

# MidCentral District Health Board

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## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 11 June 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)  
Barbara Cameron  
Pat Kelly  
Karen Naylor  
Phil Sunderland (ex officio)  
Oriana Paewai

*Unconfirmed Minutes*

### **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  
Jo Smith, Senior Portfolio Manager, Health of Older Persons  
Vivienne Ayres, Manager, DHB Planning & Accountability  
Claudine Nepia-Tule, Mental Health & Addictions Portfolio Manager  
Doug Edwards, Maori Health Advisor  
Mo Kaka, Population Health Programme Coordinator  
Carole Chisholm, Committee Secretary  
Bayleigh Hayston, Communications Officer  
Jason Keall, Communications Officer  
Chiquita Hansen, Clinical Director, Central PHO (part)  
Joe Howells, General Manager, Central PHO (part)

### **OTHER:**

Public: (1)  
Media: (0)

The Chair welcomed Chiquita Hansen and Joe Howells to the meeting.

#### **1. APOLOGIES**

An apology was received from Andrew Ivory 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 to the Register of Interests.

### **3.2 Declaration of Conflicts in Relation to Today's Business**

Phil Sunderland referred to Item 3.3.2 'Government Settlement Agreement for Sleepovers' of the Funding Division Operating Report and noted that he was the Solicitor for MASH Trust.

Karen Naylor advised a conflict in relation to Item 5.5. 'Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 3, 2012/13' due to her involvement with the Care Capacity Demand Management Programme.

Barbara Cameron referred to possible discussion concerning the Feilding Integrated Family Health Centre and noted elected membership of the Manawatu District Council.

The Chair advised that she saw no implications as a result of Phil Sunderland, Karen Naylor and Barbara Cameron being present during consideration of their declared conflicts and was comfortable for them to participate in any discussions.

## **4. MINUTES**

### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 30 April 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**

In response to an enquiry as to why the Integrated Family Health Centre (IFHC) project had not gone via the Community & Public Health Committee back to the Board, management advised that this had been due to a timing issue only, rather than a specific reason.

## **5. STRATEGIC / SPECIAL ISSUES**

Due to technical difficulties, the annual presentation from Central PHO was delayed until after discussion of item 5.3 'centralAlliance Joint Strategic Plan'.

### **5.2 Reviewed centralAlliance Foundation Agreement**

The Chief Executive Officer spoke to his report and noted that in 2009 MidCentral DHB signed a Foundation Agreement with Whanganui DHB. That agreement had now been in existence for four years and was due for review. A redraft had recently been completed under the guidance of the centralAlliance Board Sub-Committee which contained two members of this committee and a number of representatives from both Boards.

Approval was presently being sought to forward the agreement to the Board for consideration. Para 4.2 on page 5.2 noted the proposed changes and the detailed changes appeared in the tables on pages 5.3 and 5.4.

With respect to the amended and restated Foundation Agreement, it was noted that Para D2 , page 5.14, 'Overarching Outcome' was an explicit and updated statement of the philosophy.

A member referred to para D4 'Regular Meetings' and the sentence "Both parties acknowledge that regular meetings of their appointed representatives (held in person or by telephone) ....." Following discussion it was agreed that the word "telephone" should be amended to read "telecommunication devices".

It was recommended:

*that the Reviewed Foundation Agreement be considered by the Board.*

### **5.3 centralAlliance Joint Strategic Plan**

The Chief Executive Officer confirmed that the term "two populations one system" was the desired outcome. This raised the question of how such a system could be achieved and how the Board would know what it was striving for. In discussion at the centralAlliance Sub-Committee it had been concluded that in order to know future needs, a Strategic Plan would be required for the two districts. It was noted that with one system there would still be two autonomous DHBs and two providers and there was no intention to change that. The Strategic Plan could be delivered in numerous ways and the Committee was requested to give consideration and provide advice as to the breadth and scope of that Strategic Plan.

Questions raised included:

- Whether it was to cover all the activities undertaken as DHBs in its widest sense;
- Whether it was the combined populations;
- Whether it was Primary, Community, Secondary, Tertiary – all activities; or
- Continue to be more event driven and should there be a start to focus on future events;
- What was expected to happen in the next three to five years;
- If members wished management to develop a Strategic Plan what would be the depth and scope of that.

