

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 24 November 2015 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

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

IN ATTENDANCE:

Kathryn Cook, Chief Executive Officer
 Craig Johnston, Acting General Manager, Funding & Planning
 Rebecca Bensemam, Committee Secretary
 Barb Bradnock, Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships
 Jo Smith, Senior Portfolio Manager, Health of Older Persons
 Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
 Ian Ironside, Portfolio Manager, Secondary Care
 Vivienne Ayres, Manager, DHB Planning & Accountability
 Maha Patel, Intern Portfolio Manager
 Brad Grimmer, Project Manager
 Cheryl Benn, Midwifery Advisor
 Janine Stevens, Public Health Medicine Registrar
 Kelly Johnson, Contractor
 Stephanie Turner, Director, Maori Health & Disability
 Wayne Blissett, Manager, Maori Health, Strategy & Support
 Doug Edwards, Manager Maori Workforce Development
 Jordan Dempster, Communications Officer
 Chiquita Hansen, Director of Nursing PHC/CEO Central PHO
 Simon Allan, Director, Palliative Care, Arohanui Hospice
 Bruce Stewart, Chair, Central PHO
 Syed Zaman, Deputy Clinical Director, Medical Services
 Syed Ahmer, Clinical Director, Mental Health Services
 Barry Keane, Acting Nurse Director, Mental Health Services
 Michele King, Clinical Nurse Specialist Lead Older Adult
 Barbara Robson, Board Member
 David Ayling, Chairman, Central PHO Clinical Board
 Megan Pybus, Paediatrician

OTHER:

Public: (3)
 Media: (0)

1. APOLOGIES

An apology for absence was received from Diane Anderson.

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

Ann Chapman declared a conflict in relation to Item 15.1 Sexual and Reproductive Health Services (within Part 2 of the agenda).

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. MASTERCLASS 2015

4.1 2015 MasterClass Report

Dr Bruce Stewart introduced this report and together with various participants from MasterClass 2015 presented a powerpoint overview to the Committee. Questions were welcomed at the conclusion of the presentation.

Mr Adrian Broad noted the importance of strengthening connections between health care and academia. With specific reference to the area of diabetes, Mr Broad questioned what had been learnt about meeting future demands due to the impact of an increasing and ageing population. Dr Bruce Stewart recognised the importance of reaching out to other sectors within the community to influence change across a range of social determinants.

Dr Donald Campbell inquired what information was communicated in terms of MidCentral District Health Board (DHB) progress. Ms Chiquita Hansen responded the main message imparted was the supported and continued investment in primary care, including the establishment of Integrated Family Health Centres (IFHC), together with strong clinical networks to involve everyone in the decision making process. Dr Simon Allan added that interaction with people across MasterClass was extremely beneficial. Learning from and engaging with a range of people creates passion in taking ideas forward and building on them into the future in a way that is not obtained by reading publications and visiting websites.

Dr Nadarajah Manoharan noted that participants had visited big hospitals with different population bases to that of MidCentral DHB. He commented that some initiatives may be applicable but implementation may prove difficult. Dr Syed Zaman expressed optimism that change can be effected, particularly as a direct result of those initiatives gleaned from the MasterClass experience.

Mr Phil Sunderland asked whether an overarching agenda exists to maintain a similar line of focus across previous and future classes. Dr Bruce Stewart responded the same four themes had underpinned all the MasterClasses to date. The themes for any future MasterClass will be determined in the development and planning phase. Mr Sunderland noted this and expressed his continued support of MasterClass in future.

It was recommended:

that this report be received.

At this point the Deputy Chair asked the Committee to move forward in the agenda to Item 8.1 Central PHO Clinical Board 2014/15 Annual Report.

