

ADVISORY COMMITTEE

AGENDA

**For the meeting of the Advisory Committee Members of
Nelson Marlborough Health held on
Tuesday 27 August 2019 at 10.30am**

**Seminar Centre Room 1, Braemar Campus
Nelson Hospital**

Section	Agenda Item	Time	Attached	Action
1	Welcome, Karakia, Apologies, Registration of Interests	10.30am	Attached	Resolution
2	Confirmation of previous Meeting Minutes		Attached	Resolution
2.1	Action Points		Attached	Note
3	GM Report	10.35am	Attached	Resolution
3.1	Dashboard		Attached	Note
4	For Information: Submissions		Attached	Note
5	Presentation: Public Health	11.00am	Verbal	
6	Glossary		Attached	Note
	Meeting finish	12.30pm		

THERE IS NO PUBLIC EXCLUDED MEETING

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Gerald Hope (Chair)		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	
Jenny Black	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Chair of West Coast DHB ▪ Member of West Coast Partnership Group ▪ Member of Health Promotion Agency (HPA) 			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Alan Hinton	<ul style="list-style-type: none"> ▪ Nil 	<ul style="list-style-type: none"> ▪ Trustee, Richmond Rotary Charitable Trust ▪ Trustee, Natureland Wildlife Trust ▪ Trustee, Nelson Christian Trust ▪ Director, Solutions Plus Tasman Ltd ▪ Consultant, Azwood Ltd ▪ Secretary, McKee Charitable Trust 	<ul style="list-style-type: none"> ▪ Support of local worthy causes ▪ Education and support of endangered species ▪ Local, national and international support ▪ Business consultancy ▪ Heating fuels and landscaping facilities ▪ Tertiary scholarships and general philanthropy 	<p>Supply of heating fuel to NMDHB</p>
Judy Crowe		<ul style="list-style-type: none"> ▪ Daughter is senior HR Consultant at Oranga Tamariki in Wellington 		
Patrick Smith	<ul style="list-style-type: none"> ▪ Member of IHB 	<ul style="list-style-type: none"> ▪ Managing Director, Patrick Smith HR Ltd 	<ul style="list-style-type: none"> ▪ Consultancy services 	<ul style="list-style-type: none"> ▪ Focus on primary sector and Maori Working with Maori Health Providers who hold contracts
Jenny Black (Marlborough)		<ul style="list-style-type: none"> ▪ ACP Practitioner 	<ul style="list-style-type: none"> ▪ End of life care 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	<ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian 	<ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint Owner of Forrest Wines Ltd 	<ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB 	
Dawn McConnell	<ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	
Allan Panting	<ul style="list-style-type: none"> ▪ Chair Orthopaedic Prioritisation Working Group ▪ Chair General Surgery Prioritisation Working Group ▪ Panel member to review Auckland DHB Orthopaedic Service ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group 			
Stephen Vallance	<ul style="list-style-type: none"> ▪ Chairman, Marlborough Centre of the Cancer Society ▪ Chairman, Crossroads Trust Marlborough 			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Craig Dennis	<ul style="list-style-type: none"> ▪ Trustee of Nelson Region Hospice Investment Trust 	<ul style="list-style-type: none"> ▪ Director of CD & Associates ▪ Director of Scott Syndicate Development Company Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director, Taylors Contracting Co Ltd 		

As at July 2019

MINUTES OF MEETING

MINUTES OF A MEETING OF THE ADVISORY COMMITTEE OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON TUESDAY 23 JULY 2019 AT 10.30AM

Present:

Judy Crowe (Chair), Jenny Black, Gerald Hope, Alan Hinton, Dawn McConnell, Jenny Black (Marlb), Stephen Vallance, Allan Panting, Brigid Forrest, Craig Dennis, Patrick Smith

In Attendance:

Peter Bramley (CEO), Cathy O'Malley (GM Strategy Primary & Community), Pam Kiesanowski (Director of Nursing & Midwifery), Jane Kinsey (GM Mental Health Addictions & DSS), Eric Sinclair (GM Finance Performance & Facilities), Hilary Exton (Director of Allied Health), Gaylene Corlett (Board Secretary)

Apologies:

Ditre Tamatea (GM Maori Health & Vulnerable Populations), Nick Baker (Chief Medical Officer), Lexie O'Shea (GM Clinical Services)

Karakia:

Patrick Smith

SECTION 1: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Craig Dennis
Seconded: Stephen Vallance

RECOMMENDATION:

THAT THE APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 2: MINUTES OF PREVIOUS MEETING AND CORRESPONDENCE

2.1 Minutes of Previous Meeting

Noted.

