

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

**HELD ON TUESDAY 30 JANUARY 2018
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL**

COMMENCING AT 11.05AM

PRESENT

Sally Macauley (Chair)
John Bain
Craig Brown
Debbie Evans (11.30am)
Denise Jensen

Libby Jones
Colin Kitchen
June McCabe (11.45am)
Gary Payinda
Sharon Shea (11.45am)

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Jeanette Wedding, Mike Roberts, John Wansbone, Pip Zammit, Ian McKenzie, Andrew Potts, Neil Beney, Harold Wereta, Liz Inch, Kathryn Leydon, Julie Shepherd (notes)

Beryl Wilkinson (member of the public)

APOLOGIES

Sue Brown
June McCabe, Sharon Shea (lateness)

FIRE PROCEDURES

The fire exits were noted

REGISTER OF INTERESTS

The Register of Interests was noted

Sally Macauley and Colin Kitchen noted an interest in item 7.1 through the Far North District Council
Libby Jones noted an interest in item 7.2 through the Kaipara District Council

Sharon Shea stated that she is now a contractor to Hapai te Hauora – supporting Hapai to co-design with the sector, SUDI prevention measures for possible DHB reporting via CFAs with Ministry of Health

ATTENDANCE REGISTER

1. BOARD MINUTES

1.1. Confirmation of Minutes 13 November 2017

IT WAS MOVED THAT the minutes of the meeting held on 13 November 2017 be accepted.

MOVED Libby Jones : SECONDED John Bain

CARRIED

1.2. Matters/ Actions Arising

1.2.1 Review the detail of the Mental Health Survey and provide a response to reduction of graphs

GM, Mental Health & Addiction Services spoke to this action.

This related to the Consumer Satisfaction Survey where results had dipped but since that time have now recovered. Brian Vickers, Consumer Advisor investigated the issue.

Responsibility for undertaking the survey has shifted to staff with more experience interacting with service users. All patients are now asked about their experience and this has been a genuine quality improvement.

1.2.2 Report to be prepared on the role of the handover within hospital teams with regards to patient information and ensuring consistent communication between all parties

CMO spoke to this item

- Clinical handover was an area which improvements were continually being made.
- **Work is currently underway on this topic and will be reported back to the Board at the April board meeting.**

1.2.3 Survey to occur with NGO partners to allow benchmarking of Health & Safety metrics to occur

GM, Planning, Integration, People and Performance spoke to this item

- There is work being undertaken nationally to ensure a consistent approach
- Investigating the use of existing auditing and accreditation programmes as evidence of NGO Health & Safety capability and compliance
- Working with WorkSafe and ACC
- **More information will be available to the Board in April.**

1.3. Confirmation of Minutes 13 December 2017

IT WAS MOVED THAT the minutes of the meeting held on 13 December 2017 be accepted.

MOVED Denise Jensen : SECONDED Craig Brown

CARRIED

2. QUALITY & SAFETY GOVERNANCE REPORT

2.1. Summary Report – January 2018

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

Key Issues and Discussion Points

- The first patient story was very positive
- The second patient story – this was an example of being able to address a complaint satisfactorily
- Question 11 – comment that the patient would have liked a visit from the Maori Directorate, however the wording chosen may have been seen as a judgement of the patient

3. CHAIR'S REPORT

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

Key Issues and Discussion Points

- The Chair met the Minister of Health in the National Chair's meeting. The meeting was positive. His focus was on mental health and primary care. He looked forward to meeting the NDHB Board in due course.
- The Chair attended the Pukawakawa Powhiri with incoming students and encourages board members to attend these bi-annual occasions especially the farewell in October/November

- Dr Lester Levy, Chair ADHB/WDHB/CMDHB has retired. He has been appointed to the Minister of Health's Ministerial Advisory Group. The Minister has not appointed a new Chair for the Auckland DHBs. Sally Macauley NDHB Chair will chair the Regional Governance Group in the interim.
- Stephen McKernan has been appointed to the position of Acting Director General of Health for an interim period.

