

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 20 November 2012 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Ann Chapman (Deputy Chair)
Pat Kelly
Karen Naylor
Phil Sunderland (ex officio)
Andrew Ivory
Neil Perry

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Jill Matthews, Administration Manager
Barb Bradnock, Portfolio Manager, Child Health
Andrew Orange, Pharmacy Advisor
Jo Smith, Acting Senior Portfolio Manager, Health of Older Persons
Vivienne Ayres, Manager – DHB Planning & Accountability
Ian Ironside, Portfolio Manager, Secondary Care
Nicholas Glubb, Operations Manager, Specialist Regional & Community Services
Doug Edwards, Maori Health Advisor
Carole Chisholm, Committee Secretary
Sarah Valentine, Communications Officer Web
Barbara Robson, Board Member
Richard Orzecki, Board Member
Dr Digby Ngan-Kee, Clinical Director, Regional Women's Health Service
Dr Cheryl Benn, Regional Midwifery Advisor
Tracey Schiebli, General Manager, Service & Business Planning, Whanganui DHB
Doug MacLean, Project Manager, Regional Women's Health Service

OTHER:

Public: (2)
Media: (0)

The Chair extended a special welcome to those attending in relation to the Regional Women's Health Service Development Plan - Tracey Schiebli; Dr Digby Ngan-Kee; Dr Cheryl Benn and Doug McLean.

1. APOLOGIES

Oriana Paewai

5.12

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.

3.2 Declaration of Conflicts in Relation to Today's Business

Karen Naylor declared a conflict in relation to item 5.6 'Regional Women's Health Service Development Plan' due to her staff membership in Women's Health.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 9 October 2012 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. STRATEGIC / SPECIAL ISSUES

Due to the attendance of senior staff for discussion of the paper on Regional Women's Health Service Development Plan, this item was moved to the beginning of the Strategic/Special Issues section.

5.6 Regional Women's Health Service Development Plan

Karen Naylor's conflict was noted. The Committee was happy for Mrs Naylor to speak to this item.

The Chief Executive Officer introduced the report which had been developed over a period of time but the most recent significant aspect had been the decision by both Whanganui and MidCentral District Health Boards to introduce a service model which had one provider across the two districts. A great deal of consultation and participation had taken place and the most important aspect was around integration of the two services.

Management confirmed the Development Plan was in response to the two Boards decisions in June 2012 and described the way in which a Regional Women's Health Service would be created out of the existing two services in two parts. The first would focus on integration and the bringing together of the two services under a common clinical management and governance framework. The second phase would involve an incremental improvement in the quality of service in conjunction with the combined clinical and management teams together with other enablers and activities connected with centralAlliance.

Dr Ngan-Kee expressed confidence that the Development Plan would strengthen services across the region. In addition ten senior medical staff would aid recruitment and retention of that group. In the longer term there would be the opportunity for the development and implementation of a new service plan which would also assist clinicians to progress the service in the most suitable way. This would also support their professional development. A larger critical mass of the service would assist in audit and quality assurance activities.

Dr Benn reported that the effect on midwifery staffing for the two districts was not as great as on the medical staffing.

Doug Edwards entered the meeting.

Ms Schiebli advised that of the Development Plan was a significant opportunity to review systems and processes which would ultimately lead to a service led by efficiencies across the two DHBs.

The Board Chair noted that an issue had been raised at the Hospital Advisory Committee meeting earlier in the day around the financial position. Whanganui DHB showed a deficit out of their commitment to a 24/7 roster while MidCentral DHB had a surplus of \$1.3m. The Committee had questioned the impact this service would have on the \$1.3m surplus.

The Chief Executive Officer subsequently referred to page 5.110 and the line 'Contribution' which showed a contribution for MidCentral Health and a deficit contribution for Whanganui. The concern raised by the Hospital Advisory Committee was that there would be significant change in one place or other in an attempt to remedy the situation. However, this was not the case. The financial positions were current and would stay that way. Whanganui would still incur a deficit as a result of this service even though it would be provided by someone else. There would be a 24/7 cover in both cities and Whanganui's deficit was purely as a consequence of this. It was emphasised that the Development Plan was not an attempt to move the deficit from one place to another, nor change the policy.

A member referred to the deficit, page 5.110, and outcome measures, page 5.86, and questioned how an improved long term financial situation and clinical viability would be achieved.

Management advised that some incremental benefits may arise out of the two services and there was potential for financial improvement.

