

MidCentral District Health Board

6-14

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 14 October 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
Phil Sunderland (ex officio)
Donald Campbell
Andrew Ivory
Oriana Paewai

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
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, Pharmacy Advisor
Mahashweta Patel, Oral Health Coordinator
Justin Ngai
Doug Edwards, Maori Health Advisor
Jordan Dempster, Communications Officer
Stephanie Turner, Director, Maori Health
Barbara Robson, Board Member

OTHER:

Public: (1)
Media: (1)

The Chair opened the meeting and noted that the resignation of Mr Murray Georgel, Chief Executive Officer, had been received. The Chair formally acknowledged and thanked Mr Georgel for his work and achievements over the past 20 years in his role at MidCentral District Health Board (DHB).

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

Phil Sunderland declared a conflict in relation to Part 2 of the agenda in respect of Item 14.2 Quarterly Report 1 - Contracts, 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.

Oriana Paewai declared a conflict in relation to Part 2 of the agenda in respect of Item 14.2 Quarterly Report 1 – Contracts, specifically pertaining to Plunket and Te Wakahuia. The Chair noted this and advised that Ms Paewai could remain in the meeting and participate in any discussions as this item did not require a formal decision.

Adrian Broad also declared a conflict in relation to Part 2 of the agenda in respect of Item 14.2 Quarterly Report 1 – Contracts, specifically pertaining to Diabetes Trust. Again, the Chair noted this and advised that Mr Broad could remain in the meeting and participate in any discussions as this item did not require a formal decision.

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 2 September 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 sought further information regarding Item 7.4 Planning & Support Operating Report, specifically Item 1.6.1 Children's Team Update.

The Portfolio Manager, Child & Youth Health, advised that the service commenced on 8 September 2014 and that currently five children have been identified as vulnerable.

After 2-3 years of operation the expectation from the Ministry of Health is that the service could accommodate up to 700 children, however a reasonable estimate would expect 500 children, with informed consent, throughout the areas of Horowhenua and Otaki.

Ms Ann Chapman commented that a public meeting is to be held in Horowhenua to introduce the Children's Team and its services. The Portfolio Manager, Child & Youth Health, explained that it is of importance to revisit the public consultation process, so that the community has the right knowledge about the team, including how and where to access services.

The Chair raised the issues of confidentiality and sharing of consumer information. It was confirmed that the family has to consent to this initially. The Ministry of Social Development is working to develop a database to share information and to ensure that the health aspect is adequately represented. It is important that correct and robust processes are established to support and protect a shared record of information.

5. GOVERNANCE

5.1 2013/14 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 also reiterated that the primary birthing unit facility feasibility report would be submitted to the Committee at its meeting on 25 November.

It was recommended:

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

6. STRATEGIC/SPECIAL ISSUES

6.1 centralAlliance Strategic Planning

Mr Adrian Broad noted the gradual population decline of the Whanganui area and questioned whether this trend had been accounted and planned for. The General Manager, Planning & Support, advised that predictive modelling of service demand is based on population trends across both Whanganui and MidCentral regions. It is likely that funding will reduce for Whanganui, based on population modelling trends, but that this presents opportunity for other areas of investment such as primary health care.

The Committee noted the timing for completing the centralAlliance Strategic Plan is mid-2015 and that reports would be furnished via the Community and Public Health Advisory Committee, rather than via the Board.

It was recommended:

that this report be received.

6.2 Primary Birth Centre Feasibility Update

The Chair noted that the national price is being used for funding modelling in this instance. Management confirmed that this would form the basis of the feasibility study to determine whether establishing a primary birth centre would prove to be financially and clinically sustainable.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Planning & Support Operating Report

6.17

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

Item 1.1 Health Awards

A record number of applications has been received this year (at 64 submissions) and Health Awards 2014 is a sold-out event, with a waitlist in place for those wishing to purchase tickets.

Item 1.2.1 5% Increase to Rest Home Bed Subsidies Nationally

The Senior Portfolio Manager, Health of Older Persons, advised that the 5% increase to aged residential care (ARC) rest home bed subsidies is unlikely to act as a disincentive for those accessing such facilities.

Item 1.2.2 Dementia Investment

Mr Adrian Broad remarked that an estimated \$1 billion is spent nationally on dementia-related services and queried the relative percentage of expenditure by MidCentral DHB. It was suggested that a total spend of \$1 billion would not specifically be for health services but that this would be a general sum across many sectors. It is estimated that MidCentral DHB spends \$40 million annually on ARC-related services and that 10% of this would be allocated towards dementia investment.

Item 1.4 Mental Health and Addictions

The Portfolio Manager, Mental Health and Addictions, provided a further update to the Committee. It was confirmed that the NGO Primary Connected Workforce Development Plan was implemented in May to upskill key leaders and managers of NGOs, which in turn impacts on the quality of Packages of Care (700 per annum funded by primary care).

The Chair expressed a preference for more qualitative reporting as to how such services are making a real difference in the community.

Item 1.4.2 MDHB Suicide Prevention and Postvention Action Plan

Ms Ann Chapman queried the meaning of the word 'postvention'. The Portfolio Manager, Mental Health and Addictions, advised that postvention is an intervention conducted after a suicide event in terms of provision of wraparound care and support.

Ms Oriana Paewai questioned the level of rural representation in this instance as specific rural support services were not referenced at the community workshop held in August 2014. It was advised that an action plan has been drafted from the first workshop and work with Federated Farmers is continuing. Further, a local programme, including support services, has been developed and is coordinated through Journeys to Wellbeing.

Ms Barbara Cameron added that rural support services currently operate in the northern part of the district only.

Item 1.5.1 Feilding IFHC

Mr Adrian Broad expressed interest in the community fundraising process in this instance. The Manager, Planning & Support, advised that the commercial agreement between the Trust and MidCentral DHB is finite, however the goal is for the IFHC to raise approximately \$1.5 million. This sum is likely to be raised with the help of the community and major funders.

Item 1.6.2 MidCentral District Health Board Staff Vaccination Rates – Influenza Rates Staff Vaccination Programme

The Committee expressed disappointment that MidCentral Health is bottom equal across all DHB's for staff influenza vaccination rates. The reasons for this are unknown as no formal research has been undertaken to explain low uptake by staff. There are no immediate or obvious indicators to offer an explanation and this appears to be unique to the MidCentral Health environment. Possible reasons may include an element of anti-immunisation sentiment, as well as the impact of different cultures and backgrounds throughout the organisation.

Item 1.6.3 Audiology Services Review

A review of Audiology services within the provider arm has recently been undertaken with a view to improving access and response times for children. Ms Barbara Cameron sought clarification around the meaning of this. The Portfolio Manager, Child & Youth Health, advised that two significant pieces of work have impacted on service access and response times, specifically the B4 School Check and the Universal Newborn Hearing Screening programme. Audiology services have essentially weathered the impact of increased demand on services with no FTE support. This is to be the subject of further discussion in a paper presented in Part II of the agenda.

It was recommended:

that this report be received.

7.2 Finance Report – Result of August 2014

Positive financial performance and forecast continue, with a degree of comfort around the Provider Arm's performance year to date. Elective Income is expected to be per budget for the full year, and personnel and employee costs remain stable.

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, 25 November 2014

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 Planning Assumptions and Parameters</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Increased FTE Audiology Service</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Quarterly Report 1 - Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 25th day of November 2014

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Chairperson