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

MOVED Denise Jensen : SECONDED John Bain

CARRIED

4. CEO'S REPORT

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

Key Issues and Discussion Points

- An infographic poster on Northland Health Services Plan (NHSP) 2012 – 17 performance was distributed. Although a number of these actions would have been completed anyway a large number were initiatives from the NHSP. The information showing negative financial position in 2017 has a rider that in 2012 NDHB was funded at PBF share and in 2017 NDHB funding was under the PBF share resulting in the deficit. This poster is the extent of the review of the NHSP. It has been decided not to spend large amounts of money on lengthy comparisons from the past but instead to look forward and use our funding and energy on the next plan. The poster itself is larger than the handout. The discharge numbers and district nursing numbers need further investigation.
- NDHB has reduced the workforce figures, reduced the age of staff members and increased the percentage of Maori staff members.
- There is now a 'One Stop Space for Youth' with 1026 youth presenting to Octane at Youth Space in Whangarei. There are youth initiatives in other parts of the region as well
- Neighbourhood Healthcare Homes programme - A workshop was held with MoH and Tairāwhiti DHB to review our projects that increased mental health support to individuals with poorly controlled diabetes with mental health support and diabetes
- Iwi partnership review – GM, Maori Health is working through this. There has been a meeting with Iwi chairs and an MOU signed.
- Health targets – there is a concern about performance of primary care in important areas of immunisation, smoking cessation with advice and cardiovascular risk management. Evidence shows we are now 17 out of 20 PHOs for smoking cessation and brief advice. This is one of most important things we can do for our patients. NDHB estimated that last year we saved 75 lives through advice given in hospital. Cardiovascular risk management is significant as well. The CEO is discussing performance with primary care providers. While the Collaboration work is good the Chairs and CEOs need to step up in all areas. PHOs and Maori providers need to be having meaningful discussions about how many lives we can save with smoking cessation and advice. Northland was one of the best performing areas in the country for smoking cessation. This is at GP level.
- Raising healthy kids target is achieving 100%
- Havelock North drinking water will be discussed in item 7.2
- ERCP – these procedures have begun in Whangarei rather than all being performed in Auckland. This has involved negotiation with ADHB. NDHB will have a second gastroenterologist by May/June this year. It is good for Northland patients and help to attract gastroenterologists.
- An action plan to promote a youth suicide prevention approach is being developed this year.
- OIA – A report of OIA requests received by NDHB will be reported to the Board six monthly.
- Substance Addiction Compulsory Assessment and Treatment Act 2017 – this legislation is replacing older legislation. Implications are that it will raise public expectations for those who have lost the capacity to make decisions for themselves. Extra resourcing and funding has not been provided. The Northern region DHBs have written to the Minister and are hoping for change. However, the Act commences in March and we need authorised officers and processes in place prior to this. We are unsure of the unmet need in the community
- Countdown Kids Hospital annual appeal raised \$112,158 for NDHB – SCBU and child health equipment is well received. Staff were very involved with the fundraising this year

- Te Ara Oranga, Reducing Methamphetamine Harm in Northland has been operating since August 2017 with positive outcomes around employment. There were 50 referrals and 15 people into work. 51 people attended the one day education programme for people having meth problems and 35 indicated behaviour change. It is thought the model has real merit and could be done elsewhere. The challenge will be to secure continued funding which has been previously come from the procedures of crime.

11.45am Sharon Shea & June McCabe joined the meeting

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

MOVED Craig Brown : SECONDED Libby Jones

CARRIED

5. DECISION PAPERS

5.1. Bad Debts for Write off

Key Issues and Discussion Points

- This was reviewed at the last Audit, Finance and Risk Management Committee meeting

IT WAS MOVED THAT the Board writes off up to \$6,996 as bad debts noting that these fall well within the provision for doubtful debts.

MOVED John Bain : SECONDED Craig Brown

CARRIED

5.2. Critical Care Designation

IT WAS MOVED THAT the Chair or delegate signs the Critical Care Designation under the Gas Governance (Critical Contingency Management) Regulations 2008 on behalf of Northland DHB

MOVED Gary Payinda : SECONDED Denise Jensen

CARRIED

6. SYSTEMS PERFORMANCE

6.1. Health Targets

- The health targets summary was noted

6.2. Finance Report

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

Key Issues and Discussion Points

- There was a small surplus mostly due to the planned and scheduled close down over the Christmas/New Year holiday period. Hospital activity has been very high.
- Pressure points include laboratory, radiology. Mental Health vacancies have assisted the result however this has operational risks
- Results includes the impact of the IDF wash-up and cardiovascular expense which is \$750k unfavourable
- A small cash surplus of \$900k is anticipated but we continue to monitor our cash flow closely
- Detailed report last December showed we were slightly ahead of our savings target with the \$8.4m deficit.

6.3. NDHB Funded Services Dashboard

The Chief Financial Officer spoke to the NDHB Funded Services Dashboard. The report was taken as read.

Key Issues and Discussion Points

- Community oral health – several providers are being underutilised. These were set up three years ago for a more equitable approach in Kaitaia, Mid North and east coast Far North (Cooper's Beach, Taipa area).

