

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 10 June 2014 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

- Di Anderson (Chair)
- Barbara Cameron (Deputy Chair)
- Adrian Broad
- Ann Chapman
- Phil Sunderland (ex officio)
- Andrew Ivory

Unconfirmed Minutes

IN ATTENDANCE:

- Murray Georgel, Chief Executive Officer
- Mike Grant, Deputy Chief Executive Officer
- Helene Carbonatto, Acting General Manager, Planning & Support
- Rebecca Bensemman, Committee Secretary
- Stephanie Turner, Director, Maori Health & Disability
- Bruce Stewart, Medical Director, Primary Care
- Craig Johnston, Senior Portfolio Manager, Primary Health Care
- Jo Smith, Senior Portfolio Manager, Health of Older Persons
- Vivienne Ayres, Manager, DHB Planning & Accountability
- Andrew Orange, Pharmacy Advisor
- Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
- Barb Bradnock, Portfolio Manager, Child & Youth Health
- Jordan Dempster, Communications Officer
- Lydia Kirker, Communications Officer

OTHER:

- Public: (0)
- Media: (1)

1. APOLOGIES

An apology for absence was received from Nadarajah Manoharan and Oriana Paewai.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

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3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment to the Register of Interests

There were no amendments to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

Phil Sunderland declared a conflict in relation to Item 7.3 Planning & Support Operating Report, specifically Item 2.3.2 Social Housing Reforms, in respect of consultancy to legal firm Fitzherbert Rowe for provision of legal services to MASH Trust, a contractual provider to MidCentral District Health Board (DHB). The Chair advised this conflict was manageable and that Mr Sunderland may remain in the meeting and participate in any discussion around this item.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 29 April 2014 be confirmed as a true and correct record.

4.2 Recommendations to the Board

It was noted that all recommendations contained in the minutes were approved by the Board.

4.3 Matters Arising from the Minutes

There were no matters arising from the minutes.

5. GOVERNANCE

5.1 2013/14 Work Programme

The majority of the 2013/14 Work Programme has been achieved, with several outstanding reports to be presented to the Committee at its next meeting.

The Board has approved the reporting framework for 2014/15 and details of this have been included for information. This programme of work is based on the Terms of Reference for each Committee and the framework is used significantly as a reporting reference for management.

There will also be a further workshop held on 30 July regarding the Master Health Services Plan and all Board and Committee members are welcome to attend. The Chair noted the change of date scheduled for this workshop and asked Committee members to diarise accordingly.

Mr Adrian Broad queried the distribution of the Workforce report. It was advised that this update is furnished six-monthly to the Hospital Advisory Committee (HAC) with a copy provided to the Community and Public Health Advisory Committee (CPHAC) for information only.

It was recommended:

that the updated work programme for 2013/14 be noted.

6. STRATEGIC/SPECIAL ISSUES

6.1 Update: Regional Services Plan Implementation – Quarter 3, 2013/14

The Chair noted the ongoing red risk status for the Central Region Information Systems Plan (CRISP) and asked whether any progress was being on this project.

Management advised that Central Region’s Technical Advisory Services (TAS) had indicated that the agreement would be provided for signing within the next two weeks.

Whanganui DHB and MidCentral DHB will work with the vendors of WebPAS to utilise the most recent version. It is expected to have this implemented across both DHBs by December 2015, which is both within timeframe and cost.

Further, e-Pharmacy is now to be included as part of the CRISP initiative. MidCentral is to be the lead DHB for this programme and will be in a position to sign up in the next two weeks. At this point it is expected that the amber alert level will be upgraded to green.

It was recommended:

that this report be received.

6.2 Planning and Support- Annual Plan Update 2

The Committee received this full and comprehensive report and addressed individual initiatives for comment as follows:

Health Targets

The significant improvement in Health Targets was noted, specifically the Immunisation Health Target as well as More Heart and Diabetes Checks. The Chair queried whether people then received appropriate and timely support if required as a result of such checks. Management confirmed that there are practices in place to refer people through as necessary.

Dementia Framework for MidCentral DHB

The Senior Portfolio Manager, Health of Older Persons, clarified the nature of the radio frequency tracking system which has recently been implemented as an assistive device. The tracking aspect of this system sits with the carer, the Police and Alzheimer’s Society, and significantly reduces the time taken to locate a missing person within the community.

Child and Adolescent Oral Health Service

Total Maori preschool children enrolled are 2,706 which is 67.1% of the eligible Maori population. This is significantly higher than in previous years, however the Well Child Quality Improvement Plan aims to assist the Oral Health Service in further boosting enrolment numbers.

Health Home Programme (renamed Newborn Enrolment Programme)

The Committee positively acknowledged the success of this programme and look forward to receiving information around the results going forward.

Increasing access to alcohol and other drug treatment for community based offenders with AOD problems (Drivers of Crime)

The Portfolio Manager, Mental Health & Addictions, confirmed the four providers for this service, being: MASH Trust, Te Runanga o Raukawa, Te Upoko Nga Oranga o te Rae and Rangitane Tamaki Nui a Rua.

