

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 15 March 2016 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Barbara Cameron (Deputy Chair)
Adrian Broad
Ann Chapman
Nadarajah Manoharan
Oriana Paewai
Phil Sunderland (ex officio)
Donald Campbell
Andrew Ivory

IN ATTENDANCE:

Kathryn Cook, Chief Executive Officer
Craig Johnston, General Manager, Strategy, Planning & Performance
Megan Doran, Committee Secretary
Neil Wanden, General Manager, Finance & Corporate Services
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Maha Patel, Intern Portfolio Manager
Stephanie Turner, Director, Maori Health & Disability
Jordan Dempster, Communications Officer
Barbara Robson, Board Member
Andrew Orange, Portfolio Manager, Clinical Services

OTHER:

Public: (2)
Media: (0)

1. APOLOGIES

There were no apologies.

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

Ms Oriana Paewai declared a conflict with regards to Mana o te Tangata, Royal New Zealand Plunket Society, Rangitane o Tamakai nua Rua, Tararua Hauora Services and Te Wakahuia Trust on item 14.1, General Approach to Contract Review and renewal for 2016/17 (within Part 2 of the agenda).

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 2 February 2016 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

The Chair referred to Item 7.1 Strategy, Planning & Performance Operating Report specifically the Feilding IFHC Official Opening, as the previous minutes had the official opening as 6 February 2016, when it was in fact 5 March 2016.

Mr Adrian Broad clarified that in Item 2.2.1 Maori Directorate, the event the Directorate attended was the Massey Maori Science Academy event.

5. GOVERNANCE

5.1 2015/16 Work Programme

The Chair noted the absence of the Price Volume Schedule. The General Manager, Strategy, Planning & Performance advised that historically the report on the Price Volume Schedule marked the beginning of negotiations between the Funder and MidCentral Health. The revised approach this year sees the Price Volume Schedule being developed as an integral part of the Annual Plan and budgeting process, and that accordingly it will not be reported on separately.

It was confirmed that the Board workshop to be held on 17 May 2016 will occur in Feilding.

It was recommended:

that this report be received.

6. STRATEGIC

6.1 Regional Services Plan Implementation Update – Quarter 2, 2015/16

A member inquired as to whether the major trauma network included a preventative component. It was clarified that the network is entirely concerned with the management of major trauma after it has occurred.

The Chair noted the temporary closure of dedicated stroke beds and questioned what impact this had on the dedicated stroke service and patients. Vivienne Ayres advised that the service is provided by the clinical team, and although there are dedicated beds, the organised stroke service is provided to eligible patients regardless of bed location. Management confirmed that the bed situation was being closely monitored by the clinical team. There was no further detail at the time, but there was an undertaking to provide an update at the next meeting.

It was recommended:

that this report be received.

6.2 Regional Services Plan 2016/17 – Development of Draft 1

Vivienne Ayres, Manager, DHB Planning & Accountability, introduced this paper and advised that the draft 2016/17 Regional Service Plan (RSP) was not yet ready to be submitted to the Committees. Central TAS was updating the current draft to incorporate feedback from the Central Regional Chief Executives / programme sponsors and further input from the regional networks. There is confidence that the plan will be ready in time to go to the Ministry by the due date, but DHBs will not see it in advance. The draft RSP will include a caveat that it has not yet been approved by DHBs when submitted to the MoH.

It was recommended:

that this report be received.

6.3 Non Financial Monitoring Framework & Performance measures – Report for Quarter 2, 2015/16

Vivienne Ayres, Manager, DHB Planning & Accountability, introduced this paper and noted that this was a good quarter for the DHB against the 53 measures being reported. The DHB is performing relatively well in many areas, however more work was needed in some areas.

The Chair questioned the difference between “non-urgent” and “urgent” with regards to the Mental Health Service as it would seem that some patients were waiting between 3-8 weeks before having a specialist appointment. Non-urgent was the same as routine and applied where a patient was not at immediate risk to themselves or others or assessed at point of referral as requiring an urgent intervention. In these circumstances the 3-8 week timeframe would not be detrimental to patients, particularly as there is always the opportunity to refer if a person’s needs increase. The measure excludes contacts with the mental health crisis team. The measure intends that almost all (95%) people referred are seen within 8 weeks and 80% within 3 weeks.

It was also noted that these were new patient referrals (or those who had not been seen in the last 12 months) and is focused on the 0 – 19 year old population. It includes Alcohol and Drug services provided by NGOs, including the Youth One Stop Shop, whose wait times have improved considerably over the last six months.

It was noted that although there was a slight improvement for Cervical Screening rates, there is still room for improvement with Maori/Pacific and Asian women population groups. These

should continue to be monitored. Concern was expressed that proposed national changes to the programme could be detrimental and could result in less women being screened. Consistent monitoring and reporting was considered vital.

Breastfeeding rates were discussed and an observation was made that by the time some patients are seen by the Well Child Providers it was too late to assist with any breastfeeding issues that some women may be experiencing, if breastfeeding is not established. In the postnatal period, after 4 to 6 weeks, there are transfers of care occurring between Lead Midwifery Carers and general practice teams and well child providers. Ensuring attention to breast feeding during this transition period is critical, and it depends on relationships. There is a lot of focus on improving transitions, but there is no easy fix.

