

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 13 October 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  
 Nadarajah Manoharan  
 Donald Campbell  
 Andrew Ivory  
 Oriana Paewai

### **IN ATTENDANCE:**

Kathryn Cook, Chief Executive Officer  
 Craig Johnston, Acting General Manager, Funding & Planning  
 Neil Wanden, General Manager, Finance & Corporate Support  
 Rebecca Bensemman, Committee Secretary  
 Barb Bradnock, Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships  
 Jo Smith, Senior Portfolio Manager, Health of Older Persons  
 Andrew Orange, Interim Portfolio Manager, Primary Care  
 Doug Edwards, Maori Health Advisor  
 Maha Patel, Intern Portfolio Manager  
 Stephanie Turner, Director, Maori Health & Disability  
 Dennis Geddis, Team Leader, Communications

### **OTHER:**

Public: (2)  
 Media: (0)

The Chief Executive Officer introduced Neil Wanden, General Manager, Finance & Corporate Support and the Chair welcomed him to the Community & Public Health Advisory Committee (CPHAC).

### **1. APOLOGIES**

Apologies for absence were received from Ann Chapman and Phil Sunderland.

An apology for lateness was received from Barbara Cameron.

### **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 1 September 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 MidCentral Annual Maternity Report and Maternity Quality & Safety Report 2015/16*

The Chair noted an error in that the Committee was referred to Part II of the Hospital Audit Committee agenda for further reading and information on the status of women's health services. This should read 'Hospital Advisory Committee'. The minutes will be updated accordingly.

##### *Item 6.4 Mental Health Report*

The Chair commented it is pleasing to see the desire to create a provider network which is not reliant on a central governing body. Also, the Mental Health Workshop held at the conclusion of the previous CPHAC meeting on 1 September was a real insight into the range of services operating across the community. The Chair is looking forward to progress and developments to come in future months.

Mr Adrian Broad agreed with the Chair's comments and remarked that a lot more is able to be achieved by working collaboratively across organisations.

### **5. GOVERNANCE**

#### **5.1 2015/16 Work Programme**

Generally reporting is occurring in line with the work programme.

The Chief Executive advised the Committee the Regional Women's Health Service (RWHS) evaluation is due for completion by the fourth quarter of 2015/16 and a paper on future reporting arrangements in this respect is to be provided following the evaluation.

The Chair acknowledged the volume of reports intended for the next Committee meeting on 24 November and asked to receive some papers in advance of the meeting, perhaps electronically, so that Committee members would have sufficient time to absorb the full range of information provided. Further, the Chair queried whether the Masterclass report would be included within the next agenda.

The Chief Executive advised this report was to be discussed at the next Executive Leadership Team (ELT) meeting and feedback would be provided to the Committee accordingly. The Chair suggested that, especially from a governance perspective, it would be valuable to receive this report for discussion. The Chief Executive noted the Masterclass report would be presented as information only for the Board and that a soft copy of this would be provided to Board members in advance of the strategic planning workshop. The Chief Executive added it may prove useful to hold a workshop early next year for CPHAC members in respect of the information contained therein but with a more proactive approach to key areas of focus going forward. The Chair and Committee members agreed with this approach.

It was recommended:

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

## **6. OPERATIONAL REPORTS**

### **6.1 Update on Home Management Refocus**

The Acting General Manager, Funding & Planning, advised that in response to feedback from the community the DHB has modified its approach to the refocus of Home Management services. All clients are now to be individually assessed before any changes are made to packages of care. As a result, this modified approach will achieve the objective of offsetting growth in Home Support packages but it will take longer to achieve this.

Mr Adrian Broad acknowledged the need to recruit an additional assessor/coordinator to accommodate the increase in number of client assessments to be carried out, and queried whether this is to be a temporary or permanent placement. The Senior Portfolio Manager, Health of Older Persons, responded that assessor resources in Supportlinks are very tight and there is no available additional capacity with the current focus being on new referrals. This new appointment is on a permanent basis as there is merit in conducting regular assessments on an ongoing and continuing basis.

The Chair commented it is pleasing to see the DHB listen to community feedback in this regard and respond appropriately.

It was recommended:

*that the report be received.*

### **6.2 Planning & Funding Operating Report (August 2015)**

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

#### *Item 4.1.1 Age on the Go Expo*

The Age on the Go Expo is where community groups come together to promote positive ageing by showcasing activities and services for older people in the Horowhenua. It was advised that 55 stalls participated in this annual event engaging in some way around older people. This was a successful day with turnout exceeding expected numbers.

#### *Item 4.1.2 Dementia Design Stakeholder Meeting*

The Committee questioned the possibility of Enable NZ being part of the process focused on dementia design in aged residential care, however it was advised evidence-based guidance and expertise around dementia itself will help in developing national guidelines to determine best practice and design of new or refurbished residential secure dementia units to benefit consumers.