8.1 Central PHO Clinical Board 2014/15 Annual Report

Dr David Ayling, Chairman, Central PHO Clinical Board summarised this report and provided general commentary around key areas being:

- The PHO's success in engaging practices to enhance their capabilities in order to reach their Integrated Performance and Incentive Framework (IPIF) targets.
- All but three practices are fully engaging in meeting the Cornerstone accreditation target by 1 July 2016. These three have chosen to go with the lesser Foundation standard.
- Completion of the Comprehensive Health Assessment project with significant reduction in Ambulatory Sensitive Hospitalisation (ASH) rates.
- Successful Primary Options Acute Care (POAC) roll out as a methodology, with initial positive data being received.
- Implementation of Shared Care Health Record resulting in a significant improvement in population coverage and commencement of work on patient portal access.

Mr Adrian Broad noted there are approximately 900 Maori living in MidCentral who are not enrolled with a Central PHO practice. Dr Ayling clarified this is an estimate based on Census data. Within MidCentral there is one DHB and one PHO but the defining boundaries are not solid. Some MidCentral residents are enrolled in PHOs outside the district, and vice versa. Dr Ayling agreed there is still some way to go in terms of Maori enrolment with a Central PHO practice but it is difficult to quantify the data.

Dr Bruce Stewart acknowledged the significant work achieved by Dr Ayling in his role as Clinical Chair. The Chief Executive also thanked Chiquita Hansen, David Ayling and Bruce Stewart for all the work done in improving performance around healthcare indicators.

It was recommended:

that this report be received.

The Deputy Chair asked the Committee to refer to Item 5. Minutes within the agenda.

5. MINUTES

5.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 13 October 2015 be confirmed as a true and correct record.

5.2 Recommendations to the Board

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

5.3 Matters Arising from the Minutes

There were no matters arising from the minutes.

The Deputy Chair asked the Committee to move forward in the agenda to Item 8.2 DHB Position Statement on Water Fluoridation.

8.2 DHB Position Statement on Water Fluoridation

Dr Megan Pybus introduced this report and proposed that MidCentral DHB adopt a position statement in favour of water fluoridation. Dr Pybus emphasised that water fluoridation is a safe, effective option to improve the oral health of our communities.

Ms Ann Chapman agreed and noted her complete support of this recommendation, adding that such a statement would have been useful to her own Council on this issue.

Mr Adrian Broad clarified the Horowhenua and Tararua regions did not have water fluoridation and asked whether an opportunity existed to engage with relevant local councils in support of this. Dr Pybus responded it was more appropriate to adopt a DHB position statement before pursuing further discussions with local authorities.

Dr Donald Campbell expressed support but noted fluoridation is only beneficial for community water supplies that are over a specified volume. In other areas it may be worthwhile to promote further fluoridation options, such as toothpaste, to create a wider impact. The Deputy Chair commented, in her role as a District Councillor, that it would be valuable to make a submission in support of fluoridation at the appropriate time.

Mr Phil Sunderland expressed his full support of the proposed position statement and reminded the Committee that the recommendation needed to be approved before proceeding to the Board for endorsement. The Chief Executive suggested the recommendation wording be changed accordingly. It was also suggested that Dr Megan Pybus be available to attend the relevant Board meeting to address any queries that may arise.

It was recommended:

that the Community and Public Health Advisory Committee recommend to the Board the position statement be adopted in that MidCentral District Health Board supports water fluoridation as a safe, effective and affordable way to prevent tooth decay across the whole population.

The Deputy Chair asked the Committee to refer to Item 6. Governance within the agenda.

6. GOVERNANCE

6.1 2015/16 Work Programme

Generally reporting is occurring in line with the work programme.

The Chief Executive advised planning assumptions for 2016/17 were to be deferred until after the current strategic planning framework has progressed further and once greater clarity was achieved around the intended direction of focus from the Ministry of Health.

It was recommended:

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

7. STRATEGIC/SPECIAL ISSUES

7.1 Mental Health Report

Mr Phil Sunderland updated the Committee in that this report was presented to the Hospital Advisory Committee (HAC) earlier today with the Committee gratified with progress made to date. Discussion focused on what will occur at stage two of the process along with identification of processes to be undertaken. This was followed up by significant discussions at the mental health workshop.

