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MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 19 March 2013 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

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Craig Johnston, Senior Portfolio Manager, Primary Health Care
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
Doug Edwards, Maori Health Advisor
Carole Chisholm, Committee Secretary
Bayleigh Hayston, Communications Officer
Barbara Robson, Board Member

OTHER:

Public: (0)
Media: (1)

1. APOLOGIES

An apology was received from Oriana Paewai and Neil Perry was absent.

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

Pat Kelly noted a conflict in relation to item 2.1.3 of the Planning & Support Operating Report 'Social Housing for Older Adults' in view of his role as a City Councillor and the integrated

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approach between the DHB and the Palmerston North City Council. The Chair advised that as there was no perceived impact with that conflict, Mr Kelly was free to participate in any discussions.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 5 February 2013 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

Management confirmed that a response to Horizons regarding the Health Shuttle had only just been sent.

5. STRATEGIC / SPECIAL ISSUES

5.1 Non-Financial Performance Measures: Quarter 2

Management spoke to the report and noted that the only difference in terms of the range of measures reported in Quarter 1 was in Mental Health Services which only reported six monthly. The area of shorter wait times and access rates therefore appeared for the first time.

Overall MidCentral DHB was considered to be performing well and three of the health targets continued to be achieved. Areas where improvement could be taken were around the diabetes detection and management rates. Some changes in reporting against diabetes detection were planned for the 2013/14 year. It was noted that the annual Get Checked programme was replaced with the diabetes care improvement approach which was being embedded over the current and 2014/15 years. System integration measures which focussed in particular on standard intervention rates and the long stay sensitive rates were not good for 0 – 4 years.

The standard intervention rates for cataracts were about the same as the previous year and there has been an improvement in the major joints rate. Of particular note was the attention to cardiology and cardiac surgery where more emphasis would be placed in the 2013/14 year. Cardiac surgery intervention rates were particularly stretched for the region, not just MidCentral Health.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Planning & Support Operating Report

Item 2.1.1 Increased Day Care Services Across the District
In response to an enquiry concerning respite care in Dannevirke, management advised that the issue was around fluctuating numbers and this was one of the difficulties in maintaining a service in a smaller community. An example was given where there had been eight patients in the previous week and only four in the current.

The question of sustainability was raised and whether in areas of small population there was a way of centralising activities which would allow greater access. Management reported that a project was under way to look at respite coordination and this had been well received by the Dannevirke community.

Item 2.1.3 Social Housing for Older Adults
Pat Kelly confirmed his conflict and noted that this project was an example of how two organisations could perform together and the importance of their doing so. A copy of the strategy would be brought to the next meeting.

Item 2.3.1 Launch of Kia Piki Te Kaha Suicide Prevention Service
Management confirmed Dr Mason Durie, a Psychiatrist in his early career, had constructed a Maori Health Model with four dimensions which were in and around strengthening the identity of Maori.

Karen Naylor noted that Palmerston North had the highest proportion of its population in the 18 – 25 year age group in the country. This was thought to be due to the education facilities in the city such as Massey University, University College of Learning (UCOL) and the International Pacific College.

Item 2.4.1 Inter District Flows (IDFS)
In response to an enquiry around the Regional Plan funding of electives and whether IDFs would be an impediment, management advised that it would be seen as a barrier as someone else would have to be paid. However, it had been reported at the Hospital Advisory Committee earlier in the day that the Operational Director, Hospital Services and her regional colleagues had met with the Ministry of Health who were quite comfortable that DHBs made their own plans to get their electives to the right place by 30 June.

One possible problem area was cardiothoracic. With the capacity at Capital and Coast DHB MidCentral Health should be sending more people to Wellington. It was noted this would result in more patient outflow at a greater cost.

Comment was made that the Board tended to over provide for patient outflows but should the DHB not attain that estimate, the money would be returned.

