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MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 21 June 2011 at 10.05 am
at Council Chambers, Manawatu District Council, 135 Manchester Street, Feilding

Unconfirmed Minutes

PRESENT

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

Kate Joblin
Pat Kelly
Karen Naylor
Barbara Robson

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division (and Acting General Manager, Corporate Services)
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Craig Johnston, Senior Portfolio Manager, Primary Care (items 1-5)

Central Primary Health Organisation (items 1-5)

- Colin McJannet, Chair
- Joe Howells, General Manager
- Chiquita Hansen, Clinical Director

Public (6)
Media (1)

The meeting opened with a karakia by Dennis Emery, Ngati Raukawa.

1. APOLOGIES

Apologies were received from Mavis Mullins and Richard Orzecki, Board Members.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Ann Chapman advised she had been appointed a member of the Disciplinary Tribunal of the New Zealand Teachers Council.

3.2 Declaration of Conflicts in Relation to Today's Business

No declarations were made.

4. PUBLIC FORUM AND CENTRAL PRIMARY HEALTH ORGANISATION PRESENTATION

4.1 Questions from the Public

Opening the public forum, the Chair welcomed Ian McKelvie, Mayor, Manawatu District Council. Mr McKelvie was congratulated on his selection as the NZ National Party candidate for Rangitikei, and thanked him for all he had done for the health of the Manawatu community during his tenure as Mayor.

The following matters were raised by the public:

- Pat Ashton, Chairperson, Strengthening Families (Feilding) expressed concern that local community midwives were not engaging with social services, and that referrals from midwives to such agencies were very low. It was noted that community midwives were contracted by the Ministry of Health and not DHBs. MidCentral DHB's management undertook to broker a meeting between Strengthening Families and community midwives, utilising the expertise of its Midwifery Adviser.
- Alison Short, local councillor and a community representative on the Central PHO's primary care group acknowledged the work of the Manawatu Community Trust in developing the Feilding Integrated Family Health Centre proposal. She also acknowledged the assistance given by MidCentral DHB and the Manawatu District Council. Cr Short considered the IFHC very important for the local community, and asked the Board of MidCentral DHB to look favourably on any requests submitted by the Manawatu Community Trust.

MDHB's Chairman advised the matter would be presented to the Board in due course and would be considered appropriately. He expressed the Board's appreciation of the exemplary work the Trust had done to date.

- Dennis Emery, Ngati Kauwhata (a local Iwi) stated the Iwi's support for the Feilding Integrated Family Health Centre and the work of the Manawatu Community Trust in this regard. The Iwi was looking for ways of becoming part of the ownership of the proposed Centre's buildings, land and management. He stated that any support which the DHB could give to the Feilding IFHC would be most appreciated.

4.2 Presentation from Central Primary Health Organisation

Representatives of the Central PHO made a presentation to the Board. Key points:

- The establishment of the Central PHO has positively impacted the Manawatu community. A strong clinically led, integrated change management programme had been implemented. Resources to support general practices had been co-ordinated. Relationships with MidCentral DHB had also been strengthened, supporting integration initiatives.
- Feilding had four general practices, nine GPs, practice nurses and other practice staff.
- Around 17,000 people in Manawatu were enrolled with the four Feilding based general practices. It was considered the remaining 11,000 people were mostly enrolled with Palmerston North based practices.
- Over the next 12 months, it was intended the four general practices would turn into a single business entity, forming the Fielding Integrated Family Health Centre. Ownership and governance structures were yet to be investigated.

- The IFHC would be based at Clevely Centre, and work was underway with general practice teams around clinical governance. This would drive new models of care which would be in place when the clinicians moved into the new facility.
- Plans for the IFHC had been prepared, and final plans were now being drawn up so tenders for the development could be sought. This would confirm costings which were currently estimated to be within the range \$4.5m to \$5.2m.
- The IFHC had to be robust in the long term, including financially viable for over 15 years. No development would occur until signatories to tenancy and lease agreements were in place.
- The District Health Board and Manawatu District Council had each provided \$25,000 toward the project, and the Council had further proposed a loan of \$2.5m. The Manawatu Community Trust had put in about \$95,000 to the project.
- Critical to the IFHC project was local ownership of the Centre. The management/ownership structure must work for GPs and the community in the long term.
- The IFHC looked to bring a range of health services together including general practice, the PHO, and DHB clinics and community services.
- The Central PHO's statistics re local health outcomes were assembled by practice. This data informed future service development and enabled the PHO to work alongside and support practices in areas requiring improvement.

General discussion took place and the benefits of integrated general practice were debated, particularly the importance of local ownership.

The Central PHO was asked as to what barriers existed to ensuring timely implementation of the "Better, Sooner, More Convenient" business case. It responded that the governance structure put in place was based on identifying and removing barriers.

The Chairman thanked the Central PHO for its presentation and the exemplary work it had done, and continued to do in progressing primary health services for the district.

Members of the Central PHO team and Craig Johnston left the meeting.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 17 May 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 Funding Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Funding Audit Sub-Committee held on 17 May 2011 be received and the recommendations contained therein approved.

6.2 Matters Arising

There were no matters arising from the minutes.

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 7 June 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 7 June 2011 be received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

7. STRATEGIC MATTERS

7.1 Manawhenua Hauora

7.1.1 2011/12 Work Programme

It was resolved:

that the draft 2011/12 work programme be approved.

