

MidCentral District Health Board

5.14

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Monday, 13 February 2012 at 1pm at MidCentral District Health Board, Rooms A & B, Education Centre, Gate 11, Ruahine Street, Palmerston North

PRESENT:

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

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemman, Committee Secretary
Cheryl Benn, Regional Midwifery Advisor
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Ken Clark, Chief Medical Officer
Dennis Geddis, Team Leader, Communications
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Megan Sendall, Contractor, Health of Older Persons
Barb Bradnock, Portfolio Manager, Child & Youth Health
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Andrew Orange, Pharmacy Advisor
Hentie Cilliers, Regional General Manager, Human Resources
Lyn Horgan, Operations Director, Hospital Services
Jill Matthews, Principal Administration Officer

Julie Patterson, Chief Executive Officer, Whanganui District Health Board
Tracey Schiebli, Business & Services Planning General Manager, Whanganui District Health Board

OTHER:

Public: (4)
Media: (1)

1. APOLOGIES

An apology for absence was received from Oriana Paewai and Neil Perry.

5.15

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

Karen Naylor identified a conflict in relation to agenda item 5.1, Regional Women's Health Service (RWHS) in respect of her work within women's health. The Committee agreed that she would remain at the meeting and be able to fully participate in discussions relating to this item.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 6 December 2011 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

Andrew Ivory raised a query regarding Suicide Prevention Services' development. Management replied that there will be further investment in the area of Mental Health and Addictions going forward and that this is noted within the Annual Plan.

The Chair also noted the Committee had received a copy of the paper titled, 'Palmerston North Maori Community Profile', and iterated that specific health services for Maori people were continually being identified and assessed in order to improve and progress health outcomes.

5. CENTRALALLIANCE

5.1 Regional Women's Health Service (RWHS)

Diane Anderson, Chair, invited comments from the public regarding the Regional Women's Health Service proposal. A representative from the New Zealand College of Midwives addressed the Committee and commented on the extensive workload currently undertaken by midwives and that the prospect of managing another DHB's workload is somewhat daunting. Support was also expressed for consideration of the development of a Primary Birthing Unit in Palmerston North. The Committee noted these comments accordingly.

Murray Georgel, Chief Executive Officer, MidCentral District Health Board, then noted an apology for absence from Dr Digby Ngan Kee, Clinical Director, Regional Women's Health Service. Murray read a letter from Dr Ngan Kee to the Committee which clarified a need for fundamental change to secondary care to ensure continuity of service delivery. Dr Ngan Kee also requested that the Committee to consider the proposal carefully and in its entirety. A copy of this letter is appended for reference.

Ken Clark, Chief Medical Officer, addressed the Committee and noted three specific aspects of the proposal. Firstly, that a real problem has existed for some time and needs a proactive solution to ensure safe and ongoing service delivery. Secondly, that the proposal has been thoroughly worked up by both clinicians and management from both MidCentral and Whanganui District Health Boards. Lastly, that there will be flow-on effects, within areas such as primary care structure and the Lead Maternity Carer (LMC) community. It is acknowledged that implementation of this proposal will create tremendous implications in the broader sense, not just within Women's Health, therefore it is important that this process is managed with great care and sensitivity.

Cheryl Benn, Regional Midwifery Advisory, offered a midwifery perspective in that the current arrangement in Whanganui is a patchwork system and that limited obstetric cover creates enormous stress on practitioners. This has a significant impact on midwives in both districts (11 LMCs in Whanganui and 61 in Palmerston North).

Approximately 400 births of the 800 annual estimated births in Whanganui will need to be transferred to and managed at MidCentral, however midwives will still be needed for both antenatal and postnatal care. Consideration therefore needs to be given to the retention of midwives across both districts, as well as ensuring a viable income for LMCs and maintaining a manageable workload for hospital midwives.

Nicholas Glubb, Operations Director, Specialist Community & Regional Services, offered a management perspective and verified these issues are long-standing and have been thoroughly identified so that appropriate feedback may be received. The proposal is clinically-led and needs to be supported by management so as to achieve a level of clinical service delivery which is both safe and sustainable.

Julie Patterson, Chief Executive Officer, Whanganui District Health Board, reiterated the need for the provision of strong, secure and sustainable services for the Whanganui community.

The Committee received these comments. It was also confirmed that the Primary Birthing Unit initiative would also be open for consideration and discussion.

Firstly, Andrew Ivory sought feedback from the Whanganui DHB Committee meeting held last week. It was advised that further information had been requested clinical risk and exploration of other options to mitigate such risk. Clearer definitions around accommodation and transport processes were also requested. This information would be provided to the Committee but in the interim the proposal needed to be considered on its own merits and impact from a MidCentral perspective.

Next, Karen Naylor agreed that there needs to be change to ensure safe and sustainable service delivery across both districts. She queried whether all possible options had been exhausted, and whether some secondary services could be retained in Whanganui. She also asked what public engagement and staff consultation would look like and how this information would be reported back to the Committee.