Mr Adrian Broad commented that this report was a positive reflection of work undertaken in collaboration and partnership with other community organisations to achieve wider outcomes. Management agreed that significant work is undertaken in this space and that this is a particular strength within the Planning and Funding team.

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It was recommended:

that this report be received.

6.3 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 3, 2013/14

The Committee noted that 66.7% of the 39 performance measures were rated as 'achieved' or 'satisfactory'. The Manager, DHB Planning & Accountability, advised that a different set of indicators are used in Quarter 3 but that this is a similar percentage measure compared to other quarter results.

There has been a small improvement against the 'Shorter stays in the Emergency Department' health target. Management confirmed that substantive work is being undertaken in this area, including how better to manage patient flow from the Emergency Department through the hospital.

Lastly, with regard to Central PHO cancer nurses, the Chair queried the nature of this position and its role within the community. The Senior Portfolio Manager, Health of Older Persons, advised that the process around referrals has been identified as an area that needs improvement and there is a targeted piece of work currently in place to address this.

It was recommended:

that this report be received.

6.4 centralAlliance Strategy

The Acting General Manager, Planning & Support, introduced this report as the final version of the Project Scope for the centralAlliance strategy. The key modifications include the sponsorship of the programme by the Chief Executives, and inclusion of other key stakeholders in the process. It was advised that Whanganui DHB will project manage this work whereas the contract will sit with MidCentral DHB. It is also expected that community consultation will occur in March next year.

Mr Andrew Ivory queried whether the budget for this programme is provided for within the Annual Plan. Management affirmed that provision exists within the budget and explained that most programmes that are run in conjunction with Whanganui DHB are split on an approximate 70/30 basis, based on population spread across both DHBs.

Future reporting around this programme of work will be provided through via this Committee process.

It was recommended:

that this report be received.

6.5 Primary Birthing Unit Feasibility Update

The Committee received this report and noted that the final project feasibility report is now expected to be submitted for consideration in October.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Health Masterclass Report 2014

Dr Bruce Stewart introduced this report with comment from both the Portfolio Manager, Child & Youth Health, and the Senior Portfolio Manager, Health of Older Persons.

A full report was tabled for each Committee member to read under separate cover.

Particular highlights of the visit included Leeds and its child-friendly ethos, as well as the value of dementia research being undertaken at Stirling University. The importance of the quality agenda and measurement of outcomes as part of business as usual was also identified as a valuable lesson for MidCentral DHB.

The Committee agreed the value of learnings gained from this experience would have immense and wide-ranging benefits across the organisation and throughout the community.

It was recommended:

that this report be received.

7.2 Community Pharmacy Services Agreement

Mr Andrew Ivory queried the level of clarity around payments that pharmacies receive under the current Community Pharmacy Services Agreement (CPSA). The Pharmacy Advisor commented that one of the biggest positives for pharmacies in the proposed Stage 4 of the CPSA is the clarity of payment amounts which facilitates effective service and business planning.

The Pharmacy Advisory further remarked that Portfolio Managers around the country are being encouraged to think about what the 2015 landscape will look like. It is important that detailed work is to be undertaken between now and then to realign the momentum of the current CPSA.

It was recommended:

that this report be received.

7.3 Planning & Support Operating Report

The Acting General Manager, Planning & Support, provided a page by page overview of this report.

Item 1. Responses to Committee and Board Requests

It was noted that all requests for further information had been fulfilled within this report. Further, it was advised that a full report on Partnering with General Practice is to be provided to the Committee at its next meeting, however management was pleased with progress on the Plan's development to date, particularly with the input of the PHO.

Item 2.2.1 Whanau Tri

Mr Adrian Broad commented that the Whanau Tri had proved to be a worthwhile community event and expressed his support for continuation of this initiative.

Item 2.4.4 Virtual Diabetes Register

This is a measure of patients diagnosed with diabetes which is driven in part by the increased uptake of Cardiovascular Risk Assessment and Diabetes checks. One consequence of the increase in numbers on the Virtual Diabetes Register is that the funding provided by the DHB to general practice teams for diabetes care will increase by about \$65,000. Over the past 18 months the DHB has moved to a bulk funding basis for practices that put an approved Diabetes Care Improvement Plan into place. Nearly all practices are now on this method of funding.

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Item 2.7 Devolution of St John Patient Transfer Services Funding

The Ministry of Health will be devolving this funding to bring the DHB in line with other DHBs around the country that already fund this service from within their baselines. These services are for the inter-hospital transfers hence the funding will go directly to the provider arm.

It was recommended:

that this report be received.

7.4 Finance Report – Result of April 2014

Positive financial performance and forecast continue.

There has been an improvement in the position of MidCentral Health and the Funder remains on track to achieve a favourable result to budget.

It was recommended:

that this report be received.

8. LATE ITEMS

There were no late items for this section of the meeting.

9. DATE OF NEXT MEETING

Tuesday, 22 July 2014

10. EXCLUSION OF PUBLIC

It was recommended:

that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reason stated:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>“In Committee” Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>Quarterly Report 4 – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 22nd day of July 2014

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Chairperson