

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 3 February 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
- Phil Sunderland (ex officio)
- Donald Campbell
- Andrew Ivory
- Oriana Paewai

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
- Vivienne Ayres, Manager, DHB Planning & Accountability
- Doug Edwards, Maori Health Advisor
- Jordan Dempster, Communications Officer
- Stephanie Turner, Director, Maori Health & Disability
- Deborah Davies, Clinical Nurse Specialist, Health Care Development
- Dr Paul Cooper, Director, Acute Services, Central PHO
- Barbara Robson, Board Member
- Chris Hocken, Journeys to Wellbeing

OTHER:

- Public: (1)
- Media: (1)

The Chair opened the meeting and acknowledged this would be the last Community and Public Health Advisory Committee meeting that Mr Murray Georgel would attend in his role as Chief Executive Officer. The Chair thanked Mr Georgel for his years of leadership and contribution to the organisation.

1. APOLOGIES

An apology for absence was received from Nadarajah Manoharan.

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

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.

Adrian Broad declared a general conflict in that the organisation he is employed by, being Manawatu/Horowhenua/Tararua Diabetes Trust, currently holds a Memorandum of Understanding with the Central PHO.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 25 November 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

The Chair referred to Item 7.1 Health Care Development Annual Report for 2013/14 and sought an update on progress made regarding development of a framework which aims to identify the relevance, impact, effectiveness, efficiency and sustainability of the pathways programme. The Acting General Manager, Funding & Planning, confirmed that the Committee can expect to see outcomes of this framework conveyed via the standard reporting process.

5. GOVERNANCE

5.1 2014/15 Work Programme

Reporting is generally occurring in accordance with the timeline.

The Chief Executive Officer advised that a Planning Workshop is to be held on 24 February 2015, following conclusion of the Board meeting, and that Committee members are welcome to attend.

It was recommended:

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

5.2 Terms of Reference

There is one proposed amendment to the Terms of Reference, being:

‘The Community & Public Health Advisory Committee shall meet with the Whanganui DHB’s Community & Public Health Advisory Committee at least once annually on either a formal or informal basis.’

The Committee supported this amendment; the format of such a meeting to be decided at a later date. It was also agreed that further opportunity to meet with Whanganui DHB exists within the strategic planning process.

It was recommended:

that the terms of reference be amended as set out in management’s report of 23 January 2015, and that they be reviewed in 12 months.

6. STRATEGIC/SPECIAL ISSUES

6.1 2015/16 Planning Process

The planning process is progressing well with a preliminary draft of the Annual Plan for 2015/16 currently under review.

Mr Adrian Broad sought clarification around the level of funding received by MidCentral DHB. The Acting General Manager, Funding & Planning confirmed that the national funding envelope has been received and the development of the 2015/16 budget is underway in line with the assumptions endorsed by the Board.

The Chair noted a strategic focus on ‘Transforming Primary Health Care’, specifically one initiative which aims to advance “general practice as the health home of the patient”, and asked how this might impact on the access to services of patients whose GP practice is outside MDHB (people on our boundaries where this does happen).

The Acting General Manager, Funding & Planning, explained that when the DHB funded the PHO/IFHCs and general practice teams to provide augmented services, this was nearly always on the basis of MidCentral’s resident population. Where augmented services are provided through an IFHC for example, the DHB has an expectation that the services will be provided to all residents in the locality, not just those enrolled with the specific general practice team in the IFHC.

It was recommended:

that the report be received.

6.2 Primary Maternity Unit Business Case

The recommendation from the previous feasibility report was that a business case be developed providing a detailed financial analysis of the project, as well as recommendations on a procurement approach. This report presents an outline of the proposed terms of reference, timing and financial impact of said business case.

Mr Phil Sunderland remarked that support and approval of the nature of this project is required from secondary clinicians. The Interim General Manager, MidCentral Health suggested that this be framed in terms of a clinical governance aspect, specifically how the Clinical Directors of MidCentral will engage with this service.

Mr Adrian Broad questioned whether this is likely to be a private or public partnership. The Acting General Manager, Funding & Planning advised that this consideration would be worked through via the business case.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 POAC Pilot: Update

The Primary Options for Acute Care (POAC) pilot provides general practice with the ability and resources to manage acute care needs of patients. This programme is about demand management, protecting hospital resources and supporting general practice as the “health home” of the community.

Ms Deborah Davies, Clinical Nurse Specialist and Dr Paul Cooper, Director of Acute Care, Central PHO were introduced to the Committee and provided a general summary of the POAC pilot programme to date.

Ms Ann Chapman noted the absence of a general practice site in either Otaki or Horowhenua offering POAC services. It was advised that capacity in terms of space and resources was a consideration in selecting pilot sites and there were no suitable options available at this time in the southern part of the district.

Dr Donald Campbell queried how the outcomes of the pilot would be measured and evaluated. In response, Ms Deborah Davies advised that analysis would be conducted on data matching with Emergency Department (ED) presentations, discharge summaries, failed POAC episodes, as well as monitoring where volumes are sitting in relevant pathways.

