

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 16 August 2011 at 10.20 am
at Council Chambers, Horowhenua District Council, 126-148 Oxford Street, Levin.

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Lindsay Burnell
Ann Chapman
Jack Drummond

Kate Joblin
Pat Kelly
Karen Naylor
Richard Orzecki
Barbara Robson

Unconfirmed Minutes

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Craig Johnston, Senior Portfolio Manager, Primary Health Care (part meeting)
Lyn Horgan, Operations Director, Hospital Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Ken Clark, Chief Medical Officer (part meeting)
Brian Woolley, Manager, Information Systems – Strategy (part meeting)

Central Primary Health Organisation

- Colin McJannett, Chairman
- Joe Howells, General Manager
- Chiquita Hansen, Clinical Director

Public (20)

Media (1)

Opening the meeting, the Chairman extended the Board's apologies for the late start. Several members of the board and management team had been delayed due to a temporary road closure. In view of this, the order of the public section of the meeting was changed, with the presentation from the Central Primary Health Organisation (Central PHO) to be held first, followed by questions from the public.

1. APOLOGIES

Apologies for lateness were received from the following members of the board and management team whose arrival had been delayed due to a temporary road closure for a traffic accident: board members Diane Anderson, Pat Kelly and Karen Naylor; management – Murray Georgel and Mike Grant.

2. LATE ITEMS

There were no late items.

4.2

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

There were no amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

Ann Chapman noted her conflict with ACC. This organisation was mentioned in confidential section of the meeting – item 16.3, Contracts Update. No discussion took place regarding this agenda item.

4. PUBLIC FORUM AND CENTRAL PRIMARY HEALTH ORGANISATION PRESENTATION

4.2 Presentation from Central Primary Health Organisation

Members of the Central PHO gave a presentation regarding local general practice development, the implementation of the Better Sooner More Convenient Business Case, the establishment of the Horowhenua Integrated Family Health Centre, and current delivery statistics.

There had been significant change to general practice over the past 12 months. The Central PHO has established the Horowhenua Community Practice, situated at the Horowhenua Health Centre, in 2010. In February 2011 it had added a waiting list practice, and had then purchased Dr Stephen's practice. The Horowhenua Community Practice (HCP) now had 8,000 enrolees and operated as a "not for profit" organisation. These developments had eased pressure on local GPs. The HCP intended to continue with an "open" waiting list so that local residents could be assured of access to general practice. The Raukawa Iwi Medical Service had re-opened its books and intended to enrol a further 400 people.

The considerable costs involved in maintaining an open waiting lists, including bad debtors, was discussed. The Central PHO advised its priority was to ensure access, and would continue to focus on best solutions and options. It was noted that many people who were unable to afford GP care had high health needs.

Members of the Board, the CEO and General Manager Planning & Support entered the meeting.

As a result of increased capacity, the level of GP consultations for these three practices combined had increased.

The Central PHO had recently become the default owner of the Foxton Family Health Practice with had an enrolled population of 2,400.

Discussions were underway with the Kere Kere Communities, Raukawa, and two GPs to scope up a partnership model whereby the four entities would come together. In time they would link up with the Horowhenua Community Practice.

Recruitment of GPs to Horowhenua continued. There were currently 12.6 ftes. More GPs would be retiring over future years, hence a proactive approach to recruitment.

The Central PHO provide a wide range of services and uptake of these was increasing, particularly nurse-led services.

The development of the Horowhenua Integrated Family Health Centre was progressing, bringing together the Central PHO, MidCentral Health, and Iwi/Maori in shared management, governance and leadership activities. Consultation with staff employed at the health centre was currently underway.

The Urgent Community Care pilot provided by St John was proving effective - treating 800 people at home, avoiding a trip to the district's Emergency Department. Transfers of other patients requiring ED or other care had also occurred.

The elder persons team had been established and was working in partnership with general practice. It also worked very closely with aged residential care facilities.

Six whanau ora navigators were now in place.

IT developments were planned, including use of email and text for patients to receive advice and requests for repeat prescriptions. E-referrals were also planned.

