

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 2 September 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
 Nadarajah Manoharan
 Phil Sunderland (ex officio)
 Donald Campbell
 Andrew Ivory

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
 Mike Grant, General Manager, Planning & Support
 Rebecca Bensemann, Committee Secretary
 Chiquita Hansen, Executive Director, Central PHO
 Bruce Stewart, Medical Director, Primary Care
 Greig Russell, Medical Director
 Craig Johnston, Senior Portfolio Manager, Primary Health Care
 Barb Bradnock, Portfolio Manager, Child & Youth Health
 Jo Smith, Senior Portfolio Manager, Health of Older Persons
 Vivienne Ayres, Manager, DHB Planning & Accountability
 Andrew Orange, Pharmacy Advisor
 Doug Edwards, Maori Health Advisor
 Jordan Dempster, Communications Officer
 Lindsay Burnell, Board Member

OTHER:

Public: (1)
 Media: (1)

1. APOLOGIES

An apology for absence was received from Oriana Paewai. An apology for lateness was received from Phil Sunderland.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

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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.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 22 July 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

There were no matters arising from the minutes.

5. GOVERNANCE

5.1 2013/14 Work Programme

Reporting is generally occurring in accordance with the timeline; any variations as noted.

Mr Adrian Broad noted that an update on the strategic planning process with Whanganui DHB for the centralAlliance had not been provided at this time. It was advised that this was being followed up with some urgency and the update would be furnished to the Committee at its next meeting on 14 October.

It was recommended:

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

6. STRATEGIC/SPECIAL ISSUES

6.1 Update: Regional Services Plan Implementation – Quarter 4, 2013/14

The Chair noted that development of the orthopaedic pathway had been initiated and that this would be a standardised process for the region, with integration between primary and secondary leading to linkage of referral pathways.

The Committee acknowledged the continued lack of progress on Central Region's Information Systems Plan (CRISP) deliverables remains on a critical path, particularly for the Patient Administration System (PAS) project.

Management further advised that Hawkes Bay DHB, Whanganui DHB and MidCentral DHB are early adopters of the WebPAS system, however no agreement has been reached across the region at this point. Decision and management rights are yet to be determined across all parties which has caused significant delays to timeframes.

It was recommended:

that this report be received.

At this point the Chair asked the Committee to move forward in the agenda to Item 6.5 Central PHO / ALT Annual Plan 2014/2015.

6.5 Central PHO / ALT Annual Plan 2014/2015

The Medical Director, Primary Care/Chair of Central PHO introduced this report and highlighted key outcomes of the Central PHO's first year of operation with a new leadership structure.

Dr Donald Campbell asked what the general observation of the PHO was like at this point. Dr Bruce Stewart responded that there was a definite improvement in perception of the PHO as an organisation able to provide solutions. There had been a re-emphasis on supporting general practice teams which had been well received, together with more knowledge and acceptance about what services the PHO provides.

Mr Adrian Broad noted that the PHO audit in November/December 2013 had received a clean report from Central Region's Technical Advisory Services (TAS). The Executive Director, Chiquita Hansen, confirmed this and added that two straightforward recommendations arose from this audit, both of which had been easily addressed.

Ms Barbara Cameron remarked it was important that development of Integrated Family Health Centres (IFHC) be more connected in future. Management agreed, adding that each area has its own particular needs and specific solutions are tailored accordingly, however there are synergies in place across all organisations.

It was recommended:

that this report be received.

The Chair then asked the Committee to move forward agenda once again to Item 7.1 Collaborative Clinical Pathway Update.

Mr Phil Sunderland joined the meeting.

7.1 Collaborative Clinical Pathway Update

Dr Greig Russell introduced this report, and noted that development of the Collaborative Clinical Pathway Programme and the integration of the Map of Medicine care maps into clinical practice is an ambitious and innovative initiative which is successfully creating change throughout the district. Further, it may be difficult to measure whether pathways actually change behaviour but ultimately this is evident as clinicians adopt the programme which in turn leads to improved patient outcomes.

The Committee agreed that this is a good programme, well implemented and effecting change. Management advised there had been a little resistance from general practice, however utilisation of the pathways is rolling into business as usual, and that a collaborative approach together with local credibility ensures that relationships are developed and enhanced throughout the process.

Further, positive spin-offs were expected into the future, with the development of regional pathways and intellectual property benefits shared on a cost recovery basis with other DHBs.

It was recommended:

that this report be received.

The Chair then asked the Committee to return back to the original section of the agenda.

6.2 Annual Prioritisation Framework Update

This report provides an annual overview of the current prioritisation framework against which all investment papers are assessed by the Community & Public Health Advisory Committee (CPHAC).

Mr Phil Sunderland requested that the sub-regional impact be included separately as a criteria.

Ms Barbara Cameron commented that it would be useful to include a pictorial representation of linkages across health services. Management responded that it may prove difficult to accurately capture this, due to a significant number of contractual providers, however due consideration would be given to this suggestion.

