

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 21 July 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
- Oriana Paewai

Unconfirmed Minutes

IN ATTENDANCE:

- Mike Grant, Acting Chief Executive Officer
- Craig Johnston, Acting General Manager, Funding & Planning
- Rebecca Bensemman, Committee Secretary
- Barb Bradnock, Portfolio Manager, Child & Youth Health
- Andrew Orange, Interim Portfolio Manager, Primary Care
- Claudine Tule, Portfolio Manager, Mental Health & Addictions
- Jo Smith, Senior Portfolio Manager, Health of Older Persons
- Ian Ironside, Portfolio Manager, Secondary Care
- Richard Fong, Clinical Advisor, Health Information & Data Quality
- Janine Stevens, Public Health Medicine Registrar
- Stephanie Turner, Director, Maori Health & Disability
- Jordan Dempster, Communications Officer
- Barbara Robson, Board Member

OTHER:

- Public: (1)
- 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 Barbara Cameron declared an ongoing conflict in relation to the Feilding Integrated Family Health Centre (IFHC) and noted that she is a Councillor for Manawatu District Council.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 9 June 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

The Acting General Manager, Funding & Planning confirmed that the forthcoming mental health workshop would include some discussion of ex-residents of The Kimberley Centre.

5. GOVERNANCE

5.1 2015/16 Work Programme

Progress against the 2015/16 work programme has generally been achieved with the exception of the Palmerston North Hospital site reconfiguration update. A strategic planning paper will be provided for the Board's consideration in November, and following this ongoing reporting arrangements will be determined.

The Acting Chief Executive Officer advised the agenda for the Committee meeting in September is comprehensive and it may be worthwhile releasing papers in advance so that members have enough time to read and absorb the information.

It was clarified that the forthcoming mental health workshop is not intended for Hospital Advisory Committee members, rather it will be directed at those involved in funding and planning governance to gain an overview and understanding of the current mental health landscape.

The Acting General Manager, Funding & Planning asked whether members had any input around the annual review of prioritisation framework, which is to be presented for consideration at the next meeting. Phil Sunderland suggested that health, safety and quality should be considered as part of the overall process. The prioritisation framework is readily available on the MidCentral District Health Board (DHB) website. Members were invited to review the framework and provide any feedback in advance of the next Committee meeting.

It was recommended:

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

6. STRATEGIC/SPECIAL ISSUES

6.1 Health Needs Assessment Annual Update

The Chair commended Richard Fong on the format and content of this report.

The Acting General Manager, Funding & Planning provided an overview in that this report is presented from a Funder perspective and context with value in identifying and assessing health needs for both MidCentral and Whanganui DHBs.

The Chair invited comment from the Committee.

Donald Campbell remarked this is a useful document but perhaps it should be titled 'health status' rather than 'health needs'. This puts the information within context for population and offers comparison against Whanganui. This information could also be assessed against a defined target which can be progressed towards in future.

Phil Sunderland added this report provides a status of current health information and establishes a set of specifications out of which future direction, services, etc. can be set. This would be a valuable approach considering the volume of information contained in the report. It is reassuring that MidCentral DHB is heading in the right direction but it is important to know whether enough is being done to support our vulnerable populations.

Barbara Cameron queried the best approach to share this information across other agencies. It was advised reports have been shared previously as this is a public document. Ms Cameron added that sharing this information presents an opportunity to develop relationships, especially across regional organisations such as territorial authorities.

Phil Sunderland agreed and noted that both Kathryn Cook and himself have upcoming meetings with Manawatu District Council and Palmerston North City Council which presents a valuable opportunity to share this health needs assessment information across agencies. The Portfolio Manager, Child & Youth Health also offered to facilitate Richard Fong, as author of this report, to talk to the Regional Interagency Network group.

Oriana Paewai added her appreciation that people are the first frame of reference in this report, which makes the information relatable and easy to read by breaking down barriers around understanding across all communities.

