

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 7 June 2016 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

### **PRESENT:**

Diane Anderson (Chair)  
 Barbara Cameron (Deputy Chair)  
 Adrian Broad  
 Ann Chapman  
 Nadarajah Manoharan  
 Phil Sunderland (ex officio)  
 Donald Campbell

### **IN ATTENDANCE:**

Kathryn Cook, Chief Executive  
 Craig Johnston, General Manager, Strategy, Planning & Performance  
 Megan Doran, Committee Secretary  
 Neil Wanden, General Manager, Finance & Corporate Services  
 Janine Hearn, General Manager, People & Culture  
 Barbara Bradnock, Senior Portfolio Manager Children, Youth & Intersectoral Partnerships  
 Jo Smith, Senior Portfolio Manager, Health of Older Persons  
 Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions  
 Andrew Orange, Portfolio Manager, Clinical Services  
 Vivienne Ayres, DHB Planning & Accountability  
 Jordan Dempster, Communications Officer  
 Steve Tanner, Finance Manager, Funding & Planning  
 Wayne Blissett, Manager Maori Health & Strategy

### **OTHER:**

Public: (1)  
 Media: (0)

### **1. APOLOGIES**

Phil Sunderland, Ann Chapman and Barbara Cameron for lateness  
 There was one apology from Andrew Ivory 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**

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 26 April 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.

The Chair took the opportunity to congratulate Nadarajah Manoharan on his recent New Zealand Order of Merit award.

Janine Hearn, General Manager, People & Culture and Steve Tanner, Finance Manager, Funding & Planning were also welcomed to their first CPHAC meeting.

### **5. GOVERNANCE**

#### **5.1 2015/16 Work Programme**

The Chief Executive Officer introduced this paper. Key points to note were due to the current measles outbreak the presentation that Public Health was to give at today's meeting had to be postponed until the next meeting.

The Laboratory contract with Medlab Central comes to the end of its term in October 2017. Preliminary work is occurring in conjunction with our centralAlliance partners, Whanganui DHB. An update will be provided in due course.

The price volume schedule is currently being worked on to incorporate new Electives Initiatives funding received as part of Budget 2016.

It was recommended:

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

## **6. STRATEGIC**

### **6.1 Regional Services Plan Implementation Update – Quarter 3, 2015/16**

Vivienne Ayres, Manager, DHB Planning & Accountability gave a brief update and summary of progress against the Regional Services Plan.

The Faster Cancer Treatments target was noted as an area where DHBs have not been achieving target. The number of patients counting towards the target is variable month by month, and the variability and complexity of the care pathways for the small subset of patients for this pathway make achieving the target difficult. Notwithstanding these issues, this measure is a priority for the Minister of Health, and as of 1 July 2016 the target is going to increase to 95%. A member queried whether there would be any financial penalty for non-achievement. To date there have been no indications that this would be the case.

Another area of under performance is cardiac surgery, with Capital & Coast DHB behind schedule. The Ministry is currently assisting Capital & Coast which should have a positive benefit for MidCentral DHB.

It was recommended:

*that this report be received.*

### **6.2 2015/16 Annual Plan Implementation: Update 2**

The General Manager, Strategy, Planning & Performance introduced this paper and noted that some projects from the current annual plan had been delayed or are behind time, some due to the financial situation and some due to the complexities in implementing programmes.

It was noted that this year's Annual Plan is very ambitious and it was set before the budget was finalised and the financial position/restraints of the DHB were fully apparent.

A member queried whether those that had been deferred would be carried over to the next Annual Plan. The General Manager advised that some had but some hadn't due to them no longer be relevant. Those that would be carried over have been budgeted for in the 2016/2017 Annual Plan.

A member sought clarification on the status on the sexual & reproductive health services initiative, which is shown as being delayed. The General Manger advised that for 2016/17 year, the central element of this initiative has been the re-procurement of the early trimester pregnancy termination service. This has been successfully completed and the new service is expected to start early in the 2016/17 year. Other aspects of the sexual and reproductive There is also working happening at the Ministry of Health and the DHB will be aligning their work with the Ministry of Health.

In regards to Maternal Child Health, improving maternal health, pregnancy and parenting experience, the DHB undertook a successful RFP process and Barnados was selected as the new provider. The new service comes into effect on 1 July 2016.

Barnados is currently working with other community providers and general practice teams to ensure that information is freely available to all women utilising the service. Going

forward the hope is that Barnados will work alongside and with general practice teams, in particular IFHC's, including holding antenatal classes at IFHC's.

It was recommended:

*that this report be received.*

### **6.3 centralAlliance Update**

The General Manager, Strategy, Planning & Performance, reported that recently staff from MidCentral and Whanganui DHB's had visited Canterbury and the West Coast. The purpose was to observe the Transalpine Services, which is a very effective example of what a partnership arrangement could look like. The relationship between these two DHBs is highly functional at the clinical/service level, with strong leadership and resourcing as an enabler across both organisations.

The Committee agreed that further development of the centralAlliance needed to be clinically led and that Chief Medical Officers are well placed to work on this.

It was recommended:

*that this report be received.*

### **6.4 Mental Health Update**

The Chief Executive advised that a full comprehensive discussion of the Mental Health Update report occurred at the Hospital Advisory Committee meeting, and that it was presented to CPHAC for information.

It was noted that for there are some pleasing signs of improvement. For the first time the 28 day target was achieved. The Hume review was on track and the Erica Hume implementation plan had been finalised and is now being implemented.

A member advised that the recent Mental Health Hui was excellent however there was no significant representation from local territorial local authorities. It was clarified that the first Hui was intended to be low key with a view to developing it further. There will be further engagement opportunities later.

