language
- Delirium - acute associated with other problems, can be reversed
- Alzheimer's disease – leading cause of dementia, not reversible
- Cognitive impairment – memory loss, loss of judgement, etc

- 60,000 people have dementia in New Zealand with 3,000 in Northland. Of these 3,000 - 1,000 are in aged residential care facilities and the remaining 2,000 are being cared for in the community with a carer. These numbers are set to triple by 2050
- Northland has a higher proportion of older people. Older Maori people are more likely to have dementia which may be connected to vascular disease
- The cost for these patients is $1.6b nationally pa and $50m pa for Northland DHB. 75% of this is spent in aged residential care facilities, 6% on community care and 14% on hospital admissions
- 20% of patients in hospital aged over 70 have dementia and >50% of patients over 90 have dementia.
- Those with dementia are more likely to experience falls, to be readmitted, to die in hospital and 50% of dementia episodes go undetected in hospital
- There is a need for:
    - early diagnosis and support in the community and primary care
    - There needs to be better support in the home to delay accessing aged residential care
    - Need for staff to identify patients early at admission with a one minute screening
    - Carers know patients best and will help to manage patients best
    - Dementia friendly environments are important e.g. excess noise activity will make patients more confused,
    - Smooth discharge process home
- Our system does not look after these people well, there is a need to identify and treat them appropriately. This is a challenge to everyone.
- Resources for patients treated at home by carers are under pressure because of the rate of increase in demand. Northland DHB has a small number of psychiatrists for older people and geriatricians and most carers are unskilled. More support is needed for these people.
- Although research is being undertaken to slow or cure alzheimers there are no cures at present. Evidence shows that lifestyle issues assist such as diet and exercise may delay dementia and alzheimers
- Social interaction is important – 'use it or lose it' is good for the brain.

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – March 2017

Chief Medical Officer spoke to the report, which was taken as read.

QUALITY & SAFETY GOVERNANCE REPORT

Chief Medical Officer advised

Patient Story 3

- While this is a confusing story it highlighted a number of communications issues
- Discussion as to whether patients can ask for a telephone message to be left for them. Privacy laws restrict us from leaving a message on an answerphone or text message and the hospital staff had tried numerous of times to contact the patient
- The Outpatient Manager has worked with the booking staff to help them understand when a message can be left and to ensure all contact numbers are tried
- Patients note in their file that they want an email left
- Patients phone numbers are sometimes not updated

Patient experience

- The ethnicity group of survey respondents was 65% from NZ European, 34% Maori, 1% other
- The hospital wards have been very busy

- Partners in care programme – these are running at a low rate and it is felt that terminology needs further explanation to family, staff and patients so it is better understood. The rate in maternity is high.

Project Progress

- CRAB data – the complication rate is just over 1%, with the mortality rate well below 1%.
- Despite the shutdown in elective services with a lower risk than acutes this is an extremely good result

Closing Out Clinical Audits

- The briefing paper was noted

3. CHAIR'S REPORT

The Chair spoke to her report, which was taken as read

Key Issues and Discussion Points

- The Chair met with David Senior who was at the Board meeting with Robyn Schiff. David and Robyn addressed the Board meeting speaking about a proposed Hydrotherapy Pool at the Te Hiku Sports Hub Aquatic Centre. The centre will be a multi-facility with sports fields and pools, including a heated hydro-therapy pool. The cost is estimated at $8-9m. They are intending to approach the MoH for a grant of $1m for the project. Presently $5.5m has been raised and site works on an upgrade of the sports field and parking will commence in May. Kaitaia is an area of high youth deprivation, unemployment. Elderly community members would benefit from this pool. The Chair gave them a letter of support
- The Prime Minister and Minister of Education are considering our concerns regarding 'The Pulse'. The CEO also discussed the situation with Ministers Parata and Upton (now responsible for Place Based Initiatives). The CEO met with two representatives from Ministry of Education to discuss the property. It was explained that the Ministry of Education is the lead agency for Kia Ora Social Investment programme and that Raumanga would be the next area in Whangarei with The Pulse being the right premises. Northland DHB's investment into the pool and shade sails was mentioned. They discuss Crown transfer of land and they would consider this to Health. They will reconsider the issues.

IT WAS MOVED THAT the Board receive the Chair's report.

MOVED Sally Macauley: SECONDED Sue Brown **CARRIED**

4. CEO'S REPORT

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

Key Issues and Discussion Points

- Bay of Islands redevelopment – further discussion in the public excluded meeting
- Leadership – the CEO spoke at a GP conference last year 'Home Grown', and challenged the GPs about leadership within their practices and as GPs on the PHOs. Northland DHB have run a leadership programme for four years for clinicians, senior clinical nurses and middle management. 3E leadership were asked to adapt their programme for the PHOs, and there are 30 enrolled including 10 GPs. The course will be run in the evenings to assist with attendance. It is an exciting innovative course which will hopefully stimulate programmes within GP practices. The leadership training does not conflict with Neighbourhood Healthcare Homes
- Te Tai Tokerau Indigenous Health System – at the first meeting in November 2016 the providers wanted two meetings but they now want a combined meeting with Maori providers, iwi chairs, and CEOs. The tentative date is 10 May. The agenda is being prepared which includes the principles, opportunity, structure. There will be a board paper presented to the iwi chairs and then NDHB Board
- Immunisation – the CEO has written to Pat Tuohy and Chai Chuah about the challenges which Northland is facing. Jill Lane, Deputy Director General has called. Our 30 declines equates to a MoH 15% decline rate and our health target rate of 85% against a national

average of 93%. These are adamant declines who will not change their minds. Northland seems to attract this strong group of Europeans in Hokianga, Wellsford and Kerikeri. Waitemata and Auckland DHBs are also experiencing problems. However, we have one of best rates to find missed children (2.6%). An anti-vaccine film 'Vaxxed' directed by a discredited American scientist is being shown around New Zealand. Northland DHB asked the MoH for national support to counter this but they were unable to help, so Dr Lance O'Sullivan was asked to front the media. He has been very vocal and credible.

