

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 24 April 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
- Neil Perry

*Unconfirmed Minutes*

**IN ATTENDANCE:**

- Murray Georgel, Chief Executive Officer
- Mike Grant, General Manager, Planning & Support
- Rebecca Bensemman, Committee Secretary
- Richard Orzecki, Board Member
- 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
- Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
- Andrew Orange, Pharmacy Advisor
- Shane Ruwhiu, Maori Health Advisor
- Tricia Keelan, Planning & Accountability Manager
- Vivienne Ayres, Manager, DHB Planning & Accountability
- Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
- Bayleigh Hayston, Communications Officer

**OTHER:**

- Public: (2)
- Media: (0)

**1. APOLOGIES**

An apology for absence was received from Oriana Paewai.

**2. NOTIFICATION OF LATE ITEMS**

There were no late items.

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### **3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

#### **3.1 Amendment to the Register of Interests**

Andrew Ivory requested that two new items be added to the Register of Interests under his name in respect of the following:

- Member, Advisory Board – Training for You Limited.
- Member, Advisory Board – Proven Performance Limited.

#### **3.2 Declaration of Conflicts in Relation to Today's Business**

Ann Chapman identified a conflict in relation to agenda item 14.1 General Approach to Contract Review and Renewal for 2012/13: Appendix 2 - Contracts Requiring Renewal & FFT (specifically pages 14.9 and 14.14) in respect of her membership of the Otaki Women's Health Group.

### **4. MINUTES**

#### **4.1 Minutes**

Murray Georgel, Chief Executive Officer (CEO), provided an update to the Committee in respect of recent developments at Whanganui District Health Board (DHB) with regard to the Regional Women's Health Service proposal.

Whanganui DHB has published an open letter to its community which announces success in recruiting two obstetric and gynaecology (O&G) specialists to help ensure retention of a 24-hour, seven day a week service, however the consultation process continues as to how best manage future risk to the service.

Ann Chapman noted that a significant number of midwives had attended the recent public meeting and queried whether independent midwives had been directly consulted regarding the proposal. It was advised that staff had been consulted and that there had been engagement with the public.

It was recommended:

*that the minutes of the previous meeting held on 13 March 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 Immunisation Update 2**

Barb Bradnock, Portfolio Manager, Child and Youth Health, was invited to present this report and address any queries from the Committee.

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It was advised that Public Health Services have scoped the opportunity to commence the mop up of overdue 5 year olds at school in conjunction with the Public Health Immunisation Programme and that this process will be on track by Term 2.

Further clarification was provided around the proposal to simplify immunisation funding in that the Ministry is attempting to collate all immunisation contracts into one to allow DHBs greater flexibility in contracting for services in order to better meet community needs.

Lastly, it was confirmed that the MidCentral DHB Human Papilloma Virus (HPV) Programme is now completed and future administration of the vaccine will be completed by the Public Health Service Immunisation Programme. Parents have been provided with appropriate information and now it is a matter of whether eligible girls and young women present regarding HPV vaccination.

It was recommended:

*that this report be received*

## **5.2 Health of Older People Annual Plan 2011/12 Update 2**

The sector is in a state of political sensitivity and it is important to continue to articulate MidCentral DHB's position in this respect. Accordingly, a paper which specifically focuses on Home-Based Support Services (HBSS) will be presented to the Committee at its next meeting in June.

Brad Grimmer, Senior Portfolio Manager, Health of Older Persons, provided key summary points to the Committee. Of particular note is that the availability of Residential Care beds is in alignment with current demand and there are no specific concerns at present. Also, that interRAI assessments have identified a series of personal health needs which is providing new and valuable information to aid in determining future services.

A Committee Member queried the likely impact on Residential Care bed availability if a facility were to close or a natural disaster struck the region. It was advised that the DHB would be in a position to absorb some numbers (up to 50 people) but that it is difficult to predict accurate capacity for hospital level and dementia care beds as this fluctuates on a weekly basis. Also, it is likely that people would need to be transferred out of the district due to the unknown impact and scale of a natural disaster.

Further to this, it was queried whether MidCentral DHB has a responsibility to assess such facilities for earthquake compliance. It was advised that each facility must provide a Building Warrant of Fitness (as assessed by the Palmerston North City Council) but that the proprietor holds the final responsibility for meeting building standards.

Andrew Ivory noted that a continuing focus on training is important, especially with an ageing population and increasing demands on home care services. Is the DHB doing enough to service this sector? Yes, the DHB will face workforce shortages in future and the report to be provided to the Committee in June will address this further.

Structured, permanent employment with job satisfaction is needed to help address this ongoing challenge. The DHB has a role to work together with providers but ultimately have to hold (private business) proprietors accountable for workforce development.

It was recommended:

*that this report be received*

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### **5.3 Better Help for Smokers to Quit: Update 2**

MidCentral DHB has made steady progress towards achieving the 2011/12 Health Target: Better Help for Smokers to Quit, the result being 91% for the second quarter.

