

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 26 November 2013 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Di Anderson (Chair)
Ann Chapman (Deputy Chair)
Pat Kelly
Karen Naylor
Phil Sunderland (ex officio)
Andrew Ivory
Oriana Paewai
Barbara Cameron

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemman, Committee Secretary
Adrian Broad, Board Member
Chiquita Hansen, Director of Nursing – Primary Health
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Vivienne Ayres, Manager, DHB Planning & Accountability
Andrew Orange, Pharmacy Advisor
Doug Edwards, Maori Health Advisor
Jason Keall, Communications Officer

OTHER:

Public: (1)
Media: (0)

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 a conflict in relation to Item 14.1 Quarterly Report 1 - Contracts (Part II) in respect of her involvement with Rangitane o Tamaki nui a Rua, Te Runanga o Raukawa Governance Group and Tararua Hauora Services.

The Chair noted this and advised that she saw no implications as a result of Oriana Paewai being present during consideration of her declared conflict and was comfortable for her to remain in the meeting at that point.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 15 October 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. GOVERNANCE

5.1 2013/14 Work Programme

The Committee noted progress made against the 2013/14 work programme.

It was recommended:

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

6. STRATEGIC / SPECIAL ISSUES

6.1 Update: Regional Services Plan Implementation