7. INFORMATION PAPERS & UPDATES

7.1 Preventing Alcohol Harm in Northland – Update on Provisional Local Alcohol Policies Dr Virginia McLaughlin, Medical Officer of Health spoke to this item

Key Issues and Discussion Points

- There is concern that alcohol is becoming misused and it can cause significant harm.
- The alcohol industry is very strong across the country.
- It was hoped that the 2012 Act would assist to reduce the harm caused by excessive consumption of alcohol
- Every Territorial Authority has an individual policy and the need for this to be negotiated at a local level means NDHB has spent \$50k YTD on hearings in the Far North. Every council has a different approach. NDHB does not have the funding available to continue this. In the past we have had ED doctors, SMOs, CEO all present at hearings to discuss the harm of alcohol
- It is felt there should be an authority to engage at a national level, allowing consistency with legal work using a specialist lawyer from national level which would set a precedent for all TLAs and the possibility of changing the legislative approach with an evidence based process. This could include pricing and opening hours.
- The CEO would like to raise this at a national level with backing from the CEO sector.
- It was doubtful if reducing the number of suppliers would reduce the amount of alcohol consumed
- The DHB works with the Police to monitor premises selling to underage buyers
- It was noted that if premises were caught for a second time selling to minors or after hours and they lost their licence permanently this would reduce the problem
- The CEO will discuss the issue at a National CEO meeting initially

The Board endorses that the CEO:

- Communicates with the Minister and Minister of Health regarding deficiencies in the current legislation that result in individual DHBs/ Regions across NZ having to take legal action and defend PLAPs, and ask that consideration be given to a strengthened National Alcohol policy and legislative change to support this.
- In conjunction with our Public health units collaborates with CEOs of other DHBs so that a consistent approach is undertaken at a national level and.

The Board notes:

- Current developments regarding the progress of the FNDC and WDC PLAPs.
- The current NDHB Position Statement (2013) contained in Annex 1. This has not been updated in 2017, as indicated in Dr Mill's submission to the Board in November 2016. This will now occur in 2018 (after completion of both the FNDC and WDC PLAP process).
- Volume and costing of MOoH reporting on licence applications contained in Annex 3.

MOVED Gary Payinda : SECONDED Sharon Shea

CARRIED

7.2 Drinking Water Update

Gavin de Klerk and Zane Jones, Public Health Unit gave a presentation to the Board

The briefing paper was noted

Key Issues and Discussion Points

- NDHB Drinking Water Unit has five staff who are accredited or partly accredited
- 57% of Northland populations are serviced by council owned reticulated drinking water supplies with approved water safety plans, barriers in place, continuous monitoring, chlorination and manual sampling for E.coli.
- Of Northland's 170,000 residents 72,000 have a self-supply without monitoring
- The greatest concern for Northland are the neighbourhood and small drinking water suppliers feeding over 100 residents. NDHB has pushed for funding for community water supplies. These suppliers have no formal qualifications and supply community members. NDHB is trying to support communities to provide safe drinking water, however the funding from MoH has ceased. At a minimum these small supplies should be testing for E.coli
- Noted that bleach or chlorination can treat most of these issues preventing death or serious harm. It is cheap and easy to apply in the correct dosage. However Maori and their communities have a strong resistance to chlorination and don't want to spend the money for a filtration plant. There is an expectation from community members that the water is safe to drink
- There are 2500 homes connected to rural agricultural drinking water supplies and they don't know if this has been treated
- Schools are also an issue. They need a treatment plan
- The CEO wrote to all community, private and council owned water suppliers late last year outlining their duties to monitor and treat their water and encouraging them to disinfect water supplies not currently treated
- NDHB's responsibility is monitoring only
- Chlorination is a sensitive topic with Maori but needs to be approached as it is a cost effective way to keep water users safe and healthy

7.3 Draft minutes CPHAC/DiSAC meeting 4 December 2017

The minutes were noted

Key Issues and Discussion Points

- Very good presentations and a workplan will be produced in the near future

NEXT MEETING DETAILS

The next meeting will be held at 11.00am, Monday 12 March 2018, in the Tangihua Meeting Room, Tohorā House, Whangarei Hospital.

8. 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 13 November 2017 and 13 December 2017 – Public excluded session	For reasons given in the previous meeting	

11.	Decision Papers 11.1 Draft Annual Plan 2017/18 11.2 Clinical Monitoring Equipment 11.3 Whangarei Hospital Single Stage Business Case Interim Works Package 11.4 Manaia House	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(i)
		Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
12.	Information Updates 12.1 Project Office Report 12.2 Blood Bank Services 12.3 Draft Minutes Audit, Finance & Risk Management Committee Meeting 4 December 2017	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(i)
		Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
13.	Risk Management/Initiatives	Commercial Activities: To enable the Board to carry out, without prejudice or disadvantage, commercial activities	9(2)(i)
		Negotiations. To enable the Board to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)

IT WAS MOVED THAT the Board move into Public Excluded meeting

MOVED Craig Brown : SECONDED John Bain

CARRIED

9. PUBLIC EXCLUDED MINUTES

The minutes were confirmed

10. DECISION PAPERS

The submissions were approved

11. INFORMATION UPDATES

The updates were discussed

12. RISK MANAGEMENT/ INITIATIVES

The issues were discussed

The meeting closed at 3.01pm

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

CHAIR _____

DATE _____