Further information around PHO and GP performance will be provided in the next update.

It was recommended:

*that this report be received*

### **5.4 Progress in Delivering the Shorter Stays in Emergency Department (SSIED) Health Target (for information only)**

The percentage of patients admitted, discharged, or transferred from an ED within six hours over the last three months has remained constant at approximately 92%. This outcome is the result of a patient-centred, quality-focused approach by MidCentral Health and it is important to embed this practice in order to ensure sustainability in delivering this Health Target in future.

It was recommended:

*that this report be received*

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

Ann Chapman commented that this report was particularly difficult to read and was not presented in a user-friendly format. Management responded that how this information is developed is to be the subject of a review and the Committee's feedback will be forwarded accordingly.

Mike Grant, General Manager, Planning & Support, then provided clarification around the CRISP project in that it is acknowledged a programme for a series of local requirements needs to be set down, such as Concerto implementation for MidCentral DHB. Additionally, it was noted that the CRISP Gateway Review process is to take place the week commencing 30 April 2012.

It was recommended:

*that this report be received*

## **6. OPERATIONAL REPORTS**

### **6.1 Funding Division Operating Report – April 2012**

#### *Item 1.1.2 Monitoring and Compliance*

Brad Grimmer, Senior Portfolio Manager, Health of Older Person, outlined a recent example of non-compliance by a provider resulting in a deteriorating situation which required some deliberate interventions. These remedies are anchored to the Health Cert report and the DHB reserves the right to take further action as necessary.

The provider is regularly monitored and this process appears to working satisfactorily.

#### *Item 1.1.6 Guidelines for Funding Rural Travel: Home and Community Based Support Services*

Funding allocations for six providers are proving satisfactory and there have been no requests for 'exceptional travel' funding.

*Item 1.3.1 Regional Rehabilitation and Extended Care Service*

Claudine Nepia-Tule, Mental Health & Addictions Portfolio Manager, advised that the DHB is currently restructuring capability workforce development for NGOs to help those clients that are discharged back into the community.

*Item 1.4.1 St John Ambulance Charges*

Karen Naylor queried whether the increases in patient charges for ambulance attendance is as expected and questioned if this charge created a barrier to accessing health services.

Craig Johnston, Senior Portfolio Manager, Primary Health Care, advised that a patient charge has always been in place and that the level of the charge is set by St John. The charge does not apply for immediate accident related injuries which are covered by ACC. People can avoid the charge by becoming 'Friends of St John'.

*Item 1.4.3 Horizons Health Shuttle*

The DHB supports a joint approach to shuttle services and each participant is to contribute as determined by mandate. This does not involve any increase in funding from the DHB as the key priority remains on providing frontline health services.

*Item 1.4.2 Rural Innovation Fund*

It was noted that the new scoring tool creates potential to be of benefit to the district.

*Item 1.5.1 Collaborative Clinical Pathways*

The Collaborative Clinical Pathway Programme (CCP) is approximately eight months behind schedule, largely due to Map of Medicine implementation. It is unlikely that all pathways will be in place by end June 2012.

*Item 1.7.1 Proposed New Pharmacy Services Agreement (PSA)*

The proposed Pharmacy Services Agreement is to be implemented on 1 July 2012. The DHB is currently consulting with pharmacies as the new agreement involves a major change in funding process.

A meeting was recently held to introduce the new model of pharmacy services and the associated funding arrangement which raised many questions due to the lack of detail in the current model. A generous transition period is in place to reduce impact on revenue stream and to allow pharmacies to enrol patients and adjust to the new concept and processes.

It was recommended:

*that this report be received*

**6.2 Finance Report – April 2012**

Positive financial performance and forecast continue.

The Committee noted that the YTD over-delivery washup with MidCentral Health included \$954k in Mental Health. This may be due to contractual issues or staffing numbers, however management iterated that the budgeted amount was paid from the Funder to the Provider.

The Committee noted these comments and requested further clarification around this at its next meeting in June.

It was recommended:

*that this report be received*

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**7. GOVERNANCE**

**7.1 Committee’s Work Programme, 2011/12**

Murray Georgel, CEO, outlined the reports scheduled for consideration at the next meeting. Specifically, that this would include a presentation from Central Primary Health Organisation to address any key issues as identified by the Committee, as follows:

- Feedback on smoking cessation issues/barriers (Andrew Ivory)
- How Central PHO is managing consultation/s with various committees (Ann Chapman)
- How does the Central PHO 24/7 service operate and who is responsible for making this happen (Karen Naylor)
- Background information around the Better Sooner More Convenient (BSMC) business case including history, implementation, issues, etc (Di Anderson)

Any further queries are to be directed to the CEO prior to the next meeting.

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 5 June 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>Under negotiation</i>	<i>9(2)(j)</i>
<i>General Approach to Contract Review and Renewal for 2012/13</i>	<i>Contracting strategy</i>	<i>9(2)(j)</i>
<i>Quarterly Report – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 5<sup>th</sup> day of June 2012

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Chairperson