

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 25 November 2014 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)  
Andrew Ivory

*Unconfirmed Minutes*

### IN ATTENDANCE:

Murray Georgel, Chief Executive Officer  
Mike Grant, Interim General Manager, MidCentral Health & Support  
Craig Johnston, Acting General Manager, Funding & Planning  
Rebecca Bensemman, Committee Secretary  
Barb Bradnock, Portfolio Manager, Child & Youth Health  
Jo Smith, Senior Portfolio Manager, Health of Older Persons  
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions  
Andrew Orange, Interim Portfolio Manager, Primary Care  
Ian Ironside, Portfolio Manager, Secondary Care  
Vivienne Ayres, Manager, DHB Planning & Accountability  
Doug Edwards, Maori Health Advisor  
Jordan Dempster, Communications Officer  
Stephanie Turner, Director, Maori Health & Disability  
Cheryl Benn, Midwifery Advisory  
Sharon Bevins, Project Manager  
Leona Dann, Regional Midwifery Director  
Dr Digby Ngan Kee, Clinical Director, Regional Women's Health Service  
Nicholas Glubb, Operations Director, Specialist Regional & Community  
Barbara Robson, Board Member

### OTHER:

Public: (3)  
Media: (1)

The Chair opened the meeting and introduced Craig Johnston as the Acting General Manager, Funding & Planning.

### 1. APOLOGIES

Apologies for absence were received from Donald Campbell and Oriana Paewai.

## **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**

Phil Sunderland declared a conflict in respect of consultancy to legal firm Fitzherbert Rowe for provision of legal services to MASH Trust, a contractual provider to MidCentral District Health Board (DHB). The Chair advised this conflict was manageable and that Mr Sunderland may remain in the meeting and participate in any discussion around this item.

Barbara Cameron declared an ongoing conflict in relation to any mention of 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 14 October 2014 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**

There were no matters arising from the minutes.

## **5. GOVERNANCE**

### **5.1 2014/15 Work Programme**

Reporting is generally occurring in accordance with the timeline.

It was noted that the table headings were unaligned but that the content of the table was correct.

The Chief Executive Officer iterated the Central PHO annual report would be submitted to the Committee at its meeting in February 2015. Mr Adrian Broad remarked that presentation of this annual report would be eight months after the year end. Management advised that submission of this report is voluntary, however the Central PHO were yet to hold its annual meeting in December and that late submission of the annual report is likely a one-off occurrence.

The Committee's Terms of Reference are also due for review. These are aligned with Whanganui DHB and input from the Central Alliance Sub-Committee will be sought. At this stage, no changes are being sought. It is the reviewed Terms of Reference which will come back to the Committee in February.

The Chief Executive Officer also remarked that the Health Charter Workshop scheduled for 16 December 2014 may be replaced with a Mental Health Workshop. The Chair accepted this but commented that it was important to factor in the Health Charter Workshop to keep the timing relevant.

It was recommended:

*that the updated work programme for 2014/15 be noted.*

## **6. STRATEGIC/SPECIAL ISSUES**

### **6.1 Update: Regional Services Plan Implementation – Quarter 1, 2014/15**

At a recent symposium Mr Broad noted that absence of representation by Hawkes Bay DHB and suggested that any Regional Services Plan (RSP) required full support from all six involved DHBs. Mr Sunderland clarified that the recent symposium and the Regional Services Plan were two separate issues, and that Hawkes Bay DHB is fully engaged in the RSP process (which is mandatory) as are all other DHBs.

The Chair then sought confirmation around the Eating Disorders Service as to whether this was a well co-ordinated and functional service within the region. The Portfolio Manager, Mental Health & Addictions, clarified that Capital & Coast DHB has significant input into this service as tertiary provider, but that MidCentral DHB has 1.0 FTE established in the Provider Arm with a dedicated focus on working together with Capital & Coast DHB so that this particular service may be easily accessed.

