

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 9 June 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
- Nadarajah Manoharan
- Phil Sunderland (ex officio)
- Donald Campbell
- Andrew Ivory

Unconfirmed Minutes

IN ATTENDANCE:

- Kathryn Cook, Chief Executive Officer
- Craig Johnston, Acting General Manager, Funding & Planning
- Rebecca Bensemman, Committee Secretary
- Barb Bradnock, Portfolio Manager, Child & Youth Health
- Andrew Orange, Interim Portfolio Manager, Primary Care
- Claudine Tule, Portfolio Manager, Mental Health & Addictions
- Jo Smith, Senior Portfolio Manager, Health of Older Persons
- Vivienne Ayres, Manager, DHB Planning & Accountability
- Doug Edwards, Maori Health Advisor
- Janine Stevens, Public Health Medicine Registrar
- Stephanie Turner, Director, Maori Health & Disability
- Jordan Dempster, Communications Officer
- Barbara Robson, Board Member

OTHER:

- Public: (2)
- Media: (1)

The Chair welcomed Kathryn Cook, Chief Executive Officer to the meeting.

1. APOLOGIES

An apology for absence was 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

The Chair declared a conflict in relation to Item 7.1 Planning & Funding Operating Report, with specific reference to Masterclass 2015. Ms Anderson declared she has been invited to attend Masterclass 2015 in her capacity as Chair of the Community and Public Health Advisory Committee (CPHAC), as well as a Board Member of MidCentral District Health Board (DHB).

Ms 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. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 28 April 2015 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

Mr Adrian Broad asked whether in the interests of transparency and accountability CPHAC should receive more regular updates from Central PHO. The Acting General Manager, Funding & Planning advised that Central PHO reports quarterly to the DHB as part of its performance monitoring. In addition to this the DHB has a regular overview of PHO activities as well as consistent interaction with management. In essence, the DHB has a very clear 'line of sight' with Central PHO. It was iterated that any potential areas of concern are highlighted and brought to the Committee's attention as necessary. On this basis it was agreed no further reporting to CPHAC was necessary.

5. GOVERNANCE

5.1 2014/15 Work Programme

The Chief Executive Officer informed the Committee that a joint workshop with Whanganui DHB regarding the centralAlliance Strategic Plan has been scheduled for Friday 26 June, 1.00pm at Marton Golf Club.

It was noted that the Board has approved the work programme for the following year. Further to this, Mr Phil Sunderland suggested the possibility of inviting various community organisations to present to the Committee at each meeting, starting in February 2016. The idea being to gain an overview and understanding of those providers who are supported and funded via the CPHAC process. Mr Broad agreed and noted his support for this recommendation.

The Chair commented it would also be worthwhile to examine the current mental health landscape, specifically those areas that are working well or not so well. It was acknowledged that the mental health review will start with a ground zero stocktake which is especially

important as the majority of mental health care is happening in the community rather than within a hospital setting.

The Acting General Manager, Funding & Planning suggested a workshop to provide an understanding of the mental health arena. The Committee agreed to this recommendation. Specific areas of interest would include a visual representation of collaboration between organisations, services, NGOs, and relevant agencies. There was a request to include an update on progress of ex-residents of The Kimberley Centre (Levin) whom have been reintegrated into the community. Management noted this and agreed to report back to the Committee with further information about the possibility of a mental health workshop to cover such areas of interest.

It was recommended:

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

6. STRATEGIC/SPECIAL ISSUES

6.1 New Zealand Health Survey Regional Results 2011-2014

Dr Janine Stevens, Public Health Medicine Registrar provided a brief summary of key highlights contained within this report. Dr Stevens explained no direct comparisons have been made between DHBs and that interpretation of the results can be complex due to sample size and data overlap.

Mr Phil Sunderland sought clarification around the term 'self-rated health'. Dr Stevens explained this term is based on a person's own perception of their overall health.

Dr Donald Campbell referenced the prevalence of the indicator 'Unable to get appointment at usual medical centre within 24 hours' and noted this was particularly concerning given the level of investment in this area. The Acting General Manager, Funding & Planning advised enrolment rates in general practice had been specifically targeted in primary care, but that it was also important to increase direct access for acute services.

Mr Adrian Broad noted there was no change in approximately two thirds of stated indicators and queried how this could be improved over the next three year period. Management explained it was difficult given the difference in data between public health population compared to district population, however Integrated Family Health Centres are a good starting point to gain traction on some population-related concerns.

Ms Barbara Cameron reminded the Committee that other governmental and non-governmental agencies and providers and even the community have responsibility across indicators. The Health Charter acknowledges the importance of such cross-sectoral collaboration.

It was recommended:

that this report be received.

6.2 2014/15 Annual Plan Implementation Update 2 – Planning & Support

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

Mr Andrew Ivory suggested the complex nature of initiatives and deliverables as stated in the 2014/15 Annual Plan may be somewhat over-complicated which could be leading to delays in progress. The Acting General Manager, Funding & Planning stated that the level of complexity is driven by the nature of the services involved (particularly their relative independence) and the desire to achieve enduring, transformational change.

