

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 17 July 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)  
Karen Naylor  
Phil Sunderland (ex officio)  
Andrew Ivory  
Oriana Paewai

*Unconfirmed Minutes*

### **IN ATTENDANCE:**

Murray Georgel, Chief Executive Officer  
Mike Grant, General Manager, Planning & Support  
Carole Chisholm, Committee Secretary  
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  
Richard Fong, Clinical Advisor  
Lyn Horgan, Operations Director, Hospital Services  
Sarah Valentine, Communications Officer

### **OTHER:**

Public: (1)  
Media: (0)

#### **1. APOLOGIES**

Pat Kelly; Neil Perry

#### **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 with item 8.2 Regional Women's Health Service in her role as a staff member.

## **4. MINUTES**

### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 5 June 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 Health Needs Assessment Annual Update**

Richard Fong spoke to the report which followed the same style and logic as earlier reports. The trends of previous years had continued with an improving health status in the Board's region. Also highlighted was the health status of the Whanganui DHB's population whose mortality rate had declined in recent years. One of the major factors noted was the health status of disadvantaged people. Disadvantaged people included Maori and Pacific people, residents of Horowhenua, and those experiencing socio economic disadvantage. Whanganui DHB featured similarly in this regard. The report had used mortality and acute hospitalisation data as an indicator of health need which had revealed some surprising trends, the most notable being lower than average acute hospitalisation rates yet an improving life expectancy. The discussion centred on access to good primary health care for these populations and the need to continue to monitor this cohort of the population's access to primary healthcare.

It was recommended:

*that this report be received*

Richard Fong left the meeting.

### **5.2 2011/12 Annual Plan Implementation: Maori Health – Update 2**

The Chair referred to the table on page 5.32 'Maori Health Initiatives in the 2011/12 Annual Plan' and questioned whether the report due in September 2012 would disclose why Maori had difficulty in accessing Cancer Services. Management advised that this project would look at the decisions Maori made to access or decline an aspect of Cancer Services, namely Psycho Oncology Services.

It was noted that the Whanau Ora Pathway design had been due for completion in June 2012. Following a member's question around the new deadline and its importance on progress, management advised that the assumptions had been made in association with the Alliance Leadership Team, the PHO and the Ministry of Health. It was considered the project would be carried forward into the 2012/13 annual plan and form part of the normal reporting process.

It was recommended:

*that this report be received*

### **5.3 Home Based Support Service Review**

Management spoke to the report and was hopeful that the Ministry of Health would be in a position to deliver on the service specification by the end of the year. Once these were available the DHB would be going to the market for a smaller number of providers. There was some standardisation around the country in terms of the specification and the report contained a large amount of material on the Board's current providers, their business and the new approach to packaging home based support via the service specification.

Following a member's comment that there was potential for a significant impact on a number of providers in the market place, and consequently on employment within that sector, management agreed but noted the influence would be more on the organisation and not necessarily on the employment of staff which would be more transitional.

The Chair considered the proposal as being a positive approach to addressing current and future needs. It would keep people at home, be more cost effective, produce well trained staff who had certainty of employment, and meet clients needs.

It was recommended:

*that this report be received*

### **5.4 Update on Implementation of the Cardiology Landscape Report and Progress Against Health Targets: Better Diabetes & Cardiovascular Services**

Very positive progress had been made both with the implementation of the Cardiology Landscape report and against the Health Target: Better Diabetes and Cardiovascular Services.

In relation to cardiac intervention rates, management commented that despite increased referrals and diagnostic testing, the intervention rates still lagged below the national target. The relevance of the national target to the MidCentral population may need to be explored at a later date.

A member noted that the increase in exercise tolerance testing would increase both the number of referrals for cardiac angiography and MidCentral Health's intervention rate. This raised the question of the impact on the provision of services.

Management advised that access to treadmills had been a barrier in the past and as a result considerable efforts had been made to increase those volumes. It was anticipated that as a consequence more people would produce positive tests resulting in angiography or angioplasty and surgery. Capital & Coast DHB had not achieved expected cardiac output levels over the previous year which had disadvantaged MidCentral DHB. However, their recruitment issues had been resolved and both cardio cath labs were working Monday to Friday. Capital and Coast expected they were now in a position whereby they could fulfil any demand placed on them.

Following a question concerning the status of 'Indicators of Success', management advised a significant amount of work had been carried out within cardiology services, particularly around redressing waiting lists, change management and patient management.

It was recommended:

*that this report be received.*

Craig Johnston entered the meeting.