- Raising healthy kids is currently at 82% but we want 100%
- webPAS which was a $6.1m system improvement was implemented very well. Congratulations to Neil Beney and team
- Maternity Clinical Information System – as there are problems being experienced with the new system Northland DHB will choose to be the last to implement. Our current system works well
- Telehealth and mobility - we want to move fast with these projects
- Manawa Ora – the progress is slow and there are opportunities to claw back funds if necessary
- Acute demand is a lowlight with pressure on Whangarei Hospital in February/March particularly medical and acute surgical. Electives have been cancelled to ensure patients can be seen
- Fluoride legislation is expected in 2018. It is unknown who would pay should it be decided to place fluoride in water supplies
- Alcohol harm reduction strategy – Dr Clair Mills is leaving and has requested that we support public health putting submissions forward challenging supermarkets and dairies for liquor licences. The Council have asked us to work in partnership with them on this.
- Request for information to assist understanding Primary Care ASH rates and how they work to be sent to Sharon Shea

IT WAS MOVED THAT the Board receive the CEO's report.

MOVED Sally Macauley : SECONDED Sue Brown **CARRIED**

5. DECISION PAPERS

5.1 Audit Finance & Risk Management Committee Terms of Reference

IT WAS MOVED THAT the Board approves the amended Audit Finance & Risk Management Committee Terms of Reference

MOVED Sharon Shea : SECONDED Colin Kitchen **CARRIED**

6. SYSTEMS PERFORMANCE

6.1. Health Targets

Key Issues and Discussion Points

- Shorter Stays in Emergency Departments – ED has been very busy, slightly better in March
- Faster Cancer Treatment – limited progress, 83% of patients referred with a high suspicion of cancer commenced treatment within 62 days is pretty good. Still undertaking a considerable amount of gynaecological cancer
- Better Help for Smokers to Quit, Pregnant Women – good results, primary care results are quite low

6.2. Finance Report

Key Issues and Discussion Points

- 8 months to January 2017 has a surplus of $339k against budget of $392k unfavourable by $53k
- There is pressure on obtaining ESPI compliance

- Oncology and cancer treatment and drugs have had an adverse effect on the budget
- While we have managed to hold expenses in January / February it is unlikely this can continue into March and onwards and it is highly likely Northland DHB will face a deficit by the end of the financial year
- A graph entitled 'Funding vs cost driver growth (cumulative)' was distributed
- The graph shows funding growth of 3.1% against cost drivers in 2012/13; 2014/15 we moved to 4 month ESPI compliance. 2016/17 shows 17.5% increase in funding against, inpatient costs growth of 30.7%. These costs include cancer outpatient drugs, providing services at marginal costs resulting in staff who are under strain.
- Funds are being taken from other services to support hospital acitivity
- 2014/15 saw $3m of non-recurrent additional surgery which is harder to maintain. Output is lost during the summer with the holiday period and trying to increase cwds in February/March

6.3. NDHB Funded Services Dashboard

Key Issues and Discussion Points
- Report noted
- ARC has grown less than in previous years

7. INFORMATION PAPERS & Updates

7.1 2016 Triennial Elections Report
- The report was noted

7.2 Draft CPHAC/DiSAC Minutes – Meeting 27 March 2017
- The minutes were noted
- CPHAC/DiSAC now have two new community members with more focus on disability
- All board members were invited to attend committee meetings

8. NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 29 May 2017, in the Community Services Conference Room, Dargaville Hospital.

9. 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;

Agenda item and general subject of the matter to be discussed		**Reason**	**Reference**
10.	Confirmation of minutes for meeting held on 6 March 2017 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Whangarei Hospital Site Master Plan Strategic Assessment Business Case 11.2 Primary Mental Health Initiatives and Innovations 11.3 Long Term Health of Older People Homes Based Support Services 11.4 Age Related Residential	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial	9(2)(i) 9(2)(j)

	Care Services 11.5 DHB Shared Banking and Treasury Services 11.6 Delegated Authority Policy 11.7 Treasury Policy 11.8 Interdistrict Flows 11.9 Bay of Islands Design Fees 11.10 Population Based Funding Formula 11.11 Spotless Facility Services (NZ) Ltd Services 11.12 Draft Northern Region Health Plan 2017/18 11.13 Combined Dental Agreement	negotiations)	
12.	Information Reports & Updates 12.1 Update Northland Primary Health Collaboration Kaupapa Advisory Group Hui 12.2 Regional Long Term Investment Plan 12.3 Project Office Report 12.4 Draft Audit, Finance & Risk Management Committee Minutes 27 March 2017	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9(2)(j)
13.	Risk Management/Initiatives	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(i) 9(2)(j)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED Sally Macauley : SECONDED June McCabe **CARRIED**

The Board made a Health and Safety walkround and tour of the Kaitaia Hospital

10. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

11. DECISION PAPERS

The submissions were approved

12. INFORMATION UPDATES

The updates were discussed

13. RISK MANAGEMENT/ INITIATIVES

The issues were discussed

The meeting closed at 3.15pm

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

CHAIR _____ DATE _____