

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 1 November 2011 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 Bensemann, Committee Secretary
Chiquita Hansen, Director of Nursing – Primary Health
Barb Bradnock, Portfolio Manager, Child & Youth Health
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Shane Ruwhiu, Maori Health Advisor
Joy Christison, Executive Project Manager
Niki Michael, Communications Officer
Megan Doran, Support Coordinator

OTHER:

Public: (1)
Media: (1)

1. APOLOGIES

There were no apologies.

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

Oriana Paewai declared her conflict with regard to Item 12.1 Minutes in her capacity as Chief Executive Officer of Rangitane o Tamaki nui a Rua and member of Te Runanga o Raukawa Governance Group. These "in committee" minutes included the Committee's recommendation re the District-Wide Quit Smoking Service contract. Rangitane o Tamaki nui a Rua was involved in competitive tender process associated with this contract.

Murray Georgel, Chief Executive Officer, advised that this section of the minutes had been removed from Oriana Paewai's agenda accordingly.

4. MINUTES

4.1 Minutes

Neil Perry queried the interpretation of the word 'incidence' in Item 2.1.2 Additional Funding for sustainability and growth of Dementia Services. It was advised that the meaning of 'incidence' is that the percentage of dementia occurrence in any given population is universally similar.

It was recommended:

that the minutes of the previous meeting held on 4 October 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

There were no matters arising from the minutes.

5. STRATEGIC REPORTS / SPECIAL ISSUES

5.1 Services Closer to Home – Annual Plan Update 1

Chiquita Hansen, Director of Nursing – Primary Health Care, provided background around the Enhanced Care+ programme in that it provides structure to patient assessment, and encourages General Practitioners (GPs) to be acute and responsive in developing a plan which includes accountabilities and goals for the client, as well as targeted interventions to achieve specific health care outcomes.

Discussion then moved to the Alliance Leadership Team and the continued relevance and definition of the Aspirational Targets. The Committee queried the loose interpretation around the wording 'Aspirational Targets' and noted that it is difficult to accurately describe what success will actually look like. Management explained that incremental changes occur in measuring health outcomes and that Aspirational Targets are framed as stretched targets, which intend to encompass transformational change over an extended period of time.

Next, a Member asked regarding progress around the Otaki Medical Centre linking to the Horowhenua Integrated Family Health Centre (IFHC) in order to standardise clinical processes where possible. It was advised that development had been partly held back by the high turnover of GPs, however this situation was settling and progress on this initiative was well underway.

A Member then queried the auditing process around Receipts in Advance. It was advised that this is monitored on a regular basis by Funding Division, however the Funding Audit Committee received confirmation in the PHO routine audit process approximately bi-annually.

Chiquita Hansen was then asked to provide background around Health of Older Person (HOP) services, specifically within Tararua. She confirmed that interRAI is occurring within General Practices which enables real-time client assessment. Additionally, Clinical Pharmacy has been transferred to Community Pharmacy and the development of a shared server ensures every GP has access to full patient records. This targeted approach, together with a focus on teamwork, has led to a more proactive approach towards the provision of HOP services which is working extremely well.

Next, a Member noted that Whanau Ora was still in development with regard to the establishment of district-wide clinical networks but questioned whether a real impact was occurring. It was advised that it was too early to accurately assess at this stage.

It was recommended:

that this report be received

5.2 Mental Health and Addictions

Mike Grant, General Manager, Planning and Support, introduced this summary landscape report and commented that Mental Health service delivery is connected to, and driven by, regional priorities.

The Committee queried several points which were noted as follows:

An explanation was provided regarding Inter District Flows (IDF) in that it is a record of the number of MidCentral District Health Board (DHB) clients who are accessing services through other DHBs around the country.

Claudine Nepia-Tule, Portfolio Manager, Mental Health and Addictions, provided background around the Single Point of Entry Model (SPoE) in that it introduces a single, streamlined process of access for all referrals to Mental Health services.

It was confirmed that, with regard to Mental Health funding, resource will be available to establish the NGO Coordinator role.

With reference to the Schedule of 2011/12 Annual Plan Initiatives – Accountability and Reporting Responsibilities – it was advised that metrics had not been included in this particular report, however this information would be furnished as part of the quarterly reporting in order to accurately gauge and assess performance against Annual Plan indicators.

It was recommended:

that this report be received

5.3 Investment Plan Update

The work undertaken in previous years to plan MidCentral's investment priorities is currently being refreshed and refined. Processes are underway to engage the Board, clinicians, and management in decisions about investment decisions for facilities, services, people, and new technologies.

The importance of this was noted and it was agreed that this was a valuable opportunity to identify and support future service development and associated capital requirements.

It was confirmed that a workshop will be held in December with the purpose of cultivating a prioritisation framework for determining which contenders will be included within the final investment plan.

