

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 1 September 2015 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
Nadarajah Manoharan
Phil Sunderland (ex officio)
Donald Campbell
Andrew Ivory

IN ATTENDANCE:

Mike Grant, Acting Chief Executive
Craig Johnston, Acting General Manager, Funding & Planning
Rebecca Bensemman, Committee Secretary
Barb Bradnock, Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships
Andrew Orange, Interim Portfolio Manager, Primary Care
Claudine Tule, Portfolio Manager, Mental Health & Addictions
Vivienne Ayres, Manager, DHB Planning & Accountability
Cheryl Benn, Midwifery Advisor
Doug Edwards, Maori Health Advisor
Maha Patel, Intern Portfolio Manager
Amanda Rouse, Maternity Quality & Safety Coordinator
Stephanie Turner, Director, Maori Health & Disability
Chris Nolan, Service Director, Mental Health & Addiction Services
Jordan Dempster, Communications Officer
Barbara Robson, Board Member

OTHER:

Public: (2)
Media: (0)

1. APOLOGIES

Apologies for absence were received from Oriana Paewai and the Chief Executive Officer.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

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

There were no declarations of conflict in relation to today's business.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 21 July 2015 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

Item 7.2 Finance Report – Draft Result of June 2015

In response to a query from Nadarajah Manoharan it was advised the Funder is expecting no additional revenue from the Ministry of Health (MoH) in the event that MidCentral Health over delivers against elective service targets for 2015/16 (as was the case in 2014/15).

5. GOVERNANCE

5.1 2015/16 Work Programme

Progress against the 2015/16 work programme has generally been achieved with a significant update on the Mental Health service reconfiguration to be considered at this meeting.

The Acting Chief Executive reminded the Committee that a Strategic Workshop is scheduled for 29 October 2015.

It was recommended:

that the updated work programme for 2015/16 be noted.

6. STRATEGIC/SPECIAL ISSUES

The Chair requested the Committee move forward in the agenda to Item 6.4 Mental Health Report.

6.4 Mental Health Report

Chris Nolan, Service Director, Mental Health & Addiction Services (MHAS), introduced this report and noted future reporting is to be expanded to make it more accurate and pertinent, within context of the quality and risk framework. It is intended that future reporting provide a full and complete picture.

'Phase one' activities arising from implementation of the MHAS review recommendations have been completed with this summary report recording achievements to date and identifying components requiring further work, including a change of culture. 'Phase two' proposes the expansion of the review recommendations to create a sector wide vision, including establishment of a provider network to progress both quality and improved service delivery across the sector.

Key messages arising from this report include awareness that mental health delivers services in a community setting, and that focus needs to shift from the notion that mental health services are delivered solely in an inpatient setting, which is leading to overuse of the inpatient unit.

MidCentral DHB (MDHB) is unable to manage this change on its own and will need to develop functional relationships across community networks. It is important to concentrate on areas that improve access to services, including primary care. A degree of trust needs to exist between organisations that are essentially independent of each other. It takes time to establish a degree of connectedness and develop a network of providers with a collaborative approach to delivering mental health services across the sector. This is a population-based approach with providers needing to know and understand the mental health needs of its community. No single provider is able to adequately meet the needs of individuals and families on their own. Isolation of service can lead to adverse outcomes and it is important to recognise that meeting mental health needs is a collective responsibility.

'Phase two' identifies a range of initiatives which aspire to achieve mental health care over a full continuum, from youth to older people. Mental health is the only service to cover such scope and it is vital that clear priorities are identified in our local communities.

Phil Sunderland noted a level of comfort with 'phase one' activities and questioned whether this process was complete. It was advised that those recommendations to be placed into 'phase two' need to be carefully identified but essentially 'phase one' was now complete. Mr Sunderland added that he is comfortable with the direction for 'phase two' and appreciates the necessity for developing a service to meet the community's needs. He then questioned whether this process is intuitive or does it need to be taught and explained. Developing a provider network requires leadership, a combined leadership group, trust and clear processes to achieve the desired outcome. Mr Sunderland sought Mr Nolan's view on intended governance structures including likely participation. Mr Nolan responded the aim is to create a functional network that isn't dependent on a central coordinating body. Governance helps build a collective vision but it is important that organisations retain an independent identity.

Adrian Broad noted that development of a provider network was to a December 2016 timeline. He queried the best approach to bring various organisations and agencies together to advance discussions. Mr Nolan advised some work needs to be done in this area and that actively engaging every organisation (General Practice, Ministry of Social Development, NZ Police, etc) would be necessary in designing and forming a successful structure.

The Acting Chief Executive reminded the Committee that a workshop on Mental Health Services was scheduled at the conclusion of the meeting which would address such areas. Essentially, the provider arm continues to be internally focused whereas achieving an external focus remains the biggest challenge.

Donald Campbell noted the importance of engaging with consumers and added that for a provider network to be effective the community needs to accept this new approach to service delivery.

It was recommended:

that this report be received.

The Chair asked the Committee to return to Item 6.1 Regional Services Plan Implementation Update – Quarter 4, 2014/15 in the agenda.

6.1 Regional Services Plan Implementation Update – Quarter 4, 2014/15

This is a regular update on progress against implementation of the 2014/15 Regional Services Plan for quarter ending June 2015. The layout of this report has been reformatted with the executive summary used as a reference to attain further information within the report as required.

The Chair referred to the interventional approach to polypharmacy and noted this approach is a primary care focused intervention using specialist support. The Interim Portfolio Manager, Primary Care remarked this is one model for addressing multiple medicines use, with the pilot being undertaken by Whanganui DHB.

It was recommended:

that this report be received.

