

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 22 July 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
 Donald Campbell
 Ann Chapman
 Nadarajah Manoharan
 Phil Sunderland (ex officio)
 Andrew Ivory
 Oriana Paewai

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
 Mike Grant, General Manager, Planning & Support
 Rebecca Bensemman, Committee Secretary
 Stephanie Turner, Director, Maori Health & Disability
 Craig Johnston, Senior Portfolio Manager, Primary Health Care
 Jo Smith, Senior Portfolio Manager, Health of Older Persons
 Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
 Richard Fong, Clinical Advisor
 Dennis Geddis, Communications Team Leader
 Jordan Dempster, Communications Officer
 Lindsay Burnell, Board Member

OTHER:

Public: (2)
 Media: (1)

The Chair opened the meeting and welcomed Dr Donald Campbell to the Committee.

The General Manager, Planning & Support, then introduced Ms Lynne Vautier from Vautier Pharmacy Ltd. Ms Vautier had requested time at this meeting to present her vision to make Manawatu the 'Happiest Healthiest Region in New Zealand'.

Ms Vautier addressed the Committee and explained the concept behind this campaign, being that healthy lifestyle choices lead to healthy outcomes within the community. This was of importance, particularly with respect to the MidCentral demographic.

Ms Vautier also further explained the MediMap concept and noted it presented significant opportunities across the region. (This is discussed further under the Planning & Support Operating Report).

The Chair thanked Ms Vautier for her presentation to the Committee. Mr Adrian Broad also acknowledged Vautier Pharmacy's ongoing support and sponsorship of community events.

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1. APOLOGIES

There were no apologies.

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.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 10 June 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 assurance that the four providers selected for Drivers of Crime would have capacity to meet the extra demand placed on services. The Portfolio Manager, Mental Health & Addictions, confirmed MASH Trust, Te Runanga o Raukawa, Te Upoko Nga Oranga o te Rae and Rangitane Tamaki Nui a Rua provide such services at present and that there are robust structures and systems in place to manage additional workload.

The Chair also sought further clarification with regard to Central PHO cancer nurses. Management confirmed that there would be an update to the Committee at its next meeting following a request from a Board member. Management explained the relationship between the specialist cancer nurses and the cancer nurses working in primary health care and this would be the focus of the report.

5. GOVERNANCE

5.1 2013/14 Work Programme

The Chief Executive Officer advised that three items have been carried over to the work programme for the next meeting. This is an unusual occurrence, however the information requested from the Board was only communicated within the past week which presented a

timing issue in terms of internal reporting timeframes. Therefore, these three updates will be provided to the Committee at its next meeting.

The Chief Executive Officer confirmed two upcoming Board workshops, being the Master Health Service Plan workshop on 30 July, and the Health Strategy/Charter workshop on 12 August 2014. Committee members are invited to attend both these workshops.

It was recommended:

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

6. STRATEGIC/SPECIAL ISSUES

6.1 Health Needs Assessment Annual Update

The Clinical Advisor, Health Information and Data Quality, provided an overview of this report and reminded the Committee that amenable mortality is an attempt to measure mortality due to conditions and diseases that are significantly influenced by health services. This is essentially a measure of health service effectiveness on population health.

Key statistics from this update show that MidCentral district has slightly higher proportions of health disadvantaged populations compared to New Zealand overall. Both MidCentral and Whanganui regions have an older population than average, as well as a higher proportion of iwi/Maori. These population patterns have been apparent for some time.

Mr Andrew Ivory noted that most differences are largely due to the characteristics of each population. The Clinical Advisor agreed, and responded that it is risky to rank MidCentral statistics on a national level as this can create a sense of false security.

The Committee then reviewed the graph demonstrating Amenable Mortality rates for MidCentral. It was noted that the Maori rate is higher than the non-Maori rate but that both rates are trending downwards. Further, to gain an indication of health status of the Pacific population in the district it is better to look at national figures which provide a more accurate interpretation of health needs.

Mr Adrian Broad remarked that combining statistics for both MidCentral and Whanganui is not necessarily an accurate reflection of regional health needs. The Clinical Advisor agreed that separating statistics provides better information for each district.

Mr Nadarajah Manoharan queried whether this assessment helps determine funding allocations. Management responded the Ministry use the latest census data to consider age and ethnicity, amongst other factors, in calculating its funding formula. How this translates to funding for MidCentral Health (the Provider Arm) is based on activity. Further, the Committee will receive a report at its meeting in September which sets out funding allocations for the region.