Andrew Ivory surmised it would be useful to have more historical information available on how health status has changed over time. It would be valuable to have the ability to assess MidCentral's standing against its position 5-10 years ago. Mr Ivory also added there are limitations on basing assessment data on mortality alone.

The Acting General Manager, Funding & Planning commented there appears to be a gap in cancer services (even this area is well resourced), with External Causes (such as accidents) also causing an impact. Further, suicide and mental health are areas that may require reconfiguration of services.

Nadarajah Manoharan remarked identification of issues is one step but the next step is to decide a path of suitable action, especially given current financial restraints. The Acting General Manager, Funding & Planning stated this information would be used to shape strategy and prioritise, as well as providing an opportunity to work with other stakeholders to address background issues.

The Acting Chief Executive Officer added development of the Health Charter is part of this transformational journey, including discussions around funding models going forward. The aim is to finalise the Health Charter by the end of this year as it features in the Annual Plan with a clear focus on intersectoral collaboration.

Donald Campbell queried the value of reporting health needs assessment information annually. Nadarajah Manoharan agreed and suggested it may be worthwhile to consider a detailed report every three years with a general yearly update.

Adrian Broad concluded that socio-economic factors are a challenge for every community. It is important to use funds well and work collaboratively to achieve positive outcomes.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Planning & Funding Operating Report – May & June 2015

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

Item 4.1.1 In-between Travel, Financial Review and Risk Analysis of the Home and Community Support Sector

The Chair commended this initiative allowing community support staff to be paid for travel between clients over and above their wage payments.

The Portfolio Manager, Health of Older Persons advised a national reference group is reviewing the Vote: Health funding and any viability of transitioning staff to a regularised work force. Service pricing and costing is also part of this review and any developments will be monitored closely. Currently travel costs are funded separately and this proposed new initiative will create greater fairness and clarity across services.

Item 4.1.4 Local Initiatives: Cross Community and District Group Activity/ARC Forums

Members of the Older Persons District Group are developing a Health of Older Persons (HoP) team within an Integrated Family Health Centre (IFHC) in Palmerston North, which will see a range of specialist services working together alongside primary care in the community.

Item 4.4.4 Zero Fees for Under 13s Implementation

The Interim Portfolio Manager, Primary Care confirmed all eligible practices have implemented the Zero Fees for Under 13s Policy across the district as of 1 July. Of note, City Health Pharmacy opted not to enter a contract with the DHB to remove patient charges for after-hours dispensing. Parents wanting to take advantage of free scripts have the option to visit one of the other participating pharmacies.

Nadarajah Manoharan queried whether a problem exists with I.T interconnectivity with Central PHO. The Acting General Manager, Funding & Planning confirmed Central PHO has good access and connectivity with MedTech but that this is not readily available between practices. Manage My Health is a programme designed to share the patient record of information.

Item 6. centralAlliance Strategic Plan

A further report will be furnished to the Board for consideration at its meeting on 11 August.

It was recommended:

that this report be received.

7.2 Finance Report – Draft Result of June 2015

The Acting General Manger, Funding & Planning reminded the Committee that MidCentral Health financial information had been removed from this report and the consolidated position with both MidCentral Health and the Funder will now be reported only at Board level.

This report focuses solely on Funder performance and the draft year end result.

Phil Sunderland commented the Funder is part of a whole and the consolidated position is valuable information and should be reinstated. This view was supported by other Committee members.

The Acting General Manager, Funding & Planning advised the routine year end washup with MidCentral Health was \$860k favourable to the Funder.

Nadarajah Manoharan sought clarification around Elective Income (EI). It was explained that the Funder was expecting no additional revenue from the Ministry of Health for over-delivery against elective services for 2014/15. In past years MidCentral has benefitted from the reallocation of unspent elective funds from other DHBs, but the Ministry has advised that this will not occur for 2014/15.

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, 1 September 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>	
<i>Update: Refocusing Home Management Community Supports – Part II</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 1st day of September 2015

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Chairperson