Integrated Family Health Centre (IFHC) development is progressing well. Mr Adrian Broad noted a community profile of the western communities of Palmerston North (Highbury, Takaro, West End) is nearing completion and he would like to see this upcoming IFHC project gather momentum. The Acting General Manager, Funding & Planning explained this is a joint project with Central PHO. The project is somewhat limited by resources but clinician leadership and input continues to be genuine and committed. Because of the importance of relationships in this particular project, progress is expected to be incremental.

The Chair noted another radiology service provider has been established in the district. The bulk of community-referred radiology work is currently through Palmerston North Hospital but over time the desire is to see patients have a choice of service provider.

With regard to Youth Health Services, Mr Adrian Broad commended DHB staff on their display stand at the recent Youth Expo.

A final Suicide Prevention and Postvention Action Plan has been completed for submission to the Ministry of Health in July this year. The Committee requested that a copy of this Plan be provided to them, as well as Ms Kerry Hume (a member of the public present at the meeting).

The Committee commended the new layout and format presented in this report. It was suggested that colour coded tables would be useful. Management advised electronic agendas are imminent and this would fulfil for the need for colour representation.

It was recommended:

that this report be received.

6.3 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 3, 2014/15

It was noted that 2014 annual results for the oral health indicators were reported this quarter, however reliance on complex manual data collection processes has compromised the integrity and accuracy of data. The Manager, DHB Planning & Accountability, explained this is due to time delays in transferring clinical detail and transcribing data, however implementation of the oral health clinical information system (Titanium) is eagerly anticipated as part of the 2015/16 Annual Plan.

It was recommended:

that this report be received.

6.4 Regional Services Plan Implementation Update – Quarter 3, 2014/15

The Committee received this report and noted updates on progress with implementing the 2014/15 Regional Services Plan for quarter ending March 2015.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Planning & Funding Operating Report

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

Item 4.2.1 Whanau Tri 2015

The Whanau Tri initiative has been well supported for three years with approximately 50 percent of participants returning to the event each year. The Chair suggested it may be worthwhile reviewing the status of those first participants and suggested this level of information be captured and reported via the contract held with Sport Manawatu. Such information could include details of people who have participated in multiple events and further benefits gained through to extended family and non-Maori family. Accumulating such data could provide a useful model to engage with other communities.

Ms Barbara Cameron voiced a level of concern in that collecting such data may be somewhat limiting, in that benefits may present in other areas (such as playing sport). Ms Stephanie Turner, Director of Maori Health & Disability added the values that underpin the Whanau Tri programme are what makes it so successful, particularly in relation to Maori.

Item 4.3.1 Implementation of Free Under 13s Policy

The government's Free Under 13s policy is to come into effect on 1 July 2015. All relevant practices have signed up to provide free first contact services during normal working hours, which is a pleasing result. The PHO and DHB team are still finalising after-hours arrangements.

Item 4.3.3 Health Target Reporting – Better Help for Smokers to Quit – Primary

In order to improve on the second quarter result of 73 percent the PHO embarked on a campaign that supported practices to contact enrolled smokers and offer brief advice via a text message. Mr Andrew Ivory questioned whether there is any evidence that texting is an effective form of communicating health messages. The Interim Portfolio Manager, Primary Care, confirmed that text messaging is an approved method of communication, however it has to invoke a response from the recipient to be regarded as successful contact. Texting is effective particularly with a younger population.

It was acknowledged the smoking rates are reducing but not fast enough to meet the 'Smokefree New Zealand' target date of 2025. Census data proves the rate of registered smokers has reduced significantly however different approaches to achieving this health target are required to keep forward momentum. It is also important the journey does not stop at the 2025 point in time as future generations are beginning to realise the benefits of smokefree education and initiatives.

Item 4.4.1 Budget 2015: \$98m for more elective surgery

The MidCentral portion is expected to be approximately \$510,000 per annum and is yet to be included in the 2015/16 financial budget. No issues with capacity are expected.

It was recommended:

that this report be received.

7.2 Finance Report – Result of April 2015

The Acting General Manager, Funding & Planning advised MidCentral Health financial information had been removed from this report as the focus is solely on the Funder position. Further, the consolidated position with both MidCentral Health and the Funder will now be reported only at Board level.

The Chair noted a further under-delivery in IDF outpatient inflow of about \$0.2m. Accordingly the Funder has increased the net YTD IDF provision to \$1.8m. The Acting General Manager, Funding & Planning confirmed trends and patterns are occurring in IDFs and the Funder is adopting provisions to allow for this. The situation is being carefully monitored.

Ms Ann Chapman questioned the impact of Otaki residents who may choose whether to visit MidCentral DHB or Capital and Coast DHB. Management advised there is no change in policy and that the impact of such movements is not material.

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, 21 July 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>Quarterly Report 3 – Contracts</i>	<i>Negotiation of contracts yet to occur</i>	<i>9(2)(j)</i>

Confirmed this 21st day of July 2015

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Chairperson