A member noted another area of concern was the B4 School Checks and the Childhood Obesity Health Target. Some parents might refuse to engage with or be referred for assessment and intervention if their child/children is/are in the high BMI range. They could also refuse a B4 School Check in the first place. Some parents might not understand that there are serious health issues associated with obesity. As with other service areas, the key here is effective communication between health providers/clinicians and parents. Over time it is expected that this will improve and that the approach will deliver benefits for children. At present, a B4 School Check might identify a child as in the obese range but there are limited opportunities currently for support.

It was recommended:

that this report be received.

6.4 Mental Health Report

Kathryn Cook, Chief Executive Officer gave an overview of this paper. She advised it had been considered in detail at the Hospital Advisory Committee Meeting.

Key points were that while there has been some progress implementing the recommendations there continued to be issues/concerns around reporting. There are also some workforce challenges that were currently being worked through, however this was work in progress.

The Committee noted that a community organisation Hui is to be held on 28 April 2016. A Hui Organisation Group has been established to lead this work. An independent facilitator was being secured.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Strategy, Planning & Performance Operating Report (Results for January & February)

The General Manager, Strategy, Planning and Performance provided a page by page overview of this report.

Item 2.1.1 Innovations in aged care

Jo Smith, Senior Portfolio Manager, Health of Older Persons gave an over view of two new projects, technology (telehealth in the home) and "Accelerate 25".

It was noted that the “Accelerate 25” project was a pilot focused on the Horowhenua. Members inquired as to the involvement of other communities and other local authorities. It was clarified that the location of the pilot was not a DHB decision.

Item 2.2.1 Pae Ora – Maori Health Directorate

It was pleasing to see the engagement with Manawhenua Hauora with regards to a workshop that was held on 7 March strengthening the relationship between Manawhenua Hauora and the Maori Health Directorate Pae Ora team. It was hoped this would form the path going forward and the commitment that all parties have towards aligning the Annual Plan with the Maori Health Plan.

Item 2.3.1 Provider Surveillance Audits (Ministry of Health)

2.3.1.1 MASH Trust

The Chair was pleased to see the inclusion of the provider audits but did question whether there was enough detail for the committee. The General Manager, Strategy, Planning & Performance advised that the FRAC committee receives a more in depth Audit report on providers, and would certainly be involved if there were concerns. The purpose of the report to the CPHAC committee was to provide a brief overview and to highlight the great work in the two providers.

Item 2.4.1 Feilding Integrated Family Health Centre (IFHC)

The Chair along with the General Manager, Strategy, Planning & Performance congratulated the General Practitioners of the Feilding Integrated Family Health Care Centre on a successful opening. A lot of work and commitment by many had ensured this IFHC got up and running. The Dawn Ceremony was also recognised and applauded.

Item 2.4.2 Future Pharmacist Services Workshop

The Chair applauded the recent workshop on Community Pharmacy Services. There was also commendation for the participation of local leaders at the national workshop – particularly Tom Ward and John Hannifin.

There was a discussion about how the vision of a clinically oriented service fits with the current Community Pharmacy Services Agreement. Andrew Orange, Portfolio Manager, Clinical Services, advised that despite the best intentions, the current contracting approach has not succeeded in focusing attention on clinical services to any significant extent. It was hope that the workshop process would help clarify the future vision which the next round of contract development would then focus on.

Item 2.5.1 Smokefree Turbos Contract:

The Committee was pleased to see that all though the funding of the Smokefree Turbos Contract had reduced the relationship was continuing. The General Manager, Strategy, Planning and Performance confirmed that the Turbos have been a standout performer for the DHB and it is excellent to have them involved for another year.

Item 3.1 Children’s Team Tamariki te Tuatahi:

Clarification was sought regarding management’s statement that “the role is temporary for eighteen months at which time the funding will be exhausted” and what this meant for the service. Management advised that the role was created with one-off establishment funding allocated by the Ministry of Health and this team decided the best way forward was to have one key social worker/health broker assess cases and decide which way to move forward, rather than have a number of teams looking at who would assist the child/family and end up with delays.

It is possible that future funding may be available to continue this role once the eighteen months was up.

Item 3.2 Primary Birthing Unit

The Chief Executive Office and General Manager, Strategy Planning & Performance advised they were to meet with the CEO of the Primary Birthing Unit and a further update would be provided at the next committee meeting.

It was recommended:

that this report be received.

7.2 Finance Report – Result for January 2016

The General Manager, Strategy Planning & Performance introduced this report and advised the Division was currently tracking towards budget.

The Chair questioned the mismatches in IDFs and was advised that these continued to be worked through all the time.

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, 26 April 2016

11. 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:

Item	Reason	Reference
"In Committee" Minutes of the previous meeting	For reasons stated in the previous agenda	
2016/17 Draft Annual Plan	Subject to negotiation	9(2)(j)
2016/17 Draft Maori Health Plan	Subject to negotiation	9(2)(j)
General Approach to Contract Review & Renewal for 2016/17	Negotiation Strategy	9(2)(j)

Confirmed this 26th day of April 2016

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Chairperson