It was recommended:

that this report be received

5.4 Shorter Waits for Cancer Treatment (*for information only*)

This report provides information around Cancer Services, specifically regarding two indicators for timely oncology treatment; the Health Target for radiation therapy and Policy Priority Five for intravenous chemotherapy. It was noted that MidCentral DHB is consistently achieving both requirements and is continuing to focus on ongoing improvements to ensure sustainable service delivery.

Further to this, a fourth permanent linear accelerator has been purchased and is due for installation in April 2012.

A Member queried whether appointment cancellations were factored into the Health Target timeframes. It was advised that the approach taken to the calculation and achievement of noted Health Targets is based on historic trends in order to forecast the number of anticipated patient cancellations or Did Not Attends (DNAs), however of course there is an element of flexibility and variability built into this process.

It was recommended:

that this report be received

5.5 Regional Services Plan 11/12 Monthly Update

Mike Grant, General Manager, Planning and Support, provided a specific update to the Committee around the Central Regions Information System Plan (CRISP) initiative. This is the development of a suite of key clinical systems focusing on providing standardised availability of user information and entitlements to six DHBs in the lower North Island.

A technical issue has recently arisen around the ownership of the asset and a potential differential ownership model will be presented to the Board for final approval in November.

Further, the next step in the development of this initiative is to complete a gateway review to quality assure the investment and planning process. Additionally, an independent Quality Assurance monitor will be appointed to the Steering Group.

The Committee received this report and acknowledged Mike Grant's significant and ongoing contribution as Interim CRISP Programme Director.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 Funding Division Operating Report – October 2011

Item 2.1.1 Audits

Currently 15 of 36 Aged Residential Care facilities have had recent audits for which Corrective Action reports have been required and which are currently being monitored. A Member queried whether this ratio was regarded as significant and it was advised that 15 out of 36 was fairly standard and was not regarded as an unusual occurrence.

Item 2.2.2 Maori Provider Development Scheme

An application has been submitted to the Ministry of Health to secure unallocated funding for Maori provider development in three areas; service design, service integration and career development. A decision was expected by late October 2011 however this decision has not been notified to date.

Item 2.3.1 Suicide Intervention Coordinator

It was noted that the timeframe for commencement of the suicide intervention coordinator was subsequent to achieving funding approval for the initiative. Management confirmed that once a conceptual opportunity is approved in the Annual Plan it is essentially approved for appropriation. In this instance, the wording refers to an internal Funding Division approval process, rather than a Board process.

Item 2.4.1 Diabetes Get Checked programme

As this programme is to be discontinued it was agreed that there is an opportunity for a new approach within the district, however providing appropriate support for people with diabetes is a challenging and complex issue and to get to the next level is difficult to achieve. It was agreed that MidCentral need to be proactive in this respect however a definitive answer in this instance is not yet known.

Item 2.5.1 School Based Health Service Update and Progress

A Member queried the low rate of Mental Health Assessment and Support. It was advised that this figure is likely to change in future as the service is currently building capability to identify and assess different types of presentations.

It was recommended:

that this report be received

6.2 Finance Report – October 2011

The favourable result for the month was noted and that positive financial performance and forecast continue.

Management advised the Committee that the Minister of Health had recently announced the provision of free after-hours health care for all under 6 year-olds and the expectation was that 90% of New Zealand would be covered over the next three years. To fund this initiative there would be an allocation of \$10-\$12m nationally and MidCentral DHB's share would be determined when the Funding Envelope was announced towards the end of this year.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Terms of Reference

The Chief Executive Officer confirmed that the terms of reference were aligned with Whanganui DHB, including the anticipated change of meeting frequency, being eight meetings to be held annually.

It was recommended:

that the terms of reference be amended to reflect that eight meetings will be held annually, and that the terms of reference be reviewed in three year's time

7.2 Committee's Work Programme, 2011/12

It was noted that a number of Annual Plan updates would be provided to the Committee in December and these reports would largely assess performance against indicators, rather than a more narrative approach.

The Committee was then asked to provide comments around the style and content of the current reporting format furnished each month. Each Committee Member provided feedback, as follows:

It was suggested that more options were given in the Recommendation/s section of each report as it was considered there was no contestability, alternative choices, or comparisons made for reasoned assessment. However it was accepted that, where there are a number of options, Management had evaluated each possibility and provided a measured recommendation to the Committee.

Secondly, the extensive use of clinical and technical language had taken a period of time to become familiar with. Also, it would be helpful if acronyms could be written in full the first time an abbreviation was included in a report.

It would also be beneficial if specific assessment against Annual Plan indicators was provided to demonstrate actual progress made against targets, however it was accepted that assessment over an extended period of time would likely be outcome-driven, rather than quantifiable.

Lastly, the covering page for each report should provide a clear and specific Purpose and Executive Summary, as well as setting the context of the report.

Management noted this feedback and reminded the Committee that additional information can be requested at any stage in order to facilitate and assist decision-making processes.

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 6 December 2011

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

Confirmed this 6th day of December 2011

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Chairperson