

**MINUTES OF THE MEETING OF THE  
NORTHLAND DISTRICT HEALTH BOARD**

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**HELD ON MONDAY 10 JULY 2017**

**TANGIHUA ROOM, TOHORA HOUSE,  
WHANGAREI HOSPITAL**

**COMMENCING AT 9.00AM**

**PRESENT**

Sally Macauley (Chair)	Denise Jensen
John Bain	Libby Jones
Craig Brown	June McCabe
Sue Brown (Deputy Chair)	Sharon Shea (via teleconference)
Debbie Evans	

**IN ATTENDANCE**

Nick Chamberlain, Neil Beney, Meng Cheong, John Wansbone, Jeanette Wedding, Harold Wereta, Margareth Broodkoorn, Pip Zammit, Kathryn Leydon, Professor Boyd Swinburn (part), Laupepa Va'a (part) Edith Bennett (part), Sarah Hunt (notes)

**APOLOGIES**

Colin Kitchen, Gary Payinda

**FIRE PROCEDURES**

The fire exits were noted

**REGISTER OF INTERESTS**

The Register of Interests was noted

Sharon Shea - remove Safe Communities Foundation, Ministry of Health training, Children's Action Plan directorate

John Bain - remove St John Whangarei, St John Regional Trust Board, remains a member of the St John chapter

Libby Jones – add supervisor for Before Schools Checks coordinator, Children's Team services

**ATTENDANCE REGISTER**

Register was noted.

**1. BOARD MINUTES**

**1.1. Confirmation of Minutes 29 May 2017**

**IT WAS MOVED THAT the minutes of the meeting held on 29 May 2017 be accepted.**

**MOVED Sue Brown: SECONDED Libby Jones**

**CARRIED**

**1.2. Matters/ Actions Arising**

**1.2.1 NHH Programme Logic**

- A3 handed out

### 1.2.2 Privacy Update-Phone Messages

- When booking clerk contacts a patient by telephone if the answer phone message doesn't specify who it is then the clerk asks for them to return the call "regarding an appointment". No patient details are left on the message.
- No specific guidelines currently, however part of a national project around patient focussed bookings.
- Some trials occurring regarding txting and 0800 numbers
- Emails are generally not being used. Appointments are sent out if patients give consent. WebPAS patient details being updated to seek this consent.
- Will continue to be a hugely changing field with technology advancement.

## 2. QUALITY & SAFETY GOVERNANCE REPORT

### 2.1. Summary Report – May 2017

Director of Nursing & Midwifery spoke to the report, which was taken as read.

#### Key Issues and Discussion Points

- Patient story 2 –a review of NDHB interpreter policy has been completed and reported back to the HDC. This is being communicated to all Governance groups as well.
- Interpreter service now available 24 hours per day, 7 days per week.
- Request to track whether patients feel they are being listened to against how busy the hospital is. District Hospitals are 10-15% of total volume.
- Question regarding whether patients are involved in decisions about their treatment – under 90%. Director of Nursing & Midwifery to ask for details of what questions are asked for this.
- SAC1 and SAC2 incident reporting discussed. Chief Executive undertook to provide the Board with assurance of process and learnings.
- Lost Time Injuries – Board to be provided with background process, as Northland is recognised as being excellent in this field.

## 3. CHAIR'S REPORT

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

#### Key Issues and Discussion Points

- Ngunguru Medical Centre has won rural practice of the year. **Board to write to the practice to congratulate them.**
- Board Chair and Chief Executive met with the Minister when he opened the White Cross Centre. Visited Whangarei hospital, The Pulse.
- Neighbourhood Healthcare Homes presentation given to the Minister. GP from The Doctors Tikipunga said how impressed with some of the tools and how much improvement there has been to his day.
- Dale Bramley, Chief Executive Waitemata District Health Board, forwarded the judgement for WDHB re smoking in hospitals. Judgement was upheld. No smoking permitted by staff, patients or visitors inside the Board's premises.
- Long Term Investment programme to be discussed in Public Excluded.