## 5.5 Update: 2011/12 Regional Services Plan Implementation

It was noted that a planning workshop was to be held on 26 July where regional executives and CEOs would be looking to determine priorities for 2013/14 with a view to feeding into the annual planning process. The Chief Executive Officer advised that any members' priorities would be taken back to the workshop. Fewer priorities that were more focussed and could be engaged with was the only suggestion.

It was recommended:

*that this report be received.*

## 6. OPERATIONAL REPORTS

### 6.1 Free After Hours for Under Sixes

Management advised the policy of free after hours care for under sixes had been well received around the district. Providers contracts had been varied by means of substitution and included a margin for growth.

Feedback from a member disclosed the community were aware of the new policy and there was peace of mind.

A press release had been prepared and sent out.

It was recommended:

*that this report be received.*

### 6.2 Community Pharmacy Services Agreement

Management spoke to the report and advised that implementation of the new contract was progressing. There was now only one agreement outstanding and the deadline for acceptance was 23 July. The DHB continued to work with the provider to allay as many concerns as possible.

The new agreement would challenge Pharmacists to expand their effort with patients who had long term conditions and their medication management. As such Pharmacists would have to 'enrol' these patients with their Pharmacy. The dispensing fee for medications outside the long term conditions framework would reduce significantly in comparison to the existing fee.

It was recommended:

*that this report be received.*

### 6.3 Funding Division Operating Report – May 2012

#### *Item 2.5.1 Youth One Stop Shop (YOSS) Move to Larger Premises*

The One Stop Shop had now relocated to their new premises in Princess Street. The move was proving to be extremely beneficial for both providers and users of the service. The extra space provided an opportunity to co-locate some additional health and social services within the building. The central location had already attracted increased foot traffic. YOSS had altered their way of working to include more drop in clinics. As a result their numbers had increased considerably especially for Maori and young men. The service was working wisely and innovatively to look at current service provision and ways of increasing efficiency and productivity. The Board supported a suite of youth health services – General Practitioner, nursing, administration, alcohol and drug services, counselling and social work. Various smaller funding streams from external services supported the youth workers and other areas of innovation.

Staff and young people had worked long hours to complete the interior and a great atmosphere had been generated.

It was recommended:

*that this report be received*

### **6.3 Finance Report – June 2012**

It was recommended:

*that this report be received*

## **7. GOVERNANCE**

### **7.1 2012/13 Reporting Framework**

The Chief Executive Officer referred to the chart on page 7.7 setting out Committee commitments for the two month period July-August. Members attention was drawn to the workshop on 7 August entitled ‘Treaty of Waitangi – a governance perspective’. This would be led by Sir Mason Durie and had been scheduled following a very successful workshop held in Wanganui.

Subsequent to a discussion on the six weekly meeting cycle introduced at the beginning of 2012, the Committee advised they would be happy to see the regime continued in 2013 given the amount of regional and national work people were involved in.

It was recommended:

*that that Committee’s 2012/13 work programme be noted.*

## **8. FOR INFORMATION ONLY**

### **8.1 Improved Access to Elective Surgery**

In addition to the information contained in the summary, management advised the year end result showed 353 discharges ahead of the health target and approximately 180 case weights behind. The case weights sat with MidCentral’s tertiary providers, mainly Capital and Coast DHB, due to the cardiac waiting list.

Discussions at the Hospital Advisory Committee earlier in the day had centred around patient focused booking and the positive effects on the DNA rate; theatre utilisation and the chart within the report; patients medically unfit for surgery; and patient processes. There had also been good feedback around the Orthopaedic Joint Clinic; and consideration of urology patients attending a pre surgical clinic was about to commence.

Following comments from the Chair, management advised there was no one particular catalyst for the very positive results. MidCentral Health had experienced major problems financially and in elective surgery. It was understood that work had to be undertaken to generate revenue and staff had embraced every effort to turn the situation around. It was noted that more patients were now being treated than ever before.

Management advised the increase in the DNA rate percentage related to ENT but because of the low numbers only involved five patients. These mainly referred to children who were much more difficult in and around DNA rates.

6.16

It was recommended:

*that this report be received.*

**8.2 Regional Women’s Health Service (RWHS)**

Karen Naylor noted her conflict in her role as a staff member. The Committee advised there was no objection to Ms Naylor participating in any discussion.

The Chief Executive Officer spoke to his report and advised there would be a joint workshop with the Whanganui DHB on 10 September. An invitation to the Hospital Advisory Committee and Community and Public Health Advisory of both DHBs would be extended.

Andrew Ivory left the meeting.

It was recommended:

*that this report be received.*

**9. LATE ITEMS**

There were no late items.

**10. DATE OF NEXT MEETING**

Tuesday, 28 August 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>	

Confirmed this 28<sup>th</sup> day of August 2012

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Chairperson