It was recommended:

that this report be received.

6.2 Primary Birthing Centre Feasibility Update

The project is on target for submission to the Committee at its meeting in October.

Ms Ann Chapman queried how this initiative aligns with the Master Health Services Plan. The General Manager, Planning & Support, responded that the final report will present a raft of options for consideration to enable the Committee can make a fully informed decision at that time.

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It was recommended:

that this report be received.

6.3 Partnering with General Practice Programme: Update

Progress with Tararua Health Group has been positive, albeit slow. Ms Ann Chapman commented that perhaps the bar has been set too high for a community group to achieve. Management replied that Tararua Health Group had been selected because it is considered to be one of the most developed providers in the district, with strong administrative and clinical leadership systems. The expectation is to work to top of scope, which requires a new way of thinking as well as a change in culture over time. Tararua Health Group is a substantial organisation with good management and infrastructure, plus ongoing support from the PHO.

The Senior Portfolio Manager, Primary Health Care, provided an explanation of High Trust Contracts. Previously the PHO held lots of smaller contracts in all areas with General Practice, whereas a High Trust Contract reduces transactional processes by bundling together these little contracts and allows General Practice to take responsibility for care of their own patients. It also their responsibility to achieve set activity and outcome measures, however they are given considerable discretion to do so.

There has been significant change in General Practice over the years, however Mr Nadarajah Manoharan questioned whether a survey of patient satisfaction had been undertaken to indicate that such change had been positively received. Management responded that MidCentral DHB factors in the patient perspective with a regular survey of 300-400 patients across 120 general practice teams.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Planning & Support Operating Report

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

Item 1.1.2 Slow Stream Rehabilitation Services in the Community

This service has been in operation for the past 10 years and there has been ongoing difficulty in attracting and retaining physiotherapists within the Horowhenua area. MidCentral DHB has been approached to consider alternative opportunities for service delivery and the DHB is working with the provider towards achieving this.

Item 1.1.5 'Pink Envelope' Initiative

This initiative aims to improve communication between MidCentral Health and aged residential care providers when older people transfer from an aged care facility, into ED/the wards, and back home again. The 'pink envelope' contains key documents that follow that person around the health system. This initiative has been extremely well received and is a simple but effective solution achieved through successful sector collaboration.

Item 1.4.1 Office of the Auditor General, After Hours

This report notes that MidCentral DHB has made progress across all recommendations with the exception of "other access barriers", however this measure is likely to be satisfied with the new after hours arrangement in Horowhenua.

This report also notes good progress by DHBs, but also draws attention to the vulnerability of after hours arrangements, in particular staffing and financial sustainability. This situation is being continually monitored.

Item 1.4.2 Extension of GMS claiming under the PHO Service Agreement

Changes in the national PHO Agreement will allow a broader range of Health Practitioners to claim the General Medical Services subsidy, which is a reflection of positive change within primary care.

Item 1.4.3 Te Waiora Integrated Health Centre

The Committee acknowledged the successful launch of the Te Waiora Integrated Health Centre in Foxton earlier this month. The partnership with Te Runanga o Raukawa and the PHO also looks promising which may present further opportunity to link in with this arrangement.

Item 1.5.2 Children's Teams Update

Levin, Shannon, Foxton and Otaki are to be the third area across the country to gain a "children's team", which is made up of community groups and professionals from the health, social services and education sectors brought together by local people to work in the communities where they operate. The Portfolio Manager, Child & Youth Health, will link with this particular team to help coordinate access to services for vulnerable children.

Item 1.6.1 Safe and Efficient Disposal of Unused Medicines

Medi-Map is a cloud-based medicines administration record which enables prescribers to chart a medicine for a resident from any location. Medi-Map potentially standardises services and improves the quality of medicine management related to medicines supply which is likely to reduce medicines wastage associated with rest homes. Medi-Map has been endorsed by the Ministry of Health and presents significant areas of opportunity across the district.

It was recommended:

that this report be received.

7.2 Finance Report – Result of May 2014

The General Manager, Planning & Support, confirmed that budget surplus of \$2m had been met at end June 2014.

Mr Adrian Broad noted that personnel costs were \$333k unfavourable due mainly to an increase in FTE. Management agreed this was due to variation in the number of position vacancies however this was fully costed for in the upcoming financial 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, 2 September 2014

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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 2nd day of September 2014

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Chairperson