6.2 Non Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2015/16

The Manager, DHB Planning & Accountability provided an overview of this report and reminded the Committee that each quarter presents a different suite of performance indicators for assessment. For further clarification, where the Ministry has provided an assessment as 'outstanding' this is to be interpreted as 'excellent' (rather than as 'overdue').

Andrew Ivory noted that immunisation coverage rates for 8 month old infants was just short of target again this quarter (at 94 per cent). It was advised that once the decliners are factored in, the number of missing children is very small and has a disproportionate impact on the statistics.

Adrian Broad commented that a number of performance measures remain 'partially achieved' and questioned whether it was realistic to expect these indicators will ever be fully 'achieved'. The Manager, DHB Planning & Accountability acknowledged achievement of some measures will continue to be a challenge. It is important that relativities be taken into account when assessing overall performance as vagaries in data, from a statistical standpoint, can also influence results. The Acting General Manager, Funding & Planning pointed out that in the report there is clear evidence of improvement across the quarters, which is a sign the DHB is steadily improving.

It was recommended:

that this report be received.

6.3 Annual Prioritisation Framework Update

The Acting General Manager, Funding & Planning provided a brief outline of the annual review of the prioritisation framework. At the previous meeting it was suggested that new legislative health and safety requirements might need to be included. This had been considered. As these requirements sit within the procurement and contracting process, which is a subheading within the prioritisation framework, it was decided to maintain the status quo and review the framework again in 12 months time.

It was recommended:

that this report be received and the Community and Public Health Advisory Committee makes any comments and suggestions

that the prioritisation framework be confirmed for use in the 2015/16 financial year

6.5 2014/15 Annual Maori Health Plan Quarter 4 Progress Report – Update 2

The Director, Maori Health & Disability provided an overview of this report; the context of which includes key strategic approaches to integrating Maori values across every stream of work, quality processes, training programmes, whanau ora collectives and linking together with communities. Several initiatives have been undertaken to progress a common interest and commitment to advancing Maori Health throughout the district. Maori Health indicators are used as an enabler to bring focus to what is being actioned and achieved. Progress is being made against these targets but a clear strategic approach is required to prioritise and focus on those populations in need.

Andrew Ivory noted the importance of continued workforce development and commented that the format of this report was clear and easy to understand.

Barbara Cameron questioned at what point it is necessary to assess whether this approach is working given that many health areas affecting Maori have their origin in factors beyond health's influence. The Maori Health Director replied it is an ongoing process and that health is not always the leader within a collaborative approach. This is a journey with many faces and it is a process of continually reviewing, adjusting and moving forward toward improving outcomes.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Child Health Service – Community Team Annual Report

The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships provided an overview of this report which showcases the achievements of the Child Health Service - Community Team over the past year.

Adrian Broad noted the significant impact that family violence causes and asked how the Child Health Service is contributing towards keeping children safe in the district. The Senior Portfolio Manager responded this is a community problem with key government agencies moving forward by looking to share information and work collaboratively.

Barbara Cameron questioned the effectiveness of the Regional Interagency Network (RIN) in this regard. It was advised this is a RIN initiative and presents good opportunities to learn from activities in other agencies which can only lead to positive consequences.

It was recommended:

that this report be received.

7.2 MidCentral Annual Maternity Report and Maternity Quality & Safety Report 2015/16

The Midwifery Advisor advised this is the first MidCentral Annual Maternity Report which has been combined with the Maternity Quality & Safety Report for 2015/16.

Nadarajah Manoharan referred to the possibility of establishing a primary birthing unit in Palmerston North and asked whether any further progress had been made in this regard. The Midwifery Advisor advised the business case is to be developed and put forward as part of the Annual Plan process.

The Chair commended the establishment of the Midwifery Professional Support Programme in recognition that midwives are working in stressful situations and may require professional support and guidance on occasion. It was advised the pilot was very well received with participants being enthusiastic and supportive of the programme.

The Midwifery Advisor noted the importance of communication between primary/secondary as well as primary/primary and in this regard three workshops are to be held on the day of this report being launched.

The Acting Chief Executive acknowledged the positive tenor of the report but also referred the Committee to Part II of the Hospital Audit Committee agenda for further reading and information on the status of women's health services.

Adrian Broad questioned whether in fact this report was cause to celebrate success. The Midwifery Advisor noted this but confirmed significant work is being achieved in this space. The upcoming workshops are critical and need to be part of the culture change going forward. Evolution of service will continue to occur with more work still to be done.

It was recommended:

that this report be received.

7.3 Planning & Funding Operating Report – July 2015

The Acting General Manager, Funding & Planning advised a change of date for the next joint board workshop being Friday 2 October at the Marton Golf Club

Item 5.5.1 Universal Newborn Hearing Screening and Early Intervention Programme Update
For the month of July there were five babies unscreened as part of MidCentral's Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP). The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships confirmed this was a great result given that of the five babies unscreened, two families declined the screen, two moved from the area and one was discharged following a series of Did Not Attends.

Item 5.1.2 Local Initiatives: Cross Community and District Group Activity

The introduction of Medi-Map (an electronic medicines management system) in the district for aged residential care (ARC) may well be delivering results already. In terms of evidence, the volume of medicines ARC facilities are returning through the SEDUM project has dropped. It is too early however to link this definitively to Medi-Map but it continues to look promising.

It was recommended:

that this report be received.

7.4 Finance Report - Result of July 2015

The Acting General Manager, Funding & Planning advised the Committee there were no significant patterns or events with the Funder's July result being a \$9k surplus to budget.

It was recommended:

that the report be received.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 13 October 2015

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>	

Confirmed this 13th day of October 2015

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Chairperson

Unconfirmed minutes