2.5.1 GP Training Update
It was confirmed the Board was not paying for the Whanganui placements of GP Registrars.

At a previous meeting the committee had allocated a sum of money to support General Practitioners to provide liaison services around GP training. Management advised that this had been working well and good progress made. A pilot programme had been conducted a few years previously where the Board employed trainees. They were now employed by the Royal NZ College of GPs which had had a very positive effect.

Following an enquiry about Whanganui trainees, management noted that the College treated Whanganui and MidCentral as a single area.

2.6 The Child & Youth Compass
This was a new initiative that had been driven by the Children's Commissioner. The new scorecard followed a previous effort dating back to 2004 which was not well regarded by DHBs. The Portfolio Manager, Child & Family had been involved in the steering group that developed the new scorecard. DHBs were concerned that early versions required answering an extensive range of questions. There had been considerable resistance from some of the larger DHBs who considered it too large. As a result of this feedback, the new scorecard had been simplified and was based on self-rating. Boards would be sent a revised scorecard on 28 March.

2.7.1 CPSA Variations Signed
Management noted the implementation phase was in progress and funding electronic applications to assist pharmacies with raising their LTC patients was ongoing. The system went

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live the previous week and adjustments would be made for a period of time to ensure Pharmacy and DHB needs were being met.

2.7.2 Transition Support for Long Term Conditions Exceptional Circumstances Patients
Three applications had recently been received for transitional support. Because of the current issues with the website, it had not been possible to register some LTC patients. It was confirmed that sufficient funding was available.

Appendix 1 - Quality Improvement: An Excerpt from Central PHOs Annual Report 2011/12
It was noted that the number of Cornerstone accredited GP Practices had risen from 10 – 16 and Central PHO had been issuing strong signals that all contracted practices should have Cornerstone accreditation.

Cornerstone was similar to other forms of accreditation but achievement did not mean the process was complete. Cornerstone, which was voluntary, changed regularly and Practices had to keep up to date.

Following a member's comment that the expectation that all contracted Practices be working towards achieving and maintaining accreditation by June 2015 was quite long, it was pointed out that Cornerstone was a lengthy process to go through. Practices would take some months to work through and the College that ran Cornerstone also had limited resources.

It was recommended:

that this report be received.

6.2 Finance Report – February & March 2013

Management advised that notwithstanding a small number of unders and overs, the forecast was extremely positive.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

The Chief Executive Officer spoke to his report and advised the small number of agenda items was mainly due to discussions to be held around the annual plan in Part 2 of the meeting.

The next agenda would include 2012/13 annual plan implementation updates on 'Immunisation' and 'Child Health'. Management advised that in general terms the 'Immunisation' report would be an overview of where the Board was at and how it was going to stay there.

Craig Johnston left the meeting.

With regard to 'Child Health', there was a likelihood the Board would be starting to see a consolidation and more reliance on other Government agencies.

Jeff Brown entered the meeting and was invited to comment on the content of the upcoming 'Child Health' update. Dr Brown advised that most papers prepared by the Portfolio Manager, Child & Family went past him so he was able to have input. Health and Children was not so much about health as it was unable to work without all the other agencies including the City Council and without their buy-in no improvement would be made.

The Chief Executive reported that prior to the next meeting on 30 April, a Clinical Governance Workshop would be held, led by Dr Nick Chamberlain, the CEO from Northern DHB.

Craig Johnston returned to the meeting.

It was recommended:

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

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 30 April 2013

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:

Item	*Reason*	*Reference*
"In Committee" Minutes of the Previous Meeting	*For reasons stated in the previous agenda*	
2013/14 Annual Plan	*Under negotiation*	*9(2)(j)*
Pharmac Pharmaceutical Budget 2013/14	*Subject to obligation of confidence*	*9(2)(ba)*
Community Child Health Hub	*Subject of negotiation*	*9(2)(j)*
Wimbledon Villa	*Contract negotiation*	*9(2)(j)*

Confirmed this 30th day of April 2013

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Chairperson