The Chair questioned the point of entry into the POAC programme. Specifically, does a patient present at general practice or can St John transfer a patient to a pilot site where appropriate? It was advised that St John staff have the ability to assess whether a patient is eligible for POAC services. Further, there is a cost to the patient (be it via St John or general practice) but once the patient is accepted into the POAC programme then no further charges are incurred.

The Interim General Manager, MidCentral Health added it is envisaged St John will gain experience in providing options for patients. MidCentral DHB would work closely with St John in providing safe care for patients closer to home.

Ms Oriana Paewai questioned the education component of this, being how best to promote the programme so that people in the community were aware of it. It is expected this will be a preventative approach, including information linked across teams, including primary care, ED and chronic care.

The Chair queried how funding components would be tracked across various pathways. Currently, each POAC episode is being tracked regarding costs so the DHB and PHO know exactly how much it is costing and what care is being provided.

Mr Phil Sunderland noted the importance of secondary specialist services being involved throughout the community. The Acting General Manager, Funding & Planning agreed and added that one of the outcomes of the POAC programme was increased communication between general practice teams and hospital clinicians. To date the pilot has involved some excellent examples of this occurring.

Management concluded that the future of the POAC pilot is to sustain forward momentum. It is a joint programme between Midcentral DHB and Central PHO in collaboration with Health Care Development, ED and St John. It is important that total system relationships are maintained and valued to ensure ongoing and full participation.

It was recommended:

that this report be received.

7.2 Partnering with General Practice Programme: Update

The Acting General Manager, Funding & Planning advised that progress of this programme is largely determined by the general practice teams and that levels of progress are indicative of the current priorities or internal levels of activation within each of the organisations involved.

It was recommended:

that this report be received.

7.3 Planning & Support Operating Report

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

Item 2.1.2 Prevalence of Dementia Reducing?

Essentially, specific incidence of dementia are reducing but the overall prevalence of dementia is increasing, largely due to the ageing nature of the population.

Item 2.3.1 Connected Workforce NGO Primary Leadership Group

Chris Hocken from Journeys to Wellbeing provided a brief overview of the Connected Workforce Te Hononga Kaimahi 2013-2017 strategic work plan which ensures that organisations and services supporting people with mental health and addiction issues work better together at management, leadership and practitioner levels. The plan is recovery-focused in that there is belief that patients can recover from mental health issues and move forward in a positive way. There is emphasis on the importance of placing quality personnel and upskilling existing employees to give confidence to the workforce which is then reflected in their work. The interface with primary care is of importance and there is also potential to link into other social services in future.

A brochure has been designed listing and explaining NGO primary services available throughout the community. This brochure is accessible online via the Journeys to Wellbeing website and Central PHO website. Printed copies have also been distributed to NGOs, general practices and community organisations. The information has been very well received.

Item 2.3.2 Mental Health Phone Line

The Portfolio Manager, Mental Health & Addictions, confirmed that the Medibank Health Solutions service has been renewed for the next 12 months. In response to members' questions, the Portfolio Manager reiterated that a previous service review had identified the need for change in this service with the intention to have the service provided locally as part of secondary care mental health services. This is to be incorporated as part of the Mental Health project currently underway within the provider arm.

Ms Barbara Robson sought clarification around how people access mental health services. It was advised that during normal working hours, people can contact mental health services directly through MidCentral Health. In the after hours, people can contact the Mental Health Line. In addition, people can also access services through their general practice teams, by contacting the various NGOs providing mental health care, or even by contacting HealthLine.

Item 2.4.1 Health Integrity Line

The Ministry of Health is rebranding the 'Fraud Hotline' as the 'Health Integrity Line' with the service being extended to include any "concerns about inappropriate behaviour". Several Committee members commented that this makes the complaints service confusing as users may not understand what is and is not inappropriate behaviour.

The Chief Executive Officer advised that such issues with the Health Integrity Line have been taken up with the Ministry of Health. Further, incidences of inappropriate behaviour should be managed internally using relevant policies and only be escalated if appropriate.

It was recommended:

that this report be received.

7.4 Finance Report – Result of November 2014

Apart from the timing difference of MidCentral Health (MCH) washup, positive financial performance and forecast continue.

It was recommended:

that the report be received.

7.5 Finance Report – Result of December 2014

The Acting General Manager, Funding & Planning, reiterated that this report is based on MidCentral DHB's draft Annual Plan and that it does not include the additional \$1m improved result as agreed by the Board at its December meeting.

The year to date washup with MidCentral Health was unfavourable to the Funder. Essentially the Funder has temporarily paid more for under-delivery in Personal Health and DSS, however the Funder expects MCH to achieve target by the end of financial year. There is no financial impact on the DHB as a whole.

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, 17 March 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>2015/16 Funding Envelope</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Development of the 2015/16 Regional Services Plan – Draft 1</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Serious Incident</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>Quarterly Report 2 – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 17th day of March 2015

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Chairperson