Mr Adrian Broad remarked it is pleasing the leadership team is looking to strengthen collaboration across agencies in order support delivery of mental health services.

It was recommended:

that this report be received.

7.2 2015/16 Annual Maori Health Plan Progress Report – Update 1

The Director, Maori Health & Disability summarised the highlights of this report, being improved immunisation coverage, increasing Maori enrolment numbers in the PHO, improved ASH rates and continued advice given to Maori around smoking cessation. It is also encouraging that the Board is adding to Maori Health leadership within the DHB as a Maori-based focus across all aspects of service delivery is of importance.

Ms Ann Chapman referred to Indicator 12, the 'Rheumatic Fever target' and queried whether the MidCentral district population profile was better than other parts of the country. The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships acknowledged the statistics are correct with MidCentral having lower rates of hospitalisation compared to other DHBs.

Mr Adrian Broad remarked that to get young Maori into work will help to overcome health issues in to the future and he acknowledged the support given by MidCentral DHB to employment initiatives within the city.

The Chief Executive asked for the newly appointed Manager, Maori Health, Strategy and Support to be introduced. Mr Wayne Blissett was introduced to the Committee by the Director, Maori Health & Disability and welcomed to the meeting.

that this report be received.

7.3 2015/16 Annual Plan Implementation: Update 1

The Acting General Manager, Funding & Planning advised that this paper, along with the next two items on the agenda, contained the same information presented in different context. The Deputy Chair agreed to combine these three papers for discussion.

It was recommended:

that this report be received.

7.4 Non Financial Monitoring Framework and Performance Measures – Report for Quarter 1, 2015/16

It was recommended:

that this report be received.

7.5 Regional Services Plan Implementation Update – Quarter 1, 2015/16

Dr Donald Campbell referred to the table outlining ratings given by the region and by the Ministry for each programme and sought clarification around the key difference between ‘self-rating’ and ‘MoH rating’. The Manager, DHB Planning & Accountability advised Central Region’s Technical Advisory Services (TAS) has modified its criteria to align with Ministry of Health criteria, although there is an element of timing applicable with the Central TAS self-rating being a little more realistic.

It was recommended:

that this report be received.

7.6 Development of the 2016/17 Regional Service Plan – Approach and Timeline

The Acting General Manager, Funding & Planning provided a summary overview in that priorities remain similar to last year, with change occurring in the area of capital planning. Treasury will run this process with DHBs to submit long-term investment plans. The NZ Health Strategy update will need to be taken on board at some stage.

It was recommended:

that this report be received.

7.7 Update to the New Zealand Health Strategy – Consultation Draft

The Acting General Manager, Funding & Planning confirmed MidCentral DHB will make a submission on the draft update to the NZ Health Strategy. It is similar to the previous strategy, essentially maintaining key principles from the previous strategy and adding an eighth principle of working in partnership with other agencies. The focus will look more outside of health to provide a patient-centered health service by engaging with community and educating and working together with whanau.

The NZ Health Strategy is a readily available document and Committee Members are welcome to send any comments or reflections to management to include in the submission. It was agreed that a copy of the intended draft response be forwarded to the Chief Executive and MidCentral DHB Chair in advance, with a copy also to be circulated to Committee Members.

Mr Adrian Broad reiterated the importance of active partnerships working across sectors at all levels within communities and agreed it is important to keep momentum building.

The Director, Maori Health & Disability confirmed her intention to also tender a submission which focused on increasing visibility of collaboration work across sectors, the importance of developing a culturally competent workforce, together with other areas of significance.

It was recommended:

that Committee members provide feedback to management on the update to the New Zealand Health Strategy if they wish by Tuesday 24 November to be included in the DHB’s feedback submission to the Ministry of Health.