The Committee also noted the change in overall programme status for CRISP, being a move forward from 'red' to 'amber'.

It was recommended:

*that this report be received.*

### **6.2 Development of the 2015/16 Regional Services Plan – Approach and Timeline**

A workshop is to be held at the Ministry in December to discuss priorities for the forthcoming year. It is expected that the Committee will receive a copy of the working draft Regional Services Plan for consideration at its meeting in February 2015.

It was recommended:

*that this report be received.*

### **6.3 2014/15 Annual Plan Implementation Update 1 – Planning and Support**

The Acting General Manager, Planning & Funding, advised that Kauri Health Care has made rapid progress in amalgamating three general practices and establishing practice development plans for their enrolled population. Further, there is potential to develop another Integrated Family Health Centre (IFHC) in Highbury creating an opportunity for those social services agencies and providers based in the west end of Palmerston North.

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Mr Adrian Broad then sought clarification around the next development phase for the Suicide Prevention Action Plan. The Portfolio Manager, Mental Health & Addictions, advised that a workshop is scheduled for December to help finalise details with the sector. This will be reported back to the Ministry in January to identify key leads and the Action Plan for MidCentral district. Ongoing updates will be reported via this Committee.

Mr Nadarajah Manoharan referred again to the update on IFHCs and questioned the future outlook for solo general practitioners. The Acting General Manager, Funding & Planning, advised that development of IFHCs is critical to strategy going forward, however independent small general practice teams will continue to be supported by Central PHO and may be networked into IFHCs so they can take advantage of the higher level of resources that are available.

It was recommended:

*that this report be received.*

#### **6.4 centralAlliance Strategic Plan - Update**

The Board has a clear line of sight over progress to date, with timing for completion of the centralAlliance Strategic Plan being April 2015.

It was recommended:

*that the report be received.*

#### **6.5 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 1, 2014/15**

Mr Adrian Broad queried whether Crown Funding Agreement (CFA) Variation reporting items added to the complexity of reporting. Management advised that this was not the case. Additional funds received through CFAs come with separate programme and reporting requirements which are managed in the usual way.

It was recommended:

*that this report be received.*

At this point the Chair asked the Committee to move forward in the agenda to Item 7.2 Mental Health Phone Line Service Update – Medibank Health Solutions.

### **7. OPERATIONAL REPORTS**

#### **7.2 Mental Health Phone Line Service Update – Medibank Health Solutions**

The Portfolio Manager, Mental Health & Addictions, confirmed contract rollover with Medibank Health Solutions for the next 12 months. Medibank Health Solutions operates from Wellington and holds a national contract with services also provided to other DHBs.

It was recommended:

*that this report be received.*

#### **7.3 Mental Health Service Integration Project Update**

MidCentral DHB currently funds three providers to each deliver Day Services for mental health consumers in the district. In response to the Ministry's 'Rising to the Challenge Plan'

MidCentral has been working with these three providers to jointly develop a proposal to deliver Day Services via an integrated service delivery model.

Mr Adrian Broad queried whether these three providers would also work collaboratively with other relevant providers in the region. The Portfolio Manager, Mental Health & Addictions, confirmed that inter-agency connectedness is important and that natural linkages are well established with charitable trusts and other providers familiar with the 'Rising to the Challenge Plan'.

It was recommended:

*that this report be received.*

#### **7.4 Planning & Support Operating Report**

The Acting General Manager, Funding & Planning, pointed out that the Operating Report is in addition to the Annual Plan Update (Item 6.3).

##### *Item 2.3.1 A Year of Highs for the Sector*

For the first time, four aged residential care managers are undertaking the Transformational Leadership Programme. Key anticipated benefits of this include reduced working isolation and increased engagement across the primary care sector.

##### *Item 2.3.3 Community PoTS*

The Senior Portfolio Manager, Health of Older Persons, confirmed that the Packages of Temporary Support (PoTS) service will widen to include short term personal care support for those people currently living at home in the community who have a short term acute need and could benefit from additional support. This programme will be available from late January and will be firmly in place and accessible by 1 July 2015.