The Board Chair noted that the costs lay where they fell. Whanganui wished to maintain 24/7 cover and the cost of maintaining their specialists showed them in a deficit situation. There was no detrimental effect on MidCentral Health as a result of the Development Plan because the financial situation would not be revisited in the foreseeable future.

The Chair commented on the fact that although the plan was not financially driven, there had been mention of incremental benefits that would be forthcoming. The Committee's understanding was that the report had to be written as a partnership but maintaining the status quo. However, the fact that the service was not financially driven needed to be written into the report.

A member noted he was very comfortable with the clinical side of the proposals but that the KPIs around the increased Whanau Ora Service and whole of care approach were a little light.

Dr Ngan-Kee referred to clinical and financial sustainability and noted the high cost of having 24/7 rosters and the fact that both DHBs had been highly dependent on locums. The employment of locums was a very inefficient way to run a service and there was no professional development.

Further comments from members around the report were very positive.

The Chair congratulated the team that had worked on the Development Plan over a long period of time. This had involved much consultation and the input of a large number of people. MidCentral Health looked forward to implementation of the service which would be of benefit to both DHBs.

Management advised that Whanganui DHB's Hospital Advisory and Community & Public Health Advisory Committees would discuss the Regional Women's Health Service Development Plan at their meetings on 7 December. These would be followed by the respective Board meetings with MidCentral on 11 December and Whanganui 21 December. Once the plan was approved and governance arrangements were in place, service planning would commence. The expansion of outcome measures to cover the whole patient experience had been noted.

It was recommended:

that the Regional Women's Health Service is implemented in line with the development plan.

Drs Ngan-Kee and Benn; Nicholas Glubb and Doug MacLean left the meeting.

5.1 Update: 2012/13 Regional Services Plan Implementation

Management introduced the report and noted that the new framework enabled a much clearer view of the situation.

Although CRISP was not presently included in the schedule, it would be in the future and a good deal of effort was being put into the project. From this Board's perspective, management was not uncomfortable with progress but the ownership plan required resolution.

It was recommended:

that this report be received.

5.2 2013/14 Regional Services Planning

The paper set out the way forward for 2013/14 both in terms of strategic direction and the underpinning principals. Management invited feedback from members as to whether they met their requirements in terms of discussions at the Combined Boards Forum on 6 November. It was noted that the joint DHB meeting scheduled for 22 November had been cancelled.

Richard Orzecki left the meeting.

A member referred to the first paragraph of the Combined Board Forum Outcome Summary and reiterated his request made at a previous meeting for committee members to be invited. Management confirmed that a request had been made but had been declined due to available space.

It was recommended:

that this report be received.

5.3 2012/13 Annual Plan Implementation – Tobacco: Update 1

Management introduced the report and commented that it was encouraging to see the improvements made and the numbers being dealt with were not inconsiderable. This was particularly so when it was borne in mind that the variable information systems also contributed to different conclusions.

It was recommended:

that this report be received.

5.4 Better CVD/Diabetes Services and Primary Care Development: Annual Plan Update 1

The main point to be highlighted was the Diabetes Improvement Plan approach which had been rolled out as a replacement to the Diabetes Get Checked Programme. The new programme that had been developed enabled up-front payment to General Practice teams on the basis of a Diabetes Improvement Plan developed by the practice. To date two plans had been approved and a third was near completion. This was regarded as an achievement for the district, being the first time a practice had developed a diabetes plan. In the past there hadn't been anything. A practice had been paid for doing annual reviews and collecting data for the PHO performance programme clinical indicators. The Improvement Plan approach was a much more robust system that included contract details and treatment of new diagnoses.

In relation to the Horowhenua Integrated Family Health Centre and changes to service configuration, management advised there was still quite a long way to go in the integration of service elements.

A member noted that Palmerston North did not have an Integrated Family Health Centre due to a lack of capacity to carry out the plan but questioned whether there were alternative means of resolution. Management advised that the number of GPs had been increased. However, a major part of the problem lay in how the work would be undertaken.

It was recommended:

that this report be received.

5.5 Increased FTE Child Development Service

Management advised that this matter had been approved during the annual planning process. The requested increase had been approved and was under action. The paper had been included for member's discussion.

The Chair noted the incidence of Autism Spectrum Disorder (ASD) and questioned whether any research was being undertaken to look at why the prevalence existed. Discussion on a previous occasion had indicated ASD was being captured more readily.

Management confirmed that the reason for the increase was unknown.

