MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 26 April 2016 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

Unconfirmed minutes

PRESENT:

Diane Anderson (Chair)
Barbara Cameron (Deputy Chair) (Arrived 1:09pm)
Adrian Broad
Ann Chapman
Nadarajah Manoharan
Phil Sunderland (ex officio)
Donald Campbell
Andrew Ivory

IN ATTENDANCE:

Kathryn Cook, Chief Executive
Craig Johnston, General Manager, Strategy, Planning & Performance
Angie Guy, Acting 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
Stephanie Turner, Director, Maori Health & Disability
Jordan Dempster, Communications Officer
Andrew Orange, Portfolio Manager, Clinical Services
Barbara Bradnock, Portfolio Manager, Child & Youth Health
Vivienne Ayres, DHB Planning & Accountability
Dr Bruce Stewart, General Practitioner
Chiquita Hansen, Chief Executive Officer, PHO
Joe Howells, Director of Innovation & Development
Dr Greig Russell, Medical Administration Trainee

OTHER:

Public: (1)
Media: (0)

1. APOLOGIES

There was one apology received from 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

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 15 March 2016 be confirmed as a true and correct record.*

4.2 Recommendations to the Board

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

4.3 Matters Arising from the Minutes

There were no matters arising from the previous minutes.

Central PHO Annual Report Update for 2016

Dr Bruce Stewart presented the CPHO Annual Report for the previous twelve months and spoke of the reorganisation and challenges that have arisen during this period.

Management has been brought in-house but Compass is still used for ICT, finance and payroll. In the new phase some services have come back to Manawatu particularly finance which has been very beneficial. Integration work with IFHCs and the two Whanau collectives has continued. The PHO has developed a close relationship with Te Tihi. Central PHO estimates that about 97% of the Maori population are enrolled with practices, and has been steadily increasing.

Central PHO has a Trust Board of 14 members, an Alliance Leadership Team comprising a further 8 and an Alliance Management Team of 18. These all work under the Alliance principals as well as the Board's Charter. Overall the system is working well. Central PHO has three sub-committees: the Clinical Board, the Information Governance group and the Finance Audit Risk Committee. The PHO has a staff of 61 clinical, 29 non clinical and 15 Maori.

Clinical Services provided by the PHO cover three main areas: Child Health, Acute Care and Clinical Co-ordination Services (which includes palliative care etc).

Health targets are on track. The Stanford self-management course has been running for some time now and is very successful. The Breathing Easy Course is also very successful and to date there have been 423 attendances by patients with complex conditions. There have been no respiratory admissions in the last 12 months for the patients who participated.

Unconfirmed minutes

A member asked about the continuation of care at Himatangi. The PHO Chair and CE spoke about the challenges facing Te Waiora Service in Foxton, and the steps being taken to address them. This includes reconsidering the level and nature (ie, model of care) of services delivered at Himatangi. The PHO is doing this in conjunction with the local community. There have already been several meetings with more planned.

Acute Care is a new programme rolled out over last couple of months. It is a good example of co-design with general practice teams and Midcentral Health clinical teams and it links to community services which allows support to be put around patients in order for them to be managed in the community. There have been 450 POAC cases to date with the cellulitis pathway having been used the most.

At present there are 108 GPs and six nurse practitioners working in primary care. GP training and nurse practitioner development is a particular focus for the PHO. Drs Paul Cooper and David Broad are contracted by the College of General Practitioners to support 21 GPs registrars in the district. This is the highest number of GP Registrars ever.

A member asked whether CPHO intended to move out of the ownership role in Horowhenua Community Practice now that it was functioning well. Dr Stewart referred to the significant investment CPHO has made in Horowhenua over the years and the strategic importance of the practice as the foundation of primary care in that community. He identified the next opportunity as a reworking of primary and specialist services in the Health Centre, which the Horowhenua Community Practice team is enthusiastic to be involved in.

The General Manager, Strategy, Planning & Performance also noted that the PHO's work in Horowhenua is fully aligned with the DHB.

Central PHO's Business Services team is responsible for ICT and business intelligence strategy and development. This is a growing area. The PHO is currently a provider of ICT services to Otaki, Fielding, Kauri Health, HCP and Te Waiora.

There have recently been changes in consultation patterns in general practice. There has been an increase in consultations for the Under 13 age group, both in normal hours and after hours. There has also been an increase in consult rates for the over 65s. Overall the practices have been very busy. ED presentations and acute attendances at general practice teams have not changed in diagnosis, they are just occurring in greater numbers.

Central PHO has been developing a three year plan, which is currently in draft form. The PHO has been trying to reduce the complexity of its planning documents. The new three year plan will have 28-30 objectives. As always, the new plan aligns directly with the DHB's strategies and plans..