Recommendations (approach to plan) appeared on Pages 5.33 to 5.35.

In response to a member's question, management confirmed that the original District Strategic Plan (2005 and 2008) had lapsed. More recent legislation changes had removed the need to provide a Strategic Plan and this was now voluntary. It was also noted that the production of a Strategic Plan did not replace the Annual Plan. It was probable that Whanganui DHB had previously produced a Strategic Plan but this would also have lapsed.

A member confirmed his acceptance of the paper's philosophy and the recommendation regarding the process. Following his enquiry as to whether a less or more formal consultation process would be undertaken than with the Regional Women's Health Service (RWHS), management advised there had been two processes involved. With respect to the RWHS, Whanganui DHB had undertaken a consultation process and MidCentral DHB an engagement process.

The Chair noted that there had been some learnings from the Regional Women's Health Service and a public consultation process was a good idea.

A member commented that she was not averse to strategic planning. If there was no long term plan then there was a strong reliance on annual planning. It was being responsible as a Board to consider what the DHB would look like in ten years time. A framework could be scoped out despite the fact that there was a high likelihood things would change. There was a need for regional consideration but it was in the Board's interests to be looking forward.

A further comment made by a member advised that she was entirely comfortable with the proposal and would support a formal consultation process, particularly as it added value and gave people the opportunity to have input.

Management noted that the paper contained a number of principles and themes, some of which were contradictory and others of which had significant potential implications. For example, the principle of achieving equitable health outcomes across the combined DHB districts had implications in terms of the distribution of resources between the districts and was not consistent with the principle of each DHB continuing to be responsible for its own population. Equitable health outcomes was likely to involve the transfer of resources from one DHB to another.

A member commented that rather than equity of outcome, the more relevant principle was equity of access to services, and that this should be consistent across the two districts. This was discussed and a number of issues raised. It was agreed that there was not currently equity of access because the DHBs had invested in different service configurations. As an example Whanganui had more spend on secondary care and less on primary health and integration compared to MidCentral. Moving forward, each DHB's ability to provide equity of access was affected by its ability to pay for it.

In terms of the process for developing a combined strategic plan, it was important to encourage participation and debate and to focus on what would be different for the patient. Learnings from the Regional Women's Health experience were that top down planning did not work as a planning approach. A more inclusive approach was required.

The Chair noted that the proposed approach to a combined strategic plan involved a long journey which allowed time for the Board to develop the strategic plan's scope and principles. This was an opening discussion and did not need to get too focused on the detail. The current paper was also being considered by Whanganui DHB committees. It was important that the issues and requirements of each DHB were teased out. Within the combined strategic plan, it was important that each DHB retained its autonomy and its own annual plan. The significant point at the present stage was to decide whether the Board would proceed with a joint strategic plan.

A member supported the overarching principle of working with Whanganui DHB on a combined strategic plan. She noted that there were a number of areas of concern within the proposal which needed to be worked through very carefully, and that it was too early to look at the detail. Great care would be required with the principles so there would be no financial disadvantage to either board.

It was recommended:

*that the Strategic Scope be considered by the Board.*

### **5.1 Annual Presentation from the Central PHO**

Mr Joe Howells (General Manager, Central PHO) and Ms Chiquita Hansen (Clinical Director, Central PHO) provided an update on Central PHO activities and developments. The Powerpoint presentation would be forwarded to members following the meeting.

### **5.4 Update 2012/13 Regional Services Plan Implementation**

A member enquired about the issue identified with colonoscopy in relation to the national prioritisation tool and data collections. It was clarified that this issue related to Hawkes Bay DHB and was around data collection systems rather than the service. The endoscopy quality improvement tool to be implemented in the 2013/14 year should support service delivery related to patient flow.

It was recommended:

*that this report be received.*

**5.5 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 3, 2012/13**

It was noted that this report was very comprehensive and brought together data from a number of different sources.

A member noted that diabetes detection was tracking low. Management explained that there were changes occurring in diabetes indicators and measures, and also that performance was improving as was demonstrated by the Central PHO presentation earlier.

It was recommended:

*that this report be received.*

**5.6 CVD/Diabetes & Primary Health Care Update**

Management provided an update on progress with the Diabetes Care Improvement Plans. There were two general practice teams with approved plans in place and one more that had been recently approved. Another group were working on plans. The experience of the first few practices was that the new approach was great.