The recruitment phase was about to commence and the service was extremely grateful for the extra resource to support families where previously there had been none. No difficulties in recruitment were envisaged.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Funding Division Operating Report – September 2012

Item 3.2. 2 The Annual Plan and Whanau Ora

Management reported that the meeting on 19 November had been very successful. The two respective programmes were up to Phase II where they were required to develop detailed plans so still had quite a long way to go. A good deal of the annual plan area related to how the DHB could support the Whanau Ora programme.

5.16

The Chair noted that there had been a request from this committee to have some learning about Whanau Ora and it was hoped this would occur in the future so as to ensure a better understanding.

Item 3.3.1 Service Development Plan 'Rising to the Challenge'

In terms of Mental Health and Addictions and in response to a member's query around the reason for the high use of seclusion and why numbers were so high, management advised that seclusion was an acceptable form of patient management in a Mental Health facility. It was noted that these were national audit rates. Individual clinicians made the decision as to how they chose to pharmacologically manage a patient and some were more aggressive than others. The District Inspector followed up on all seclusions as part of the human rights framework, so as to ensure people were properly managed in all manner of environments.

Reference was made to Mental Health planning and whether members would be aware of the changes in criteria through the annual planning process. Management confirmed that there would be greater visibility with a number of priorities for action. The Board would subsequently choose those to be undertaken and at what period of time.

Item 3.4.3 Healthline Utilisation

Following an enquiry around utilisation measurement, management advised that this was measured on the number of calls per head of population of the district. As to areas of high risk in the district, the reports received were not broken down to specific localities and therefore were statistically unknown.

Item 3.5.1 Collaborative Clinical Pathway (CCP) Programme & Map of Medicine

Management noted that a good number of pathways had been developed and these would be on the desktop of General Practitioners who will be able to measure uptakes. In response to the Chair's request to view the Map of Medicine on a computer, management would endeavour to meet this request at a future date.

Item 3.6.3 KYS Outreach Youth Health Service Otaki

Staff were commended for getting the Youth Health Service up and running in Otaki.

Craig Johnston left the meeting.

Item 3.7.1.2 Community Pharmacy Anticoagulant Monitoring Service (CPAMS)

This service followed a pilot of 15 sites and was assessed by the School of Pharmacy at Auckland. Three pharmacies in the region had been chosen to offer the dosing of warfarin service and were situated in Foxton, Levin and Dannevirke.

Following an enquiry as to whether the three pharmacies were the only ones suitable, management advised they were the most suitable for the funding allocated. There were two more funding allocations due in the next twelve to eighteen months and at that stage further expressions of interest would be requested.

It was recommended:

that this report be received

Muriel Hancock and Barb Bradnock left the meeting.

6.2 Finance Report – September 2012

The financial forecast reflected a small surplus to budget. Any surplus the funder showed was mainly due to funds which MidCentral Health would rightly be entitled to. At the present time that funding sat within the funder but would ultimately be transferred to the provider arm.

Craig Johnston returned to the meeting.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

The Chief Executive Officer advised some slippage had occurred but catch-up was expected early in the New Year. The Investment Plan would be submitted directly to the Board. However, an Investment Plan Workshop would be held on 5 February 2013 for both Hospital Advisory and Community & Public Health Advisory Committee members to attend if they so chose.

With reference to the Quarterly Schedule of Committee Commitments it was noted that there had been interest expressed in holding a workshop on Whanau Ora. This proposal would need to be included in the Board evaluation when planning for the year ahead. The Map of Medicine was also raised and was another possible workshop the Committee may wish to carry forward.

Members advised their appreciation at the early receipt of both Regional Women's Health Service and Renal Workshop papers which they found most helpful.

In response to concern that there would be insufficient time to adequately consider the Investment Plan, the Chief Executive Officer advised that members would receive a paper at the next Board meeting in December and a workshop had been scheduled on 5 February 2013. This would be followed by discussion at a further Board meeting. Between the December Board meeting and the workshop, members could give management further questions.

It was recommended:

that that the updated work programme for 2012/13 be noted.

8. FOR INFORMATION ONLY

8.1 Improved Access to Elective Services: Update 1

It was recommended:

that this report be received.

8.2 centralAlliance Annual Plan Initiatives

It was recommended:

that this report be received.

9. LATE ITEMS

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

10. DATE OF NEXT MEETING

Tuesday, 5 February 2013

5.18

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:

<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>Price and Volume Schedule</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Feilding Integrated Family Health Centre – DHB Support</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Contracts Update</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 5th day of February 2013

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Chairperson