

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 23 July 2013 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Barbara Cameron
Andrew Ivory
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
Rebecca Bensemman, Committee Secretary
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Barb Bradnock, Portfolio Manager, Child & Youth Health
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Andrew Orange, Pharmacy Advisor
Richard Fong, Clinical Advisor
Jason Keall, Communications Officer

OTHER:

Public: (0)
Media: (0)

1. APOLOGIES

An apology was received from Ann Chapman 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

Diane Anderson referred to Item 5.1.3 'Increase capacity and capability of primary and community based child and youth services to improve responsiveness to mental health needs of children and youth' of the Mental Health and Addictions Update and noted that she was Chair of the Central Regional Health School.

Karen Naylor retrospectively advised a conflict in relation to Item 1.7.1 'Contraceptive Services for Women' of the Planning and Support Operating Report and noted that she was Patron of the National Council for Women – Manawatu.

The Chair advised that she saw no implications as a result of Karen Naylor and herself being present during consideration of their declared conflicts and was comfortable to participate in any discussions.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 11 June 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

There were no matters arising from the minutes.

5. STRATEGIC / SPECIAL ISSUES

5.1 Health Needs Assessment Annual Update

The Clinical Advisor, Health Information and Data Quality, provided an overview of this report to the Committee.

A recent article published in the New Zealand Herald attempted to rank district health boards in terms of their 'preventable mortality' (amenable mortality) rates for the year 2009. It was noted that MidCentral ranked 15th out of 21 district health boards, with a higher amenable mortality rate than New Zealand overall.

Amenable mortality is an attempt to measure mortality due to conditions and diseases that are significantly influenced by health services. This is essentially a measure of health service effectiveness on population health.

A member asked for an explanation as to why MidCentral's ranking is not up to the national level. It was advised that the wording of the article was rather unfortunate and that if rates were adjusted to compensate for differences in age, sex, socio-economic disadvantage and ethnicity across the district health boards then most of the variation disappeared.

Another member queried as to whether amenable mortality rates is therefore the most appropriate measurement tool. It was noted that the exact figures are not so important in comparison to the key message from this assessment, being that ongoing focus must be maintained on improving population health status and reducing inequalities.

Current work being undertaken within primary health, including Better, Sooner, More Convenient, will fundamentally make a difference over time.

A member commented that the figures were based on 2009 data and asked whether current statistics would show a definitive improvement. The Clinical Advisor explained that there would likely be an improvement but that this may not be any greater than other district health boards on a relative scale.

Lastly, another member commented that MidCentral's ranked position was not of any real significance, considering that specific population characteristics determined variability in amenable mortality rates. MidCentral district has slightly higher proportions of health disadvantaged populations compared to New Zealand overall which therefore accounts for its comparative position in ranking.

It was recommended:

that this report be received.

5.2 Mental Health and Addictions Update

The Chair enquired if there was any significant concern that several representatives had recently resigned from the MHA District group. The Portfolio Manager, Mental Health and Addictions, advised that these resignations had occurred to due workload commitments but that new members have been recruited accordingly, bringing infant child expertise and family/whanau input to the group.

It was also noted that MidCentral has established a Seclusion Review group to evaluate the use of seclusion in mental health inpatient settings.

Further, the Portfolio Manager clarified that significant work is occurring within primary care specialist settings, including development of the Connected Workforce Leadership Group and Shared Care Advisory Group. The prospect of increased Shared Care Arrangements and contracting with the primary health sector will also provide opportunities to work collaboratively to benefit mutual clients across both sectors.

It was recommended:

that this report be received.

5.3 2012/13 Annual Plan Implementation Update: Priority – Health of Older People

Key initiatives set down for 2012/13 are predominantly on target, however new service specifications are yet to be released which means a delay to the planned re-tendering process for Home Based Support Services (HBSS).

Further, due to a constantly changing workforce within Aged Residential Care, the Chair asked if progress was being made to make this a 'destination career'. It was acknowledged that there is a high turnover of Clinical Nurses but greater effort is being made by providers to retain quality staff.

It was recommended:

that this report be received.

5.4 2012/13 Annual Plan Update – Whanau Ora

Management advised that the PHO and DHB are working to a similar programme of work and moving towards a more fair and reasonable outcomes-based approach.

It was recommended:

that this report be received.

5.5 Medical Imaging Development Plan Update

The Committee received this report and noted it for information only.

It was recommended:

that this report be received.

5.6 Children's Commissioner's Child & Youth Health Compass

The Committee noted the potential prominence of this report, both within the media and as an agenda item at a recent DHB Chair's national meeting.

The Portfolio Manager, Child and Youth Health, clarified that the Steering Group will meet to assess each DHB's compass and provide further feedback in due course.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Smoking Policy in Aged Care

Management clarified that the key purpose of this report is to provide context around the smoke-free policy recently introduced through the annual review of aged care contracts.

At this point 34 of the 36 providers who have received contracts with the new policy have returned their variations signed. No significant concerns have been voiced by aged care providers and the DHB is working to support providers in the introduction of this policy.

The Committee noted this and commended the Chair on his recent letter of response to the editor of the Manawatu Standard.

It was recommended:

that this report be received.

6.2 Planning & Support Operating Report

Item 1.1.4 Nurse Practitioner in Aged Care

It was advised that the Minister has asked the Ministry to conduct cost-benefit/financial modelling based on data from this study.

Item 1.4.2 General Practice Fees

The PHO will work with the relevant Horowhenua general practice team to keep its proposed fee increase in line with the Annual Statement.

Item 1.4.4 Central PHO Board

In response to a member query, management clarified the Central PHO Board and Alliance Leadership Team structure and scope.

Item 1.6.1 Update on the Maternity Information System Programme (June 2013)

MidCentral DHB will continue to support midwives with migration on to the Maternity Information System Programme (MISP).

Item 1.7.1 Contraceptive Services for Women

Funding streams are generally targeted towards those women aged 25 years and under, however the Committee agreed it would be worthwhile to investigate the possibility of extending the current service to older women. It was also noted that the physical presence of Family Planning within the district would add significant value.

It was recommended:

that this report be received.

6.3 Finance Report – May 2013

It was noted that this preliminary report is close to expectations and that positive financial performance and forecast continue.

It was recommended:

that this report be received.

7. GOVERNANCE**7.1 2013/14 Reporting Framework**

The Chief Executive Officer advised that the Board has considered and approved the Reporting Framework for 2013/14.

Further, a snapshot summary of reports is now provided to the Committee which outlines those reports received at its last meeting, its current meeting, and those scheduled for its next meeting.

It was noted that a Quality Accounts Workshop is scheduled for 3 September 2013.

It was recommended:

that the 2013/14 Reporting and the updated committee work programme for 2013/14 be noted.

8. LATE ITEMS

There were no late items for this section of the meeting.

9. DATE OF NEXT MEETING

Tuesday 3 September 2013

5.20

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>	

Confirmed this 3rd day of September 2013

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Chairperson