

MidCentral District Health Board

5.10

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 13 March 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
Oriana Paewai
Neil Perry

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemman, Committee Secretary
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Barb Bradnock, Portfolio Manager, Child & Youth Health
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Andrew Orange, Pharmacy Advisor
Jill Matthews, Manager, Administration & Communications
Vivienne Ayres, DHB Planning & Accountability Manager
Bayleigh Hayston, Communications Officer

OTHER:

Public: (1)
Media: (0)

1. APOLOGIES

There were no apologies received.

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

Oriana Paewai requested that two new items be added to the Register of Interests under her name in respect of the following:

- Te Ohu Auahi Mutunga (MidCentral DHB Smoking Cessation Service Provider Collective), and
- Te Upoko o Nga Oranga o te Rae (Service Provider with mental health contract).

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

Karen Naylor asked that the following paragraph under 5.1 Regional Women's Health Service (RWHS) be amended to read as follows:

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 bed 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.

It was also noted that the recommendations under 6.3 Home Based Support Services Review had been updated.

It was recommended:

that the minutes of the previous meeting held on 13 February 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

5.1 Update: 2011/12 Regional Services Plan Implementation

Pat Kelly noted that there appears to be no standardised approach to the provision of the shuttle service. It was advised that the situation has been monitored bi-annually for the past six years and that MidCentral District Health Board (DHB) has a history of underwriting the shuttle service in both Tararua and Horowhenua. Moreover, a direct contribution on a yearly basis has recently been agreed for the provision of the Horowhenua service.

Further, it was also advised that ongoing reporting around transport and accommodation as key enablers will continue in future updates.

Secondly, Diane Anderson sought clarification around progression of a new initiative to provide home dialysis. Both Whanganui and MidCentral DHBs have been working on development of a new renal model, however due to affordability concerns Whanganui DHB is seeking to provide home dialysis using health care assistants, rather than development of a satellite or self care unit proposal.

It was recommended:

that this report be received

5.2 Incentives and Accountability Framework for Primary Care

This paper provides a supplementary commentary on the proposed concepts and approach in developing an incentives and accountability framework for primary care. The proposed framework is a local initiative that aims to empower general practice, clinicians, and service managers to affect real change in achieving successful patient outcomes.

This initiative is an opportunity for MidCentral DHB to be leaders within primary care. It also creates incentives to encourage GPs into the region, particularly to support distinct population groups: Feilding, Tararua, Otaki and Horowhena. These areas tend to reflect the old PHO boundaries and will be able to implement the new framework relatively quickly. In fact, the incentives and accountability framework initiative could lead to a revisiting of the PHO concept or reorganisation of general practice delivery within the district.

Additional information, including key performance metrics, will be presented to the Committee in a future update.

It was recommended:

that this report be received

5.3 Update – Implementation of centralAlliance Roadmap

It was noted there have been no significant changes since the last update and that this paper is presented for information only.

It was recommended:

that this report be received

5.4 Regional Women's Health Service

Management advised that that information previously requested by Whanganui DHB had been included with this paper for the Committee's reference.

It was also advised that, after a small delay, Whanganui DHB have now endorsed the concept of staff consultation but that this will occur as two separate processes conducted independently by Whanganui DHB and MidCentral DHB.

Futher, Whanganui DHB has developed a community engagement plan and meeting schedule as part of their process whereas MidCentral DHB will meet with people on a more informal basis. This information is contained on the MidCentral DHB website for public consideration. The outcomes of the engagement process will be forwarded directly to the Board, together with a proposed service plan and business case. A special Board meeting will be held on 5 June and Committee members will be welcome to attend this meeting.

5:13

It was recommended:

that the Committee note the new timeframe for the Regional Women's Health Service Proposal and associated business case for theatre/ward capacity is 5 June 2012, and that a special board meeting be held on that day to consider these proposals

5.5 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 2, 2011/12

Oriana Paewai sought an explanation around how the performance criteria for each Health Target is determined. Management advised that the targets are generally developed by the Ministry of Health, but that some targets are more scientific than others. Qualitative feedback and information around outcomes, rather than specific metrics, is generally received in various formats and can help ascertain more information around success levels of particular targets.

A Committee Member then sought further clarification around the possible consolidation of three local general practice teams in the Foxton and Shannon areas. It was advised that three providers will come together under a combined organisational ownership model but that there were no plans to relocate these services.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 Horowhenua Nurse-Led General Practice

Horowhenua has been considered to be a hotspot regarding the sustainability of general practice for decades. Recruitment of GPs to the area is difficult and there is a tendency to rely on long-term locum cover. In light of this, the establishment of a nurse-led 'waiting list practice' in Levin, together with incorporation into the Horowhenua Community Practice has achieved the initial goal of catering for the 1,700 patients on the waiting list to enrol with a GP. It is now considered to be a business as usual activity and will be incorporated into standard monitoring and reporting frameworks in future.

It was recommended:

that this report be received

6.2 Funding Division Operating Report – December 2011 & January 2012

Item 3.4.1 Immunisation of DHB staff

Staff uptake of immunisation is relatively low, however it is important to consider high-risk areas, such as neo-natal and intensive care, where a safe balance needs to be found.

It was recommended:

that this report be received

6.3 Finance Report – February 2012

Positive financial performance and forecast continue. A similar level of financial performance to last year proves consistent with the Annual Plan and other expectations, including a forecast similar level of surplus.

The rate of change of different types of Aged Residential Services was also of particular note.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee’s Work Programme, 2011/12

The Chief Executive Officer confirmed that the Institute of Directors’ Finance Essentials Course would be held on 2 April 2012.

Also, it was advised that orientation for new members will be conducted prior to the next Committee meeting to be held on 24 April 2012.

It was recommended:

that the updated work programme for 2011/12 be noted

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

Tuesday 24 April 2012

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>2012/13 Annual Plan</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Pharmacy Services Agreement</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 24th day of April 2012

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Chairperson