Management advised that MidCentral DHB is open to engagement with any number of interested community groups, whereas Whanganui DHB has set up a number of public meetings. As this is a joint proposal all information will be shared between both DHBs. Committees need to receive and evaluate this information in order to make recommendations for both Boards.

Ken Clark stated the need to be aware of all potential risks, both for the status quo and proposed model. An assessment of specific clinical risks is yet to be undertaken and in the interim this proposal should be assessed on balance. Both Boards will duly be informed of current and literal risks, which can be identified and minimised but it is important to realise that some level of risk will always exist.

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Secondly, Whanganui will retain some secondary services, including secondary clinics, gynaecology services, and elective caesarean sections. Acute secondary obstetric services will not be retained.

Karen Naylor then asked if consideration had been given to splitting up the working week to provide adequate obstetric cover. This option has been evaluated as another patchwork arrangement and is not a preference supported by either DHB.

Mrs Naylor queried whether there were any additional options for further recruitment to the region. Ken Clark acknowledged the problem of staff recruitment and retention and commented that this is not a problem specific to the Whanganui district. The issue is not remuneration or location, but that employment becomes unappealing due to demands placed on time, including on call availability.

Mrs Naylor received and noted this information accordingly.

Ann Chapman expressed her awareness that this is an ongoing problem. Principal concern is for the safety of both mother and baby, as well as for clinicians. This proposal may not be the final model that is implemented but at present there appears to be no other viable alternative.

Discussion then turned to the possibility of establishing a Primary Birthing Unit in Palmerston North. Management advised that a feasibility report had been written in 2009/10 as part of the Board's Work Programme. Given that an amount of fundamental work has already been undertaken it would not be difficult to refresh and update this information.

Karen Naylor requested that the Primary Birthing Unit option be considered alongside the Regional Women's Health Service (RWHS) proposal as it has a direct impact on both bed and theatre capacity at MidCentral Health. She argued that this option needs to be considered alongside all feedback and consultation and that the concept needs to be included with this proposal, as well as the capacity changes likely in the event of a Primary Birthing Unit.

Discussion ensued and the Committee agreed to look at the option of Primary Birthing Unit in 2012/13 but decided to focus on the Regional Women's Health Service (RWHS) proposal at this juncture. It was agreed that from a sub-regional perspective this proposal is appropriate and offers the best possible service for the MidCentral and Whanganui joint communities.

It was noted that the Whanganui DHB's Board had asked for an assessment of current and future clinical risk and outcomes. It was confirmed that MDHB's Committees and Board would also receive this information.

It was recommended:

that the general direction set out in the Regional Women's Health Proposal be supported in principle, acknowledging the issues and keeping an open mind; and, that public engagement and staff consultation on the proposal be undertaken, with the results reported back to the Board, and

that the Committee notes the following:

- *the proposal is conditional upon approval of the MidCentral DHB associated Capex Business Case*
- *the proposal is also conditional upon the support of the Whanganui DHB*
- *a detailed Service Plan will be developed, outlining how the service will operate*
- *the final proposal and implementation plan will be reported to the Board in April 2012, and that a special Board meeting be held on Tuesday 24 April 2012 accordingly*

5.2 Maternity and Theatre Facility Development

It was noted that this business case paper is a companion paper to the RWHS proposal.

It has relevance for the Committee in that an increase in theatre capacity is likely to lead to an opportunity to increase levels of elective surgery. It is anticipated that elective surgery will continue to grow thereby creating a demand on future capacities.

Additionally, the Investment Planning process is being run in parallel with this proposal and there will be considerable capital expenditure over the next 4-5 years leading to significant reconfiguration across the district.

Karen Naylor expressed her concern at this business case proposal, specifically the request for \$100,000 for the engagement of architectural, engineering and quantity surveyor building consultations to determine and cost a preferred operational and business location for a dedicated obstetric and acute gynaecology theatre. She asked where this initiative fits within the prioritisation framework and whether other options had been considered.

Management advised that time is a factor and the business case needed to be evaluated in parallel with the RWHS proposal. \$100,000 is a nominal amount to invest to determine the level of facilities required now, or in the very near future.

Mrs Naylor further queried the level of theatre capacity freed up in Whanganui, as well as the possibility of outsourcing theatre services or utilising private sector resources. She asked that her lack of support for the recommendations below be duly noted.

The Committee expressed concern that this business case was being considered before the DHB's Investment Plan had been determined. The risks around this were noted and it was agreed details of mitigations, etc would be covered when the business case was submitted to the Board in April. The Committee asked that the financial impacts of this unplanned capital spend also be addressed in the business case.