*Item 4.1.3 Medicines Management Systems in Aged Residential Care*

Donald Campbell noted that a second vendor has recently entered the market and queried whether this vendor was yet connected to e-prescribing. The Senior Portfolio Manager, Health of Older Persons, replied that the new vendor needs to get a number of users going through the system first with sign-off anticipated by the end of November.

*Item 4.4.2 Primary Birthing Unit*

Along with the general financial position together with other developments in the district the decision has been made to defer the primary birthing unit affordability business case for six months. The situation may in fact resolve itself in the interim which will be a better outcome from the DHB's perspective.

Nadarajah Manoharan questioned whether there was genuine community support for a primary birthing unit within the MidCentral district. The Acting General Manager, Funding & Planning, replied there is a significant level of support (as was determined by the previous feasibility report) although the question remains whether this support translates into actual usage of such a facility. Mr Manoharan further questioned whether a primary birthing unit would reduce pressure on secondary services and generate cost savings in this area. Management responded this would depend on the set-up and configuration of a primary birthing service. This would be worked through appropriately if and when such a proposal was received.

*Item 4.2.1 1<sup>st</sup> Year Graduate Nurses*

The Chair was pleased to note nine Maori graduates included in 1<sup>st</sup> Year Graduate Nurses and queried whether a sufficient level of support was in place, both clinically and culturally. The Maori Health Advisor replied the main thrust behind networking opportunities is how to make the working space safe and culturally appropriate. Significant teamwork on a collective level is necessary in order to make such initiatives happen within the Maori space and resources are in place to do this well.

*Item 4.3.1 Alcohol and Drug Services*

MidCentral DHB has identified a potential service model that builds on existing relationships and partnerships between providers across the whole continuum of care. Donald Campbell questioned whether this would be a residential service versus a whole service operating district-wide. It was confirmed this potential service model would be delivered district-wide. Oriana Paewai noted there may be potential implications for clinical services in this regard.

The Chair sought clarification around existing relationships and providers. An update will be provided to the Committee at its next meeting on 24 November.

The Chair also requested a copy of the recent review of regional Alcohol and Other Drug (AOD) Services which was undertaken earlier this year by the Regional Mental Health and Addictions Clinical Network. It was decided all Committee members would receive a copy of this review.

*Item 4.4.1 General Practice Fees*

The Acting General Manager, Funding & Planning, explained the process that a general practice needs to follow in order to apply for an increase in fees. If it is above the Annual Statement, the DHB may refer it to the Regional Fees Review Committee. In this instance, the proposed fee increase was accepted and on that basis the DHB approved the application.

General practice fees across the district are still reasonable and modest especially compared to fees charged in other districts. General practices have the right to determine their fees and can apply to increase fees at any time above the Annual Statement. A current table of fees set by general practice across the district is available on the Central Primary Health Organisation website and can be viewed at any time online.

Donald Campbell asked for information relating to general criteria used by the Regional Fees Review Committee in assessing each proposed fee increase. It was agreed this information will be updated to the Committee at its next meeting.

Barbara Cameron joined the meeting at 1.50pm.

Adrian Broad questioned whether each proposed fee increase is reviewed in isolation given that some general practices are more cost efficient than others. It was advised the viability of practices is duly considered as part of the process. It is important that primary care services are available to our population and that cost is not a barrier to access.

*Item 4.6 Central Cancer Control Network*

Adrian Broad noted funding for additional psychological and social support roles and questioned the level of administration support that would be required. The Acting General Manager, Funding & Planning, replied the DHB has to work with the level of funding received from the Ministry of Health although it was expected these positions would be absorbed into the organisation.

*Item 5.1.2 Drivers of Crime – Single Point of Entry Service for Offenders with AOD Problems*

The Chair queried whether capacity was sufficient to support this service. It was advised some issues remain but the process is working well.

It was recommended:

*that this report be received.*

### **6.3 Finance Report - Result of August 2015**

The Acting General Manager, Funding & Planning, advised it is still early in the financial year but that the Funder is on target with the August 2015 YTD result being a slight positive variance to budget.

Adrian Broad noted there was no washup with MidCentral Health. The Acting General Manager, Funding & Planning, confirmed that this year washups will only occur in those areas where revenue is at stake across the whole organisation, i.e. Elective Initiatives and some Inter-District Flows.

It was recommended:

*that the report be received.*

### **7. LATE ITEMS**

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

### **8. DATE OF NEXT MEETING**

Tuesday, 24 November 2015

## 9. 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>Funding &amp; Planning Operating Report (Part 2) – 2016/17 Planning Assumptions and Parameters</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Contracts – Update 1</i>	<i>Subject to contractual negotiations</i>	<i>9(2)(j)</i>

Confirmed this 24<sup>th</sup> day of November 2015

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Chairperson