A member inquired whether the Central PHO team would be growing in response to the large amount of work on its workprogramme. The Chief Executive Officer of the PHO noted that on the contrary, the PHO's establishment was dropping. Last year there were 120 staff, now there is 104 (93.04 FTE) allocated. This is the result of cost reduction to fit within budget and a conscious effort to move clinical teams out to IFHCs where practicable.

Mr Phil Sunderland asked if there were any risks or critical issues in the PHO's operations that the Committee needed to know about. Dr Stewart talked about having to reduce spending which means not always doing what needs to be done for example, not having enough resources to roll out the portal around the primary care.

Unconfirmed minutes

5. GOVERNANCE

5.1 2015/16 Work Programme

Mr Andrew Ivory requested that he no longer receive printed copies of the CPHAC Agenda by mail. It is understood that as at 1 July 2016 there will no longer be printed copies unless specifically requested. Jill Matthews, Principal Administration Officer to be advised accordingly.

It was recommended:

that the report from the Acting Chief Executive Officer for 2015/16 be noted.

6. STRATEGIC

6.1 Renal Plan for MidCentral DHB

A member asked why demand had been underestimated in the last review. The GM noted the upsurged in demand is a national phenomenon and that a number of DHBs are experiencing pressure on their dialysis units. He also indicated that it's important to look at whether the mode of care anticipated in the previous review was implemented

Mr Phil Sunderland enquired as to where we sit in relation to the Christchurch model whereby home-based dialysis is the primary treatment modality, with hospital-based dialysis reserved for patients with very high clinical need. The General Manager Strategy, Planning & Performance, said that in MidCentral home based treatment is offered but patients have a choice, and generally appear to choose the hospital based option.

The General Manager Strategy, Planning & Performance said that the key to optimal management of renal failure is to ensure that the whole continuum of care is well managed – this includes particularly primary care and community services so that diagnosis is made early and protective therapies implemented.

The Chief Executive explained that consultation will also be undertaken with the Wairarapa DHB whose patients currently attend Kenepuru Hospital in the Wellington Region to receive treatment. The review is aiming to report back at the end of July.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

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

Item 3.2 Maori Health
The Chair suggested that the Director of Maori health & Disability invite members of Pae Ora to attend at the next meeting.

Item 3.3.1 Commissioning Framework, Ministry of Health
The Mental Health & Addictions Portfolio Manager advised that she has been working with the MASH Trust to develop an outcomes-based approach to contracting. This work is being supported by the Ministry of Business, Industry and Employment.

Unconfirmed minutes

Item 3.4.1 An IFHC for South-Western Palmerston North
In response to a member inquiry, the General Manager, Strategy, Planning and Performance confirmed that the IFHC contemplated for the western community included Awapuni. He indicated that work was underway with Central PHO, but that it was likely to be a long slow project. The right people are needed to be part of the IFHC for it to be successful. The Chief Executive noted that this community might need a different type of health service than that planned for Kauri Health or Feilding. There are also possibilities to working with the government's Social Investment concept to the advantage of the local community.

Item 3.4.2 Zero Fees for Under 13s
There was discussion about the pattern of service use and the possible causative factors. The General Manager Strategy, Planning & Performance, advised that currently there is a concerted effort to analyse the different strands of data and understand acute demand. Dr Greig Russell made comment that two-out-of-three people who come to hospital go home without admission, which suggests they could possibly be cared for in other settings.

The Chief Executive noted the importance of St Johns in the urgent care situation, with many patients transported to hospital by St Johns and then not subsequently admitted. The MidCentral Health team are currently working with St Johns on this issue. There is a paper coming to HAC in the near future.

The General Manager, Strategy, Planning and Performance, advised that since the paper was written, the additional funding required for Under 13's after hours consultations had been finalised and was $128,000.

Item 3.4.3 Whanau Triathlon
Adrian Broad advised that he had attended the Whanau Triathlon and noted that it was an excellent event with good interaction with Sport Manawatu, stall holders and MidCentral staff was very good.

Item 3.4.5 Fluoridation
Committee members asked for a presentation on how Public Health works. This will be arranged for the next meeting.

It was recommended:

that this report be received.

7.2 Finance Report – Result for March 2016

The year to date result is slightly better than budget. The funder has accrued elective income as per the elective initiatives budget and this will be adjusted in subsequent months. The Inter District flows inpatient flows to Palmerston North Hospital and inpatient outflows are close to budget.

It was recommended:
that this report be received.

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

Unconfirmed minutes

9. DATE OF NEXT MEETING

Tuesday, 7 June 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 7th day of June 2016

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Chairperson

Unconfirmed minutes