##### *Item 2.6.2 Free Under 6s*

Recent analysis from Central PHO indicates that this policy does not appear to have had an impact on consultation rates for this particular age group, neither does it appear to have had an impact on ED attendances.

##### *Item 2.4.1 Tu Kaha Biennial Central Region Maori Health Conference*

Mr Adrian Broad commended the inclusion of three Rangatahi at this conference. These Year 12 students were great ambassadors for their peers and schools in the Manawatu.

##### *Item 2.8.2 Community Pharmacy Services Agreement (CPSA)*

The current CPSA was due to expire at the end of June 2015, however DHBs have agreed to an extension for a further 12 months with focus on creating space to allow a much better Agreement to be prepared for services starting July 2016.

It was recommended:

*that this report be received.*

#### **7.5 Finance Report – Result of September 2014**

Positive financial performance and forecast continue.

It was recommended:

*that this report be received.*

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## **7.6 Finance Report – Result of October 2014**

MidCentral Health performance has improved significantly with MidCentral DHB placed in a positive overall position.

Mr Adrian Broad questioned the difference in Cash Position from September to October, being a \$10m adverse difference. It was clarified that this variation was due to timing of wash-up payments.

The Chair also questioned the YTD IDF inflow provision of \$0.5m due to the under-delivery of MidCentral Health. It was advised this was due to usual ebbs and flows but would level out by year end.

It was recommended:

*that this report be received.*

The Chair asked the Committee to move back to Item 7.1 Health Care Development Annual Report for 2013/14.

## **7.1 Health Care Development Annual Report for 2013/14**

This report provides an annual summary of the main activities of the Health Care Development (HDC) team for the 2013/14 year.

Mr Adrian Broad sought clarification as to how best to attract health professionals into provincial areas for work. The Acting General Manager, Funding & Planning, replied that HCD is an exemplary model of how to achieve this, with a vibrant, active involved workforce throughout the district.

Ms Barbara Cameron queried whether any work was being undertaken to address specific needs of approximately 120 ethnicities within the district. Management responded that this is monitored through the annual Health Needs Assessment but that there were no specifically targeted programmes in place. An item on the mental health needs of refugees was included in the Operating Report.

The Chair then noted that given the level of investment in Map of Medicine that it would be sensible to instigate a level of documented evaluation. Management advised that the pathways have metrics in place but it is difficult to collect information and demonstrate changing levels of care. However a framework is currently under development which aims to identify the relevance, impact, effectiveness, efficiency and sustainability of the pathways programme as well as focusing on expected and achieved objectives.

It was recommended:

*that this report be received.*

The Chair asked the Committee to move back once again in the agenda to Item 6.6 Primary Birthing Feasibility Report.

## **6. STRATEGIC/SPECIAL ISSUES**

### **6.6 Primary Birthing Feasibility Report**

This is a comprehensive paper which aims to provide answers at a high level, identify potential next steps and assess whether a service can feasibly be developed in future.

The Chair asked Sharon Bevins, Project Manager, and author of this report to provide an overview to the Committee.

Ms Bevins remarked that the length of time taken to prepare the report indicates the complexity of this matter. There was considerable stakeholder engagement with participation from consumers, midwives, maternity related providers and organisations, and the secondary service. Additional audit information was attained to determine the potential number of women eligible to use a birth centre. Three options for location and type of birthing centre were also assessed.

Dr Digby Ngan-Kee expressed support for the birth centre, however he is unconvinced that intervention and caesarean rates would change, as primary drivers tend to be influenced by demographic factors rather than by the model of care. Dr Ngan-Kee further commented that transfer to hospital timeframes needed to be considered and it would be preferable to co-locate the birth centre with secondary service.