Moved: Craig Dennis
Seconded: Stephen Vallance

RECOMMENDATION:

THAT THE MINUTES OF THE ADVISORY COMMITTEE MEETING HELD ON 25 JUNE 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

SECTION 3: ACTION POINTS

Item 1 – Medications Discussion Topic: A meeting was held with PHARMAC recently looking at financials and exploring data analytics. Our team are in the process of gaining access to data from the Pharms data warehouse at NHI level so we can do some good analysis across the pharmaceutical space. Noted the data analysis section on the MOH website provides access to benchmarking information, which we are making use of. We have also accessed a resource at TAS who have access to the Pharms data warehouse and have given us some useful information. Will have a discussion at either Advisory Committee or Board on pharmaceuticals once more data is received.

Item 2 – Dental Amalgam paper from Waikato DHB: Carried forward.

Item 3 – Elderly accessing dental care: Discussion held on whether to progress this action noting the outcome for any initiatives will have a cost, however currently there are no funds available to invest. The GM Strategy Primary & Community asked the Committee for guidance on moving forward. It was noted that there is focus on oral health for Maori pregnant women, and a paper was endorsed by ELT for an initiative to fund oral health check-ups for these women.

Item 4 – MOC Working Group for Dentistry: As per comment above.

Discussion was held on whether dentists could be approached to provide support for free dental care for our vulnerable clients including elderly and mental health. It was noted that there is an Annual Dental Day which provides free dental services for those with Community Service Cards.

Given the Minister's letter of expectation around equity, it was queried whether those with a Community Service Card (CSC) or those that go to ED with dental pain are the ones we should be assisting with a voucher system for dental care. It was queried what do other DHBs do for elderly dental care?

The Committee agreed to progress with action item 4.

SECTION 4: GM REPORT

The GM's report and dashboard were discussed.

Dashboard

Discussion was held on the increase in fentanyl use, particularly in Marlborough. It was noted that from the wastewater exercise conducted by Police shows that Marlborough has a high use of fentanyl. The data in the dashboard is from 2016, however the Chief Pharmacist has asked TAS to provide more up to date data on fentanyl use.

SECTION 5: PRESENTATION – MEDICINE PATHWAYS

Bruce King and Andrew Goodger attended for this item

The GM Strategy Primary & Community presented on “What is happening with Demand and Acuity across our system?”.

Slides were discussed on District Nursing utilisation and GP utilisation.

Health Care Home Model – managing urgent and unplanned care:

- Telephone assessment and treatment (triage)
- Same day access and appointment systems by reserving appointments to match demand
- Access to care during business hours using multiple modalities
- Minimising wait times through triage, prework, and active management of staff workloads.

Patient triage stories were noted.

Medical & Injury Centre (MIC) and Marlborough Urgent Care Centre (MUCC) are both key components of the Nelson and Marlborough urgent health care continuum:

- Nelson casual patients 1,6768 monthly
- Marlborough casual patients 1,677 monthly
- ED redirects to MIC >100 monthly
- Ed redirects to MUCC >120 monthly

Discussion was held on the correlation between those DHBs that have low ED presentations and how their afterhours service is run, noting that NMH is exploring this at the moment. Noted behaviour of ambulance service also determines where patients go, eg ED or medical practice.

Primary Options for Acute Care – a pool of funding is available to practices to provide services to prevent secondary service admissions:

- Multiple infusions/IV therapy options
- Anticoagulation
- COPD acute exacerbation management
- Paediatric intranasal fentanyl
- Other services.