8. OPERATIONAL REPORTS

8.3 Proposed Primary Birth Unit

This report is provided in response to a request arising from the Board meeting held in Otaki on 3 November 2015.

The Acting General Manager, Funding & Planning confirmed that a private provider has announced its intention to set up a primary birthing unit in Palmerston North. MidCentral DHB would like to support this facility if possible because it fits well within the previous review which found positive benefits of a primary birth unit for low-risk mothers and babies, especially through linkages with Women's Health.

The Midwifery Advisor added that Lead Maternity Carers (LMCs) would like to be included in consultation around developing this purpose-built facility in order to use it safely and effectively. It needs to be a well-supported process from the beginning. To date, engagement with midwives has been less than optimal. The provider is understood to be visiting in early December, however there are concerns this does not leave enough time to organise midwives' attendance.

The service provided will be a free service for mothers. The Acting General Manager, Funding & Planning advised no formal approach has been made to MidCentral DHB for funding and that the developer has advised the facility will proceed whether or not support is given by the DHB. The expectation is that MidCentral DHB will work through this process and land on a facility delivering a service that is fitting and appropriate for our community.

Dr Donald Campbell sought clarification that the primary birthing unit will be licensed by the Ministry of Health. It was advised that accreditation and licensing need to be in place before the facility is functional.

It was recommended:

that this report be received.

8.4 General Criteria Used by the Regional Fees Review Committee for GP Fee Increases

This update is provided in response to a request for further information from the Committee.

Mr Adrian Broad queried whether there is an appeal process in place. The Acting General Manager, Funding & Planning affirmed this is the case. It was also advised this particular Regional Fees Review Committee can only makes decisions on general practice fees, not fees set by other health care providers.

It was recommended:

that this report be received.

8.5 Funding & Planning Operating Report (Results for September & October)

The Acting General Manager, Funding & Planning, provided an overview of this report.

Item 3.2.2 CEO visits to Iwi/Maori Providers

Mr Adrian Broad suggested it may be worthwhile visiting Te Aroha Noa Community Services in future. The Acting General Manager, Funding & Planning commented Te Aroha Noa is not a contracted provider as such but acknowledged the excellent work achieved by this service in the community.

Item 3.5.1 Childhood Obesity Plan

Two points of interest are that this is good information on the government's direction on childhood obesity, and, secondly, that it provides an example of what the Ministry is wanting to see in Annual Plans and the like. Rather than the big service developments of the past, the emphasis is on a well-connected series of service components, many of which already exist, which collectively cover the full continuum of care and bring together all the different agencies into a coherent whole.

Ms Oriana Paewai referred to the new childhood obesity health target to be included as part of Before School Check (B4SC) referrals. She expressed concern that this is another lifestyle factor in which families may feel unduly criticised or blamed. The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships commented the intention is not to stigmatise families further but to ensure that where a child is identified as obese the appropriate services and supports are put in place.

AOD Residential Review Project – Service Model Report

Ann Chapman noted that 'AOD' should be spelt in full on the title page of this report.

Item 3.3.2 Query September CPHAC: Clarification re AOD providers and relationships

Dr Donald Campbell mentioned MidCentral Health was not listed as a provider of current AOD related services and that MidCentral Health should be added to the table for completeness. It was recommended:

that this report be received.

8.6 Finance Report - Result of October 2015

The Acting General Manager, Funding & Planning confirmed the Funder's October 2015 YTD result is a positive variance to budget. The Funder has accrued elective income as per the elective initiatives budget and this will be adjusted in subsequent months based on actual activity.

It was recommended:

that the report be received.

9. LATE ITEMS

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

10. DATE OF NEXT MEETING

Tuesday, 2 February 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:

<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>2016/17 Annual Plan Development: Update and Assumptions</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Sexual and Reproductive Health Services</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 2nd day of February 2016

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Chairperson

Unconfirmed minutes