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

**MOVED Debbie Evans : SECONDED Craig Brown**

**CARRIED**

#### 4. CEO'S REPORT

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

##### Key Issues and Discussion Points

- Good progress with the Neighbourhood Healthcare Home programme. 3 year programme of investment. Significant process of change. National programme, expect to see growing enthusiasm this year.
- Immunisation continues to be a challenge due to decline rates. Northland DHB processes now some of the best in the country.
- Vaxxed movie – Nationally the quarter result was 91%, drop of over 2%. Rate is now what it was when the Better Public Health Target was first introduced.
- Better help for smokers to quit in primary care. Haven't seen the improvement yet, however processes are being developed.
- Good progress with Raising Healthy Kids and Before Schools Checks.
- Chemotherapy unit at Kaitaia is now open.
- Good initiative around Whanau Tahī and Shared care system. Will have benefits around multi providers from different organisations being able to see appropriate shared care.
- Staff survey was similar to the results last time, slightly worse than 2012. Will look for learnings; ensure processes in place to lead improvements. Managers will meet with teams and go through results by end of July 2017. **Email summary report from Staff Survey results to Board members.**
- High Performance High Engagement work continues. Will report back to the Board as this evolves.
- Regional internal audit – Work underway on ESCO controls and PHO non-financial information.
- Community Mental Health & Addictions hub – will be moving district nursing, community health to a single venue.
- Acknowledge nurse practitioners in Northland with a **letter from the Chair**. Nurse Practitioner Forums occur 3 times per year.

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

**MOVED Debbie Evans: SECONDED Craig Brown**

**CARRIED**

#### 5. DECISION PAPERS

##### 5.1. Bad Debts For Write Off

The Chief Financial Officer spoke to his submission.

##### Key Issues and Discussion Points

- Mainly non-residents.
- Debt is with debt collection agencies.
- Tabled after Audit, Finance and Risk Management Committee meeting.

##### **IT WAS MOVED THAT**

**The Board write off up to \$78,449 as bad debts noting that these fall well within the provision for doubtful debts.**

**MOVED Sharon Shea : SECONDED Denise Jensen**

**CARRIED**

## 6. Information Reports & Updates

### 6.1. Regional Approaches to Obesity Prevention Presentation – Professor Boyd Swinburn, School of Population Health, University of Auckland

#### Key Issues and Discussion Points

- Emphasis on prevention
- Obesity in NZ – children and adults by ethnicity and deprivation quintile
- 5 fold gradient in children between least deprived and most deprived.
- Greater challenges in Northland - unfilled script, teeth removed past 12 months, emotional/behavioural disorder, solids before 4 months
- Characteristics of the problem – substantial ethnic and deprivation gradients; linked with other consequences of socio-economic conditions; MAJOR implications for health services now and in future; societal determinants of health as the drivers
- National & Regional Activities – Healthy Families NZ (10 sites in NZ); Other national and regional activities eg fruit in schools, Healthy Auckland Together, Healthy Christchurch, Tairāwhiti, Rotorua, Project Energize
- Healthy Auckland Together – Regional PH service provides backbone support; Most major Auckland organisations participating; 1 year-joining up, learning about each other, developing plans, obtaining mandates etc; Injected \$\$ = 3 Healthy Families NZ sites, ARPHS; challenges; Can this be the ‘minimum viable product’ for a true prevention system?
- Health as the catalyst for collective impact on childhood obesity – collective impact dimensions.
  - Common agenda
  - Shared measurements
  - Continuous communications
  - Backbone organisation
  - Mutually reinforcing activities
- Systems approaches – matches complexity of the problem, uses existing systems, reorients systems, sustainable, wide reach, compatible with indigenous approaches
- What does a systems approach mean? – considering the whole as well as the parts; connections, networks, interdependencies; rules and boundaries; dynamics; complexity, adaptability, self-organising; similarities to indigenous approaches; patterns and emergence
- Systems in action – food policy action highly dependent on context; existing school food systems; Atua Matua approaches; regional Victoria, Australia
- Group Model Building – uses system dynamics to develop a causal map/ diagram; community driven participatory research; start with ‘changes over time’
- Networks, ‘Knowledge’ and ‘Engagement’ – What flows over networks to stimulate change (community action to prevent obesity)?; Retrospective analysis from 2 successful programmes; ‘Knowledge’; ‘Engagement’
- Strengths of systems approach – Engagement; truer picture of the problem’ level of intervention; concordance with indigenous approaches
- Conclusions – childhood obesity is a canary in the coalmines of societal structure – especially socioeconomic; everyone is looking for answers; Northland can be an innovator; Role of DHB
- No magic bullets to do with this, need to innovate in this space.
- Would be good to discuss alignment between RBA and social responsibility
- Relationship between role scope and function – health system disease treatment vs prevention.
- Need to discuss who is accountable for what in the context of a systems view – individual vs shared responsibility
- Learn as you go rather than waiting for the ‘perfect thing’ that can be nicely packaged. It is an evolving scope. Minimum viable product.