Acute hospital bed days per 1000 population by PHO were noted.

Addressing acute demand pressure June 2019 TAS report was noted. Noted readmission data shows we are low compared to other DHBs.

A number of dashboards showing respiratory (medical), length of stay, ethnicity data, discharge destination, complexity, diabetes, community monitoring, and hospital activity were noted.

Discussion:

It was noted that the population of NM is generally healthy compared to other areas.

Discussion held on the number of analytic staff employed by the DHB.

SECTION 6: FOR INFORMATION

Submissions noted.

THERE WAS NO PUBLIC EXCLUDED MEETING

Meeting closed at: 12.10pm

ACTION POINTS – NMDHB – ADVISORY COMMITTEE Open Meeting
Held on 23 July 2019

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Dashboard: Pharmaceuticals	Suggested to have medications (across all services) as a discussion topic at a future CPHAC meeting	Cathy O'Malley/ Peter Bramley	22 May 2018	2019	
2	Decision: Use of Dental Amalgam	Request a copy of the Board paper on dental amalgam from Waikato DHB	Cathy O'Malley	24 July 2018	23 July 2019	GM report
3	Oral Health	After discussion at the meeting on 23 July 2019, it was agreed that the action item will change to a focus on improving equity and coverage in oral health care in Nelson Marlborough	Cathy O'Malley	23 July 2019	24 September 2019	Update in GM report

MEMO

To: Advisory Committee Members
From: Lexie O'Shea, GM Clinical Services
Date: 21 August 2019
Subject: **General Manager's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. Action Items:

Item 2 – Use of Dental Amalgam

At the July 2018 meeting, discussion was held on phasing out the use of amalgam fillings, with a media article from January 2018 stating Waikato DHB had recently gone amalgam free due to environmental reasons. The GM Strategy Primary & Community was tasked with obtaining the Board papers from Waikato DHB. As the DHB had undergone staff and Board changes, the documents were delayed in being sent to us. We now find that there was no Board or policy decision on this, however whilst the product is available, their dental services have not had anybody request the product during the last two years.

Item 3 – Improving Equity and Coverage in Oral Health Care in Nelson Marlborough

Two meetings have been held with stakeholders to discuss current and possible activity being undertaken to address equity and coverage issues for oral health care in Nelson Marlborough.

There have been nine current actions identified that have recently been implemented, or are about to occur in the coming months, to address equity and coverage issues identified. Several further options have been identified that will require funding to be delivered.

A board paper will be provided at the September meeting which will detail these actions and options for consideration by the Board.

2. Dashboard

The dashboard for HAC is attached as item 3.1 showing hospital performance.

3. Inpatient Activity

Inpatient activity has remained above 85% with Nelson Hospital at 92 % for July, and Wairau occupancy of 88%. Notably Wairau has had a steady demand for beds over the past few months, and is experiencing bed block from time to time. The hospital flow projects across both sites are to ensure we are as streamlined as possible with our patient cares. An acute patient flow expert visited Nelson during July and spent a day observing acute medical patients progressing thorough our hospital system. The outcomes from this visit have provided opportunities for discussion, and will be further progressed during a workshop with Professor Brian Dolan. This is planned for late August to assist teams with progressing projects related to hospital flow and perioperative efficiency.

The Medical Admissions and Planning Unit (MAPU) has had a positive impact on the occupancy over the first month of operation, despite being open 5/7 days each week. From the beginning of August the unit will be open 24/7. We expect key markers to improve, namely ED target and the outlier bed days although we note bed demand will still exceed capacity from time to time.

Acute throughput has remained high since August 2018 across most specialities and this is now our new normal. Our Emergency Departments report high acuity patients with 'waiting for a ward team', and 'prolonged observation' being the reasons indicated for increased time of stay for patients in both.

4. Electives

Health Target- Discharges

It is encouraging to note our health target throughput for July was 662 against a plan of 574 discharges, 15% over target.

Elective Service Performance Indicators (ESPIs)

ESPI 2 was Red for July with 170 patients not being seen within 120 days of referral acceptance.