4.1 Questions from the Public

The following matters were raised by the public:

- The cost of accessing GPs. Horowhenua Grey Power considered the cost of a GP consultation prevented its members and other members of the community accessing this service. The time for consultations exacerbated this matter, with people have difficulty in raising more than one issue with the GP, thus necessitating a further appointment. Hardship funds previously available to the PHO had ceased. DHB management advised fee levels were monitored and all practices complied with the fee increase allowed under nationally prescribed guidelines. A 0% increase had applied this year. The PHO advised that hardship monies, together with other funding available for Care Plus, had been used to grow PHO nursing and other clinical resources which were provided to patients free-of-charge, particularly high need patients.
- Bonding of GPs. Had MidCentral DHB pursued this matter given Horowhenua initially did not qualify as a "hard to recruit" area? DHB management advised it had not taken up the bonding issue with the Ministry of Health. However, it had been implemented many innovative strategies to recruit and retain GPs, such as GP training programmes, interns, and GP registrar positions. The nurse pre-ceptorship programme was also starting to show real benefits. Training for aged residential care nurses was taking place.
- Nursing Roles. It was suggested further communication occur around the various nursing roles, such as Nurse Practitioner, so that the community understood better understood the service they provided. This suggestion was noted by the DHB.
- Better communication of Healthline was also suggested.
- What plans were in place to ensure the growing ageing population would be able to access and receive appropriate health care, particularly given the rising rate of dementia. The Grant Thornton report was cited. DHB management advised the number of hospital level beds within aged residential care rose each year. Dementia beds were increased. Rest home level beds were decreasing as more people were supported to remain in their own homes. It was noted that Grant Thornton report's findings were modelled on older people being those >65 years whereas the average age of someone entering aged residential care had increased to around 80-81. A lot of work was being done in Horowhenua between the PHO and aged residential care, supported by the DHB.
- The District's Mayor noted the growing level of Alzheimer's within New Zealand and the worry this presented to the local Council given the area's high elderly population. He further noted that a recent forum of aged residential care providers many of those present did not believe they would be unable to cope with this growth in demand. The Mayor noted the Central PHO's presentation, stating the need to ensure it all was occurring as presented.
- The increase in obesity and Type 2 diabetes. It was suggested that previously nutritional advice advocated low-fat substitutes and lots of grains/carbohydrates, whereas current thinking was different. DHB's management advised it implemented some programmes,

such as Healthy Eating, Healthy Action” under the leadership of the Ministry of Health. It also funded dieticians and physical activity officers through the chronic care teams.

- Encouraging doctors to come under the mental health system so mental health patients and their carers did not have to pay GP fees. The concern was expressed that when patients were discharged from mental health services, their families could not access care for them. It was suggested that something be done to get more GPs trained under the mental health system. DHB management advised it was looking to expand its Shared Care Programme to other parts of the district.
- Planning for the future for people with a mental illness who were currently being cared for by elderly parents. It was stated these people would not appropriate to be housed within normal aged residential care places. The issue of people with mental health living in the community was also raised. DHB management advised a lot of investment had being, and continued to put into mental health services.
- Support for carers. DHB management advised the concept of carers for carers was beginning to gain momentum. In the short term this issue would be in front of policy makers and DHBs.
- The mother of a disabled child tabled a proposal for the establishment of a respite centre for disabled people within the old Horowhenua Hospital. She stated that the lack of respite care was a major issue for parents within the area. The Chairman acknowledged receipt of this proposal and advised it would be copied to all members of the Board and to management, and a response would be provided in due course. DHB management acknowledged respite care facilities for disabled people were sparse. Responsibility for this service rested with the Ministry of Health. There had been a significant lobby to increase access throughout New Zealand and a number of options were being explored. Information of other services would be provided.
- The Deputy Mayor acknowledged the good working relationship between the Council and DHB. He stated that the Council had established a Health and Social Wellbeing Committee, in line with a government initiative. As part of that, the Committee met with the Central PHO. Mr Judd noted a “good news” story regarding the excellent health services provided to his mother when we recently had a stroke. He also acknowledged the good outcome achieved to recent negotiations around the Horowhenua shuttle service.
- Over-prescribing of medication and pills. DHB management noted prescribing was the responsibility of each clinician in discussion with their patient. The issue of medicines reconciliation through community pharmacies was being advanced, as well as upon admission to hospital.

The Chairman closed the public forum, thanking all those present for their interest. He extended the Board’s appreciation to the Central PHO for their presentation and the work they were doing in Horowhenua.

Members of the PHO left the meeting, together with Craig Johnston.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 19 July 2011 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Hospital Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Audit Sub-Committee held on 19 July 2011 be received and the recommendations contained therein approved.

6.2 Matters Arising

There were no matters arising from the minutes.

Ken Clark and Brian Woolley entered the meeting.

6.3 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 2 August 2011 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

6.5 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 2 August 2011 be received and the recommendations contained therein approved.

6.6 Matters Arising

Richard Orzecki acknowledged the condolences extended to him by the Board and management of DHB on the recent death of his brother.

6.7 Enable New Zealand Governance Group

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 2 August 2011 be received and the recommendations contained therein approved.

6.8 Matters Arising

There were no matters arising from the minutes.

7. STRATEGIC MATTERS

7.1 centralAlliance Project Update

Whanganui DHB's work regarding credentialling and quality was raised by one member who noted that the DHB involved a consumer in root cause analysis investigations. It was suggested MidCentral DHB should give consideration to this.