It was recommended:

*that this report be received and the Community and Public Health Advisory Committee makes any comments and suggestions; and,
that the prioritisation framework be confirmed for use in the 2014/15 financial year.*

6.3 Update: 2013/14 Maori Health Plan

This report provides an update on progress with the planned actions and indicators/targets outlined in the 2013/14 Maori Health.

Rates are improving as significant investment in primary health care leads to improved outcomes. Of particular note:

- Target immunisation coverage rates for children are being consistently achieved
- More Maori are enrolled with Central PHO
- Increasing numbers of Maori are being given brief advice and help to quit smoking as well as having their risk assessed for cardiovascular disease

Mr Andrew Ivory questioned whether an urban vs rural dimension influenced performance measures. It was confirmed there is a level of correlation between access to services and results against targets.

Mr Adrian Broad asked whether more up-to-date statistics were available. It was advised that there is a time lag of three months (at a minimum) in receiving this data from the Ministry and the information provided was the most recent available.

It was recommended:

that this report be received.

6.4 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2013/14

The Committee received this report and noted, in particular, that immunisation coverage rates for all ethnicity groups of eight-month old infants were exceeded and recognised as ‘outstanding’ performance in the assessment by the National Health Board.

Mr Adrian Broad also noted that proportionately fewer people had shorter stays in the Emergency Department (ED) compared to the previous two quarters which is not achieving target. Mr Broad questioned whether increasing resources within ED would help to meet targets. Management advised that the current resourced programme of work is making sizeable progress. For instance, the 3.5% rate of growth has decreased significantly. The number of individual attendances has reduced, as well as the frequency of repeat attendances. ASH rates also continue to decline.

The Committee acknowledged this and the Chair sought further clarification around average lengths of stay for both acute and elective services. In particular, it was noted that acute readmission for all ages and those patients aged 75 years or older were not achieved although the rate for the older population is reducing. The Chair queried whether this reduction was in line with planning assumptions. Management confirmed this was so and that MidCentral DHB compares favourably against national rates.

It was recommended:

that this report be received.

6.6 Primary Birth Centre Feasibility Update

Work has continued on final focus groups with service providers and consumers, surveys for midwives and consumers and completion of an audit to assist in the determination of the volume of eligible women. Financial analysis has also commenced.

Mr Adrian Broad asked whether knowledge is improving around what a birth centre is and what services it provides. Management responded in that the short answer is no. Also, there is a difference between knowing about a birthing centre and actually using such a facility.

The Committee noted this and agreed to be guided by the suggestions made in the final feasibility study, due for submission in November.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.2 Ambulance Services

The Committee received this report.

Of interest, it was noted that small pockets of population are spread throughout the district and that equity of access may present certain challenges. A small percentage of the population live outside assistance times and that ambulance may not always present the best option in these instances. The Chair reminded management to be mindful of this as more care is provided to these remote communities.

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Management also confirmed that MidCentral DHB contracts directly with St John for the provision of inter-hospital transfers. Historically, the Ministry of Health used to fund these services but the contract amount of \$670,000 per annum has recently been devolved to MidCentral DHB.

It was recommended:

that the report be received.

7.3 Health Awards 2014

This year is of particular significance as 2014 marks 10 years of continued achievement in health care across the district. The Health Awards have been heavily promoted this year, including billboard and radio advertising. This has been reflected in increased sponsorship (the most successful year to date) and an increased number of applications being submitted.

The Committee queried the total cost of hosting such an event. Management advised that ticket sales and sponsor revenue covers the costs for the evening and that MidCentral DHB covers the cost of trophies and prize money allocated in each category.

Management also advised that this year will probably mark the final Health Awards dinner and ceremony, as held in this particular context.

It was recommended:

that the report be received.

7.4 Planning & Support Operating Report

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

Item 1.1.3 Local Work in the Dementia Space

An information booklet for people experiencing mild cognitive impairment or dementia has been developed via the Older Persons District Group. This booklet contains information to assist the person who is directly affected and can also be used as a guide for family and whanau. A copy of this brochure was given to each Committee member for reference.

Item 1.6.1 Children's Team Update

The Portfolio Manager, Child and Youth Health, confirmed that the 'Children's Team' for the Levin, Shannon, Foxton and Otaki areas had been established and the start date was set for 8 September 2014. The team consists of community groups and professionals from the health, social services and education sectors brought together by local people to provide assistance for at-risk children and their families and whanau, within the setting of each community.

Item 1.7.1 Research – Tararua Chronic Respiratory Management Service

A Master's student from Massey University will undertake a study about the uptake of this programme in the Tararua region. This pilot service involves pharmacists identifying people (especially children) that might benefit from additional support with managing their chronic respiratory condition.

It was recommended:

that this report be received.

7.5 Finance Report – Result of June 2014

Positive financial performance and forecast continue, with the unaudited Funder's 2013-14 YTD result being \$2,118k surplus to budget.

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It was recommended:

that the report be received.

7.6 Finance Report – Result of July 2014

The Committee noted that the Funder is well positioned for a strong financial performance this year.

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, 14 October 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>	

Confirmed this 14th day of October 2014

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Chairperson