ESPI 2 – We have maintained weekly meetings and Service Managers (SMs) are working with respective services as we aim to ensure our ESPI scenario is corrected. We are also working across the system to ensure our patients get support via alternatives to a face to face presentation e.g. virtual FSAs.

ESPI 5 was Red for July with 107 patients not being treated within 120 days of being given certainty.

General Surgery and Orthopaedics are still the main areas of focus with ESPI targets.

5. Presentation

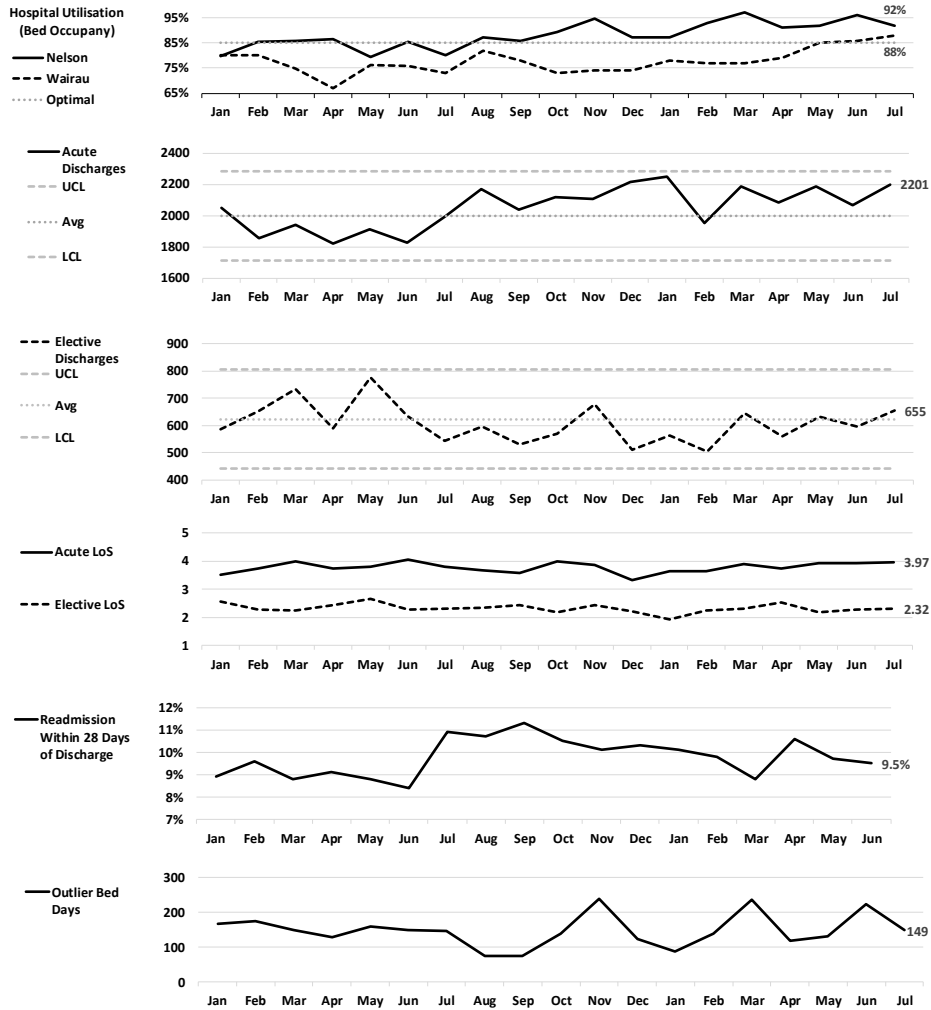
A presentation will be provided on Public Health/Surveillance, Disease Outbreaks/Health Promotion.

Lexie O'Shea
General Manager Clinical Services

RECOMMENDATION:

THAT THE ADVISORY COMMITTEE RECEIVE THE GM REPORT.