It was recommended:

*that this report be received.*

**5.7 2012/13 Annual Plan Implementation – Tobacco: Update 1**

In response to an enquiry about progress with the Te Ohu Auahi Mutunga service. Management noted that this service was now approximately 15 months old. There had been recent meetings with the service’s governance group and a further meeting was scheduled with the management team shortly. The DHB was looking to see improvements in referral rates and in successful quits.

It was recommended:

*that this report be received.*

**6. OPERATIONAL REPORTS**

**6.1 Better, Sooner, More Convenient (BSMC) Business Case Evaluation**

In response to an enquiry concerning the factors that might explain the high utilisation of ambulance services within the district, management advised that this pattern was at odds with the relatively low level of ED attendances. Following a query as to whether the Horowhenua Urgent Care in the Community service was responsible, management were of the view that the Horowhenua service was too small to account for the discrepancy.

In relation to an enquiry around the status of the Aspirational Targets, management advised that the Alliance Leadership Team (ALT) had decided to renew all BSMC Business Case initiatives for a further 12 months to 30 June 2014, and therefore the Aspirational Targets would continue to be monitored. The Alliance Leadership Team would also continue, but in its new guise as a combined PHO/ALT.

A member referred to the low ratio of GPs to enrolled population, and questioned whether if adding in nurse and Nurse Practitioner consults into the GP ratio would alter this view. It was

explained that currently there was no satisfactory reporting system to accurately count the number of nurse consults, but in general the number was still fairly low and would not materially alter the ratio.

It was recommended:

*that this report be received.*

## **6.2 One Patient's Journey**

Management advised that slow but steady progress was being made. This issue involved multiple services and a range of different agencies.

It was recommended:

*that this report be received.*

## **6.3 Planning & Support Operating Report**

### *Item 3.4.1 PHO Contract*

In response to an enquiry as to what was meant by the new PHO contract requirement that PHOs provide more transparency of service information, management advised that a lot of the new requirements related to more transparency around general practice performance, and that this included provision of non-anonymised information. However, all references to information in this context related to statistical information; there was no information pertaining to individual patients. It was all consistent with the Health Information Privacy Code.

### *Item 3.4.2 Rural Workforce Recruitment and Retention and Bonus Funding*

Following an enquiry as to what the impact of the changes in the Rural Workforce Recruitment and Retention funding scheme would involve, management advised that the current scheme would continue for a further year. Currently, Tararua and Otaki practices received funding through this mechanism.

### *Item 3.6.1 Before Schools Checks*

It was noted that MidCentral had achieved target for the Before Schools Check. The Committee applauded this result.

### *Item 3.7.1 Community Pharmacy Services Agreement (CPSA) Monitoring Report*

A member noted the slow uptake of Long Term Condition patients. Management explained that this was in a growth phase. Future stages of the roll-out of the new agreement would see more remuneration for Long Term Condition patients which should result in a significant growth in registrations.

Management provided an update on an emerging issue with Liverpool Care of the Dying (LCD). Arohanui Hospice had hosted a national office for LCD. Funding for this office had now ceased. Arohanui has been unsuccessful in obtaining further funding, and accordingly the office would close from 30 June 2013.

It was recommended:

*that this report be received.*

## **6.4 Finance Report – May 2013**

Management advised that the year was progressing well and would end in a positive position. 2013/14 looked likely to produce a good result for the Funder as well. However it was anticipated to be tight for the Provider, so having the Funder in a good position was very sound.

In response to a member's enquiry concerning the prevalence of dementia and future demand for services, management advised that with demographic changes, demand for dementia services was expected to increase across the country. MidCentral DHB had a good understanding of the dementia situation within the district. There was a lot of work going on in that area with the development of a local dementia framework, including the work undertaken within the Collaborative Clinical Pathways project. There would be further papers to CPHAC in future months.

It was recommended:

*that this report be received*

## **7. GOVERNANCE**

### **7.1 Committee's Work Plan 2012/13**

The Chief Executive Officer advised a slightly different format was being trialled. This was well received by the committee.

It was noted there would be a Map of Medicine workshop on 23 July 2013.

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, 23 July 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:*

<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>Planning &amp; Support Operating Report – Part 2</i>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>

Confirmed this 23rd day of July 2013

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Chairperson