Dr Cheryl Benn, Midwifery Advisor, explained that unnecessary intervention leads to poorer birthing outcomes and that the current facilities do not meet modern needs for uncomplicated normal deliveries. The clear message received from childbearing women was the importance of choice and a primary birth centre would offer another option in response to the needs of eligible women. Dr Benn also agreed that co-locating the birth centre with other services would be worthwhile and a cost-effective option.

Leona Dann, Regional Midwifery Director, added that MidCentral Health midwives were supportive of a primary option as another choice for birthing.

Ms Ann Chapman asked for clarification around the Funding modelling. It was explained that funding for providing a two-day stay at Palmerston North Hospital is \$1,000 more costly than the equivalent service at a birth centre, but that it cannot be achieved with the current facilities.

Mr Nadarajah Manoharan remarked that the main stumbling block to establishing a primary birth centre is a lack of full co-operation between primary and secondary services. Ms Bevins responded that if the birth centre venture were to progress then secondary services needed to be involved with no barriers in place. It was acknowledged that this was an area to be emphasised and worked on, with definite commitment required from both sectors. Dr Benn added that information was available to give guidance but that essentially it's the people involved in health service delivery who want the best outcomes, whether this be from a primary or secondary perspective.

Mr Adrian Broad queried the implications of a birth centre with regard to the Master Health Services Plan (MHSP). The Interim General Manager, MidCentral Health & Support, advised that this does not form part of the MHSP process and that different options need to be considered for the development. It is likely there would be a registration of interest or request for proposal process. Mr Broad noted this and expressed support in favour of progressing the project to the next phase

Ms Barbara Cameron questioned whether a primary birth centre would affect the rate of home births. Dr Benn replied that there is a strong home birth culture in the district. Further, that women could also elect to use the birth centre for a first birth and then feel comfortable to birth at home for subsequent pregnancies.

Mr Phil Sunderland stated that the report did not have enough information to provide confidence about the relationship with secondary clinicians. Further, there was a need for more information on whether the expression of support from women in the stakeholder consultation would translate into women birthing in the centre.

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The Interim General Manager, MidCentral Health & Support, responded that the report was commissioned to provide background information. It was not a survey of the women of Palmerston North and surrounding district. The next stage, should the Committee proceed, was to develop a business model, incorporating culture change and affordability options. Mr Sunderland noted this and remarked that if the decision were made to progress to the next level then a further report would need to be a worked-up version which covered off all relevant issues.

Mr Andrew Ivory expressed support and questioned how broad the business case would be. The Acting General Manager, Funding & Planning, answered that a further report would include financial modelling in more detail, impact and procurement, as well as a closer look at all three suggested models. Mr Ivory agreed that interaction between primary and secondary care would need to be examined as this model will only work if the DHB is fully committed to it.

Mr Manoharan reiterated his support of the primary birth centre but mentioned that two previous attempts had been made in the past 30 years, neither of which had been successful. Dr Ngan-Kee commented that governance would be critical to set the scene; from this safety would follow. The next steps should address this matter as well.

In summary, the Chair noted that all Committee Members had had the opportunity to comment on the proposal. In the absence of Donald Campbell, a list of questions had been submitted on his behalf which the Chair confirmed had been addressed throughout the discussion.

The Chair agreed the importance of people having choice and that this was an opportunity to make a positive difference with delivery of primary services within a primary setting. The Chair also asked that this report be made available to the Hospital Advisory Committee for their information.

Mr Phil Sunderland reiterated a level of support for the primary birth centre proposal but asked that his reservations be acknowledged.

The Chair noted this. It was decided that a further report be submitted to clarify the scope of the project and the level of information required. This report would be presented to the Committee at its next meeting in February 2015.

It was recommended:

*that this report be received; and,  
that a financial business case for a primary birth centre for Palmerston North is prepared.*

## **8. LATE ITEMS**

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

## **9. DATE OF NEXT MEETING**

Tuesday, 3 February 2015



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**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>Price and Volume Schedule 2015/16</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Planning &amp; Support Operating Report – Updates</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 3<sup>rd</sup> day of February 2015

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Chairperson