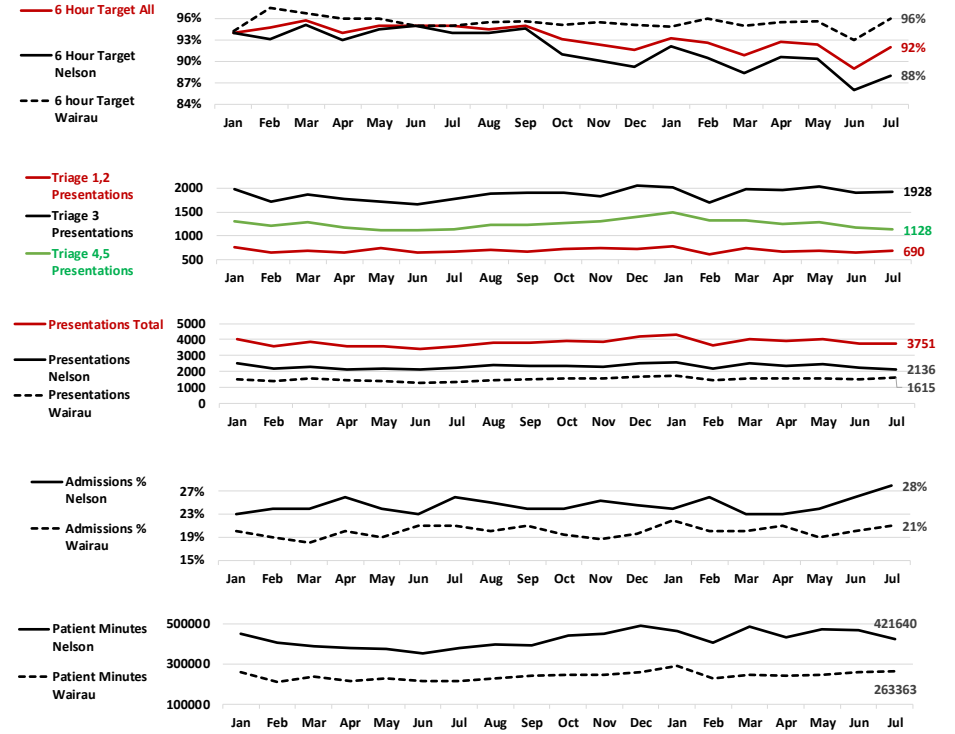
Inpatient Activity



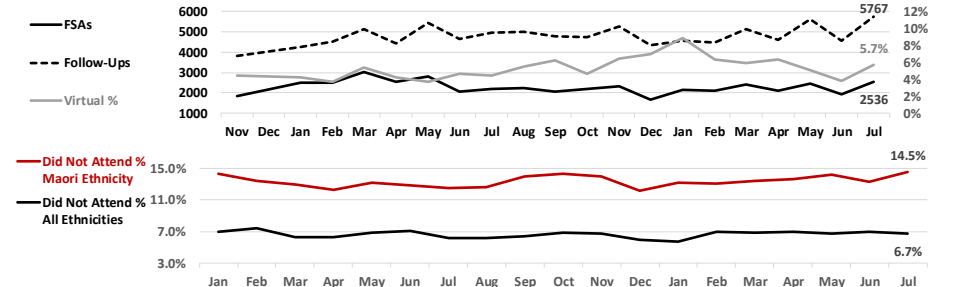
Theatre



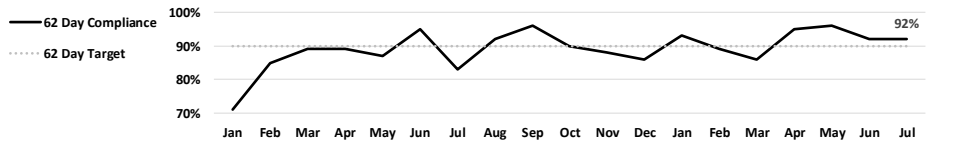
Emergency Department



Outpatient Activity



Fast Cancer



The Outpatient Activity reporting definition has been broadened from MoH FSA-and-Follow-up to include appointments seen as inpatient and nurse-led clinics. This larger definition better reflects total NMH outpatient activity.