It was recommended:

- 1) *that approval in principle is given to the facility changes required to support the provision of a Regional Women's Health Service at Palmerston North Hospital at an estimated cost of \$4.399m, subject to the support of both MidCentral and Whanganui DHBs' Boards for the Regional Women's Health Service Proposal;*
- 2) *that subject to (1) above, approval be given for the engagement of architectural, engineering and quantity surveyor building consultations to determine and cost a preferred operational and business location for a dedicated obstetric and acute gynaecology theatre at an estimated cost of up to \$100,000, with the results to be reported back to the Board in April 2012;*
- 3) *that the Committee note that:*
 - *the business case of \$4.399m includes the \$100,000 fees in (2) above, a dedicated obstetric and acute gynaecology theatre at an estimated capital cost of \$3,735,000, building changes to the delivery suite and maternity ward at an estimated capital cost of \$340,000, together with estimated clinical and other capital equipment of \$224,360;*
 - *operating costs associated with these changes are estimated to be \$1,146,898 and these have been incorporated in the separate Regional Women's Health Service Proposal;*
 - *the increased theatre capacity will provide both for the projected increase in women's health volumes as a result of the Regional Women's Health Service Proposal and growth in other elective surgical work – 25% RWHSP work / 75% elective growth;*
 - *a final business case will be submitted to the Board in April 2012.*

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6. STRATEGIC / ANNUAL PLANNING

6.1 Regional Services Plan Update

The Central Regional Quarterly Report Summary (October – December 2011) provides an assessment of risks or issues affecting deliverables or timeframes around regional implementation plans. Two areas within Regional Radiology Services were noted as having major risk, being IT Infrastructure and Radiology Workforce.

Andrew Ivory requested an update around the appointment of a Programme Director for the CRISP project. Mike Grant advised that an interview is to be conducted this week and it was anticipated that an appointment would be announced by the end of February.

It was recommended:

that this report be received

6.2 Long Term Condition Strategy Scorecards

This report provides an update on progress against medium and long term outcomes as defined in the chronic condition service plans which reflects the DHB's areas of investment in this area.

Diane Anderson requested an analysis of expenditure, alongside an assessment of whether this investment has provided the best value for money. It was advised that the proxy for this is an update of the Health Needs Assessment which demonstrates improvements in life expectancy and increased access to services, amongst other indicators. There are many variables to consider in making an accurate assessment and there is no measurement tool to specifically calculate value gained, however general indicators clearly show that there has been a noticeable improvement in overall population health.

It was recommended:

that this report be received

6.3 Home Based Support Services Review

This paper provides an update on progress to review Home Based Support Services as signalled in the 2011/12 Annual Plan. This is an important area to strengthen over the next few years in order to structure better support for those who require care in their own homes, as well as enhancing the overall quality of care.

Consistent service specifications need to be achieved around eligibility for services and availability of services, especially within the area of personal health.

Diane Anderson then asked if the workforce was readily available to support such initiatives. It was acknowledged that there are workforce shortages and this needs to be addressed by offering more permanent employment, as well as a defined career path, increased remuneration, and up-skilling and training opportunities.

It was recommended:

that this report be received

6.4 Central Region DHBs Benchmarking of Services for Supporting Older People

This paper provides information for Central Region District Health Boards (DHBs) about certain characteristics of their older population and related provision of support services.

Andrew Ivory sought an explanation around Table 1: 2010-11 Ethnicity for People Over 65 Years. It was clarified that only 5.1% of the over 65 Maori population in the MidCentral district have been assessed for access to services. This figure also reflects a higher mortality rate for Maori where not many live to the mainstream benchmark of 65 or over.

Diane Anderson then commented on Table 4: 2010-11 Turnover of Registered Nurse Managers in Hospital Continuing Care Facilities in that the figure of 47% turnover for the MidCentral region was particularly high. It was agreed that this is of some concern, however this measure does not accurately reflect the quality of services offered.

It was recommended:

that this report be received

7. OPERATIONAL REPORTS

7.1 Funding Division Operating Report – January 2012

Item 3.3.3 Feilding Integrated Family Health Centre

There has been minimal progress against this initiative recently and it is anticipated that the Manawatu Community Trust will contact MidCentral DHB for guidance in the near future.

Item 3.3.4 Reference Laboratory Services

LabPlus has identified tests that have no (or very low) clinical value and placed restrictions on their use. In other districts served by LabPlus these restrictions have been readily accepted and have resulted in reductions in test use and a similar outcome is anticipated for the MidCentral district.

Item 3.7.2 Tobacco Control

It was noted that the ABC-D smoking cessation programme has been established in Secondary Care for several years, whereas the Primary Care programme was launched approximately 12 months ago which leads to a significant variation in achievement rates for this particular health target.

Item 4.1 National Pharmacy Services Agreement

The most significant issue for DHBs is to address the unsustainable financial risk from the 'Close Control' provisions of the current agreement. Under the new National Pharmacy Services Agreement Close Control will cease to exist.

Further information around the new agreement will be provided to the Committee in due course.

It was recommended:

that this report be received

7.2 Finance Report – January 2012

Strong performance by MidCentral Health was noted and that positive financial performance and forecast continue.

It was recommended:

that this report be received

8. GOVERNANCE**8.1 Committee's Work Programme, 2011/12**

The Chief Executive Officer clarified that the potential workshop date of 13 March is likely to be rescheduled as a special Board meeting.

It was also noted that the Institute of Directors' Finance Essentials Course to be held on 2 April would be an open invitation for all Board and Committee members to attend.

It was recommended:

that the updated work programme for 2011/12 be noted

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

Tuesday 13 March 2012

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>Quarterly Report – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 13th day of March 2012

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Chairperson