A Memorandum of Understanding (MoU) is currently being developed with Massey University, this will follow on from the MoU already in place with the Pacific College and Universal College of Learning (UCOL).

It was recommended:

*that this report be received.*

### **6.5 Non Financial Monitoring Framework & Performance Measures – Report for Quarter 3, 2015/16**

Vivienne Ayres, Manager, DHB Planning & Accountability, noted that this report to the Ministry of Health is tabled for information and comment. It contains a lot of material

reported in other ways to the Committee. For example, some of the contents of this report have been taken from the Annual Plan update, which was discussed earlier in the meeting.

A member questioned the drop in Immunisation rates and the reasoning behind it. Barbara Bradnock, Senior Portfolio Manager Children, Youth & Intersectoral Partnerships advised that due to the onset of the Flu season and the loss of the Immunisation Coordinator at Central PHO there has been a “blip in the road” however with the appointment of a new Immunisation Coordinator at Central PHO there is confidence things will get back on track.

It was also noted that there is the possibility of lower numbers next quarter due to the current Measles outbreak in the district.

It was recommended:

*that this report be received.*

## **6.6 Renal Plan for MidCentral DHB**

The General Manager, Strategy, Planning & Performance noted that the timeframes for this report are tight. The DHB’s in-centre renal dialysis capacity is fully committed and the DHB needs to look at what we can do immediately and what can be done in future.

A member noted that with the service under significant pressure and given the cost of expanding in-centre capacity versus providing home-based services, investment in home-based services was the logical direction. The General Manager noted that home-based care is not suitable for all patients, and the Renal Unit is currently working with a lot of high complexity patients. As an example, Canterbury supports high complexity patients at home, but these are patients who are at home already. Canterbury does not move complex patients from in-centre dialysis to home-based services. Furthermore, not all homes would be suited for home dialysis and individual needs remained the top priority. All options are being looked into.

The Committee agreed that providing dialysis from Horowhenua Health Centre made sense if it was possible because it reduced the burden of travel on patients.

It was recommended:

*that this report be received.*

## **6.7 2015/16 Maori Health Plan Annual Progress Report**

Wayne Blissett, Manager Maori Health & Strategy introduced this paper and passed on his thanks to Vivienne Ayres, Manager, DHB Planning & Accountability, for her valued input and oversight of this report and also the Portfolio Managers who provided data.

It was noted that although the immunisation rates for Maori are achieving targets, there was still more work to be done to encourage Kaumatua to have their influenza vaccinations.

A member noted that the Whanau Tri was again a successful event, and that a positive contribution was made by the stall holders who worked alongside Sport Manawatu.

It was also noted that there has been an increasing rate of Māori accessing smoking cessation.

A member also queried the reasoning behind the skin lesions initiative being behind schedule. The General Manager responded delays in this initiative arose because of the complexity. Amongst other things, 'minor procedures' contribute to the Electives Initiatives and ESPI targets, so any redirection of activity towards primary providers would impact on MidCentral Health. There are also issues associated with technology and concern about affordability.

It was recommended:

*that this report be received.*

## **7. OPERATIONAL REPORTS**

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

#### *Item 4.1.1 Audit Results*

The Committee wished to congratulate Lavender Blue on having a perfect audit with no recommendations.

#### *Item 4.4.1 Fit Whanau Triathlon Final Report*

This is an excellent update that digs deeper into the data. Members were of the view that the DHB gets good value from this initiative and that it should be continued. It would be good to know about any changes in the well-being of participants between events – ie, from one year to the next.

#### *Item 4.4.2 Smoking Brief Advice & Cessation Support in Community Pharmacies*

Andrew Orange, Portfolio Manager, Clinical Services advised that this was a world first and it came together quickly with four keen providers.

Updated data was provided to the Committee. So far, conversations had occurred with 282 smokers across 27 pharmacies. Of these, 252 had been started on Nicotine Replacement Therapy. There had been 242 referrals to the Te Ohu Auahi Mutunga (TOAM) service. Interestingly, 11 did not know their GP or were not registered with a GP.

There is the possibility that Otago University may do some further research on this in the future.

#### *Item 4.5.2 Future of Social Sector Trial Horowhenua*

A member asked if there is confidence that the activities of the Social Sector Trial will continue once the programme is wound up. Barbara Bradnock, Senior Portfolio Manager Children, Youth & Intersectoral Partnerships advised that it is partly dependent on the ongoing level of funding from the Ministry. There have been discussions about this but we are awaiting a decision.

It was recommended:

*that this report be received.*

### **7.2 Finance Report – Result for April 2016**

The YTD position for the Funder is positive and on track. By the year end the Funder is projecting it will be \$1.4 million better than budget. This has resulted from recent

improvements across various items, particularly pharmaceutical expenditure and rebates. The largest risk to the Funder's end of year result is from Inter District Flows, which are unpredictable and can involve large swings when they are washed up in July and August.

Steve Tanner, Finance Manager noted that Disability Services expenditure for the year is forecasted to be very close to budget, which is a good result.

A member queried the construction work at Woodlands Feilding. Jo Smith, Senior Portfolio Manager, Health of Older Persons advised that this development is largely hospital level care. It does not involve any expansion of specialist dementia care beds for the district.

It was recommended:

*that this report be received.*

#### **8. LATE ITEMS**

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

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

Tuesday, 19 July 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:*

<b>Item</b>	<b>Reason</b>	<b>Reference</b>
"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 19<sup>th</sup> day of July 2016

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Chairperson