MEMO

To: Advisory Committee Members
From: Peter Bramley, Chief Executive
Date: 21 August 2019
Subject: **FOR INFORMATION**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

NMH have submitted a number of submissions recently. Submissions include:

4.1 Ministry of Transport Clean Cars Standard and Clean Car Discount

The Government wants meaningful change to reduce vehicle emissions by introducing a Clean Car Standard and Clean Car Discount, which would apply to all new and used light vehicles first registered in New Zealand after 2021.

A discussion document has been developed to seek feedback on these two proposals to reduce emissions in the light vehicle fleet (cars, SUVs, utes, vans, light trucks).

Our Submission:

We are in favour of the scheme, especially as NZ is one of only three countries which does not have regulations on vehicle emissions, and this leads to poor health outcomes. We encourage MOT to increase the EV infrastructure in relation to charging stations in NZ. We encourage that a fund for public charging infrastructure at sites such as hospitals is set up. We encourage the scheme to be extended to heavier vehicles in the future.

4.2 Ministry of Transport Road to Zero Road Safety Strategy 202-2030

Road to Zero is a consultation document that outlines proposals for a new road safety strategy for New Zealand and some first actions. The strategy will replace Safer Journeys, which concludes at the end of this year. Road safety is a really important issue in New Zealand; too many people are being killed and injured on our roads every day.

Our Submission:

- We strongly support the revised Strategy including the guiding principles
- NMH supports the proposed infrastructure improvements, and recommends that cycle-friendly roundabouts are installed to make them safer
- NMH supports the changes to the speed management change process
- NMH supports additional work in regards to safety and accessibility of footpaths, and recommends that consideration is given to refining the Give Way rules between vehicles and pedestrians
- NMH reiterates its views that the use of roadside drug screening devices is the best current option

- NMH advocates that a zero blood alcohol limit is applied to those on restricted and learner licences
- NMH advocates for public health representation on Regional Land Transport Committees
- NMH encourages the Healthy Street Indicators to be incorporated into Road Safety indicators.

4.3 NCC Upper Trafalgar Street Permanent Closure

This consultation follows up a similar consultation that occurred two years ago about the Temporary Closure trial. Our comments echo comments we made at that time regarding liveability and making the space accessible for all including young children and older people.

Our Submission:

- That appropriately placed street furniture, designated performance space and cycle parks are added to Upper Trafalgar Street
- That if extensions of licensed outdoor areas are considered, then the area is restricted to a maximum extension of the outdoor licensed area to 1.5m into the road per premises so there is adequate public space for all to use
- NCC work with youth to create a public space that all can enjoy. This may include the installation of sculptures which appeal to all ages
- That NCC's event policy for this area mandates that events are smokefree.

4.4 Smokefree Environments (Prohibiting Smoking in Vehicles Carrying Children) Amendment Bill

This bill would amend the Smoke-free Environments Act 1990 to prohibit smoking in vehicles, including employers in work vehicles, carrying anyone under the age of 18. The purpose of the bill is to protect children from the harm associated with second hand smoke.

The bill would give the Police the power to stop any vehicle with children in it, in which a constable sees a person smoking. The Police would be able to require the vehicle to be stopped for as long as necessary to make inquiries, require the person to stop smoking, and require the person to provide their information.

The bill proposes a \$50 infringement fee or a court fine not exceeding \$100 for any person found smoking in the presence of anyone under the age of 18 in a vehicle.

Our Submission:

Our submission is supportive. The fines for smoking in cars are set low which we see is appropriate given the economic status of a large proportion of smokers. We also encourage the government to increase the extent of smokefree policies.

4.5 MOH Well Child Tamariki Ora Review

This submission is based on the early submission by the South Island Alliance.

Key points:

- Workload expectations are a significant barrier and there is inequitable remuneration between DHB and non DHB nursing staff
- Delay and inaccuracy of data reporting is an issue
- Equity needs to apply to rural communities in terms of access, availability and appropriateness
- Current service delivery is often disjointed
- Equity of access to a skilled WCTO nurse needs to be whanau-led with a targeted approach
- The vision hearing protocols are not based on industry best practice.

Copies of the above submissions are available from the Board Secretary.