It was resolved:

that the report be received.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Annual Planning Documents

The Minister's support of the Board's Annual Plan 2011/12, and, the Central Region's Regional Services Plan was noted.

The CEO advised that preparation of the next Regional Services Plan was to get underway.

In respect of the 2011/12 Annual Plan, it was noted that the Price Volume Schedule was not included in full as in previous years. Management advised this was available to interested members.

8.1.2 Central Region's Information Systems Plan

Management confirmed that the proposed expenditure on IT systems as contained in CRISP would be incurred by MidCentral DHB regardless.

8.1.3 DHBNZ

The CEO advised that the Chair and Deputy Chair of DHBNZ had been confirmed, being Graeme Milne and Murray Cleverly respectively.

8.1.4 Financial Result for 2010/11

The CEO advised the provisional result was a \$9.6m surplus. This had been adjusted slightly after review by and discussions with the external auditors to \$9.581m. Formal advice of this result would now be provided to the Ministry of Health and auditors. This advice was traditionally signed by the Chief Financial Officer, Chief Executive Officer, Deputy Chair and Chair. Subject to the Board's support of the proposed change to the capital expenditure policy it was intended that this would occur.

8.1.5 Debt

The CEO noted the debt roll-over which would occur in November. This would be rolled over for 8 years at a rate of 5.01%.

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Manawhenua Hauora Minutes

Richard Orzecki, in his role as Chair, Manawhenua Hauora, advised the reference to renal dialysis presentation related to a discussion about the opportunities which the rural broadband initiative may provide for health.

It was resolved:

that the minutes be received.

9.2 Capital Expenditure Policy Amendment – Low Value Assets

The proposed amendment was discussed and the following points noted:

- low value assets would still be monitored and recorded, but via other systems such as the IT schedule of computer devices and the Sterile Supply Unit tracking device (surgical instruments).
- the external auditors were comfortable with the proposal, and at this point in time management was unaware of any significant issue which would likely be noted in the auditor's "error schedule".
- the amendment would have a beneficial impact on capital charge.

It was resolved:

that the capitalisation threshold contained in the Capital Expenditure Policy be amended from \$1,000 to \$2,000;

that this change be effective from 30 June 2011; and

that all items in the fixed asset register below the \$2,000 level be removed from the fixed asset register, and the write down of \$1.37m be incorporated into the accounts as at 30 June 2011.

9.3 Local Authority Election Statistics 2010

It was resolved:

that the report be received.

9.4 2011/12 Work Programme

It was noted that the post event audit review of car parking was scheduled for consideration by the Group Audit Committee at its next meeting. It was further noted that the review of treasury management arrangements and investment was also to be reported to the Group Audit Committee.

A member requested a report be provided regarding local travel and accommodation arrangements, noting that this matter was also on the regional work programme. It was agreed that the Board would await the regional report on this matter. This was expected to be received around October/November. The Board would then determine what other information/reports were required. It was agreed that the member's email to management around travel and accommodation reporting requirements be shared with other members, and also with regional service team.

The importance of ensuring local board members had the information required to make regional decisions was noted.

Reporting regarding mental health targets and indicators was questioned. The CEO advised that these formed part of the quarterly non-financial performance indicator reports provided to both the Hospital Advisory and the Community & Public Health Advisory Committees.

It was resolved:

that the updated work programme for 2011/12 be noted.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 20 September 2011, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

An apology was received from Jack Drummond.

12. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
<i>"In Committee" Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>"In Committee" Minutes of Committee Meetings:</i>		
<ul style="list-style-type: none"> • <i>Community & Public Health Advisory Committee, 2 August 2011</i> • <i>Hospital Advisory Committee, 2 August 2011</i> • <i>Enable New Zealand Governance Group, 2 August 2011: contracts update</i> 	<ul style="list-style-type: none"> <i>For the reasons set out in the Committee's order paper of 2.8.2011 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 2.8.2011 meeting held with the public present</i> <i>Subject of negotiation</i> 	<i>9(2)(j)</i>
<i>Strategic Matters</i>		
<ul style="list-style-type: none"> • <i>Central Region's Information Systems Plan</i> 	<i>Under negotiation</i>	<i>9(2)(j)</i>
<i>Operational Matters</i>		
<ul style="list-style-type: none"> • <i>CEO's Report: HBL Contract Update</i> • <i>Contracts Update</i> 	<ul style="list-style-type: none"> <i>Subject of negotiation</i> <i>Subject of negotiation</i> 	<ul style="list-style-type: none"> <i>9(2)(j)</i> <i>9(2)(j)</i>

Confirmed this 20th day of September 2011.

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Chairman