- Joint agreement and good regular measures.
- Push the envelope, don't be afraid of failure. Flexibility to try new things within a collective platform.
- **Send presentation to the Board**

### **Fit for Life Project Update: Presentation-Public Health Unit – Edith Bennett & Laupepa Va'a**

#### Key Issues and Discussion Points

- Northland Childhood obesity/ overweight rates – national prevalence; in Maori population
- Development of the Framework and Initiatives
  - Project Board, current state, working group, expert advice, consumer survey
- 4 Workstreams, 12 Initiatives
- Baseline data collection of the food environment – school food environments, takeaway, DHB food environments – COMPLETE
- Food Rescue Whangarei – Phase 1: feasibility study - COMPLETE. Next 6 months is developing and growing the service.
- Fizz Free Events – partnership with Waitangi National Trust (WNT); Good story case study being developed in partnership with Toi Tangata and WNT
- Water only schools – All Northland schools will adopt a water and milk only policy by December 2017; Identified Issue: Water quality not up to standards so sort this as a first priority
- U5 Energize Programme – delivered by Te Hiku; 2 staff on board; 60ECEs and Kohanga Reo. Doing over 5 Energize as well.
- Healthy Food Policy – Phase 1: All Te Roopu Kai Hapai Oranga agencies with a policy; Phase 2: Northland Intersectoral Forum
- Maternal Wellbeing Research – Auckland University Student conducting the study in Northland; Health literacy improvement through technology' app development
- Engagement with Food and Drink Industry – marketing and advertising; product placement and availability; national collaboration/ influence
- Need to work with councils around environment is critical – needs strengthening. Health in all policies.

### **6.2. CPHAC/DiSAC Chair's Report - Meeting 26 June 2017**

#### Key Issues and Discussion Points

- Welcomed John Wansbone as replacement for Sam Bartrum
- Adopted work plan – Older Persons, Disability, Neighbourhood Healthcare Homes and Primary Options.
- Northland Regional Updates – moving forward will get a summary one pager on key items related to Northland.
- Two presentations on disability at the last meeting. Talked about Disability Strategy, social model of disability. New Disability Strategy will be reflected in new Health Services Plan.
- Action plan for the new Strategy is due shortly, will inform the local plan.

## **7. SYSTEM PERFORMANCE**

### **7.1. Health Targets**

#### Key Issues and Discussion Points

- Better performance around ED.
- Improved access to elective surgery over. Demand is driving issues of supply.
- Faster cancer treatments have improved. If patient opts to delay treatment then those can now be excluded.

## 7.2. Finance Report

The Chief Financial Officer spoke to the Financial Report. The report was taken as read

### Key Issues and Discussion Points

- Indication of year end result due shortly.
- Will be a deficit. Area of most major risk to estimate is IDFs. Could be as much as \$2.5M unfavourable.
- Savings initiatives – All of Government contract for natural gas will see reduction of 12% - \$60k per annum.
- National procurement – gains in renal dialysis fluids procurement, going to market now.

## 7.3. NDHB Funded Services Dashboard

### Key Issues and Discussion Points

- Accountability Framework for Maori Health Providers. Audit was to get a baseline as hasn't been done for a very long period of time. Will be routine - use this as a framework to monitor on a quarterly basis.
- Moving to an RBA framework, developing comprehensive contract and looking at how to transition from current state.
- **GM Medicine, Health of Older People, ED & Clinical Support to provide update of total numbers of rest homes that have done audits, showing the length of certification awarded and the number of audits indicating any high risk issues**
- Acute case weights variance in April discussed. Variance to budget is 1537 case weights, value of over \$4k each. Huge impact of the cap that has been applied to Northland.

## 8. NEXT MEETING DETAILS

The next meeting will be held at 9am on Monday 21 August 2017 in Tangihua Room, Tohorā House, Whangarei 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 29 May 2017 – Public excluded session	For reasons given in the previous meeting	
11.	Decision Papers 11.1 Iwi/DHB Partnership 11.2 Draft Annual Plan 2017/18 11.3 Draft NDHB Budget 2017/18 11.4 IDF Pricing 11.5 Draft Northern Region Health Plan 2017/18 11.6 Audit Arrangements Letter 2017/18	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)
12.	Information Updates	Commercial Activities: To enable the Board to carry out,	9(2)(i)

	12.1 Project Office Report 12.2 Bay of Islands Hospital Redevelopment Update 12.3 Indigenous Health System and Primary Care Collaboration Update 12.4 Place Based Initiative Update 12.5 Northern Region Long Term Investment Plan Update and Combined Board Workshop 12.6 Datacentre as a Service Programme 12.7 Audit Finance & Risk Management Chair's Report-Meeting 26 Jun 2017	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)(j)
<b>13.</b>	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 Denise Jensen: SECONDED June McCabe**

**CARRIED**

#### **10. CONFIRMATION OF 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 2.41pm

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

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_