7.1.2 Minutes

It was resolved:

that the minutes be received.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Long Term Health Sector Plan

Members noted that the Acting Director, Planning & Analysis, National Health Board would be discussing the draft Long Term Health Sector Plan at the workshop to be held at the conclusion of the meeting.

8.1.2. Budget

The impact of the 2011 Government budget was noted, particularly the impending costs due to Kiwi Saver changes. Management advised these had not been included in the DHB's budget projections for 2012/13 and beyond.

Management advised it did not anticipate any problems in providing the additional elective work to be funded by the Government. Nationally, 2,000 additional procedures were to be purchased. MDHB's share, on a population basis, would be around 80 procedures.

The timing of budget announcements, and the plans of other entities which impacted DHBs, was discussed. Concern was expressed that these were often not advised until the end of the DHB's planning process. It was agreed that while frustrating, management had these under control and were dealing with them as they came to hand. The advance notice DHBs received of their funding envelope for the next financial year (usually six months) was a major benefit to planning and something not all government entities enjoyed.

8.1.3 Pharmac

The possible impact of the Government's trans-Pacific and trans-Tasman trade discussions was raised. It was agreed that any comments would be speculative. It was noted that the trans-Tasman discussions focused around regulatory matters, not buying, and may not include complementary medicines given the different approaches to these within Australia and New Zealand.

The Health Committee's report on innovation through clinical trials was noted.

8.1.4 Financial Position

The DHB's positive financial position was noted, and management's work in this area over the past two years was recognised with appreciation.

8.1.5 Meetings with Territorial Local Authorities and MPs

The Chair and CEO confirmed that no criticism or worries had been expressed around services generally.

The issue of car parking had been raised by Palmerston North City Council, but nothing in principle regarding the system MidCentral DHB had implemented. The discussion was around anecdotal feedback on the impact of the paid car parking system on others.

Access to services in terms of the Horowhenua Health Shuttle had been raised by the Horowhenua District Council. The Council wanted to see this service maintained. Discussions were underway.

8.2.6 Leadership Arrangements

The CEO's proposed leadership arrangements were noted and regarded as positive by many members. Mr Mike Grant was congratulated on his appointment as Deputy CEO.

The absence of nursing representation on the Executive Leadership Team was questioned by one member. The CEO advised that there was clinical participation in decision-making via various means. He advised there was a Director of Nursing for secondary care (MidCentral Health) and a Director of Nursing for primary care. The proposed membership of ELT reflected the mix between accountability structures and professional responsibility.

The CEO advised that staff feedback had closed the previous Friday and he was yet to fully consider and digest this and make his final decision. In addition to staff feedback, two external organisations had also put forward their views.

It was noted that leadership arrangements fell within the CEO's jurisdiction.

8.2.7 Debt

The CEO advised that two tranches of debt were due to expire in November. Following discussion with the Crown Health Funding Agency, it was possible for MDHB to roll these over. A report, with recommendations would be submitted to the Board's next meeting.

The difference in debt levels over the past two years was raised and management advised this was reflected MDHB's improved financial performance.

8.2.8 Capital Expenditure

Management advised that the lag in capital expenditure was not due to financial or other constraints.

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Enable New Zealand Annual Reporting Requirements

It was resolved:

that pursuant to section 211(3) of the Companies Act 1993, the annual report of Enable New Zealand Limited for the year ended 30 June 2011 shall incorporate the financial statements and auditor's report thereon and exclude information specified in any of the paragraphs (a) and (d) to (j) of subsection (1) of that section.

9.2 2011/12 Reporting Framework

The concept of moving to a six-weekly meeting cycle was supported, and discussion took place as to when this change should come into effect.

It was agreed that timing of committee meetings in July 2012 may need to be adjusted.

The start timing of meetings was raised and it was agreed this would be considered in October when the schedule of public forums, etc was to be submitted to the Board.

It was agreed that a staff climate survey should be undertaken and the results reported to the Board. It was further agreed this item be added to the work programme. The CEO noted that this would likely be scheduled for later in the financial year given other staff surveys were to be undertaken in early 2011/12.

A request for information around the current travel and accommodation arrangements and usage etc was made. It was agreed that this stocktake would be undertaken as part of the Regional Services Plan's travel and accommodation workstream. The results would be reported to DHBs.

It was resolved:

that the 2011/12 Reporting Framework be approved, and,

that MidCentral DHB's board and committee meeting arrangements be based on a six-weekly meeting cycle in 2012.

9.3 2010/11 Work Programme

It was resolved:

that the updated work programme for 2010/11 be noted.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 19 July 2011, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

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, 7 June 2011</i> • <i>Hospital Advisory Committee, 7 June 2011</i> 	<i>For the reasons set out in the Committee's order paper of 7.6.2011 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 7.6.2011 meeting held with the public present</i>	
<i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Report</i> <ul style="list-style-type: none"> : <i>Central Region's Information System Plan</i> : <i>Health Benefits Limited</i> : <i>Sale of Surplus Land to St John</i> : <i>Annual, Regional & Maori Health Plans</i> 	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Governance Matters</i> <ul style="list-style-type: none"> • <i>Insurance</i> • <i>Bates Estate</i> • <i>External Committee Member Appointments</i> 	<i>Subject of negotiation</i> <i>Subject of negotiation</i> <i>To protect personal privacy</i>	<i>9(2)(j)</i> <i>9(2)(j)</i> <i>9(2)(a)</i>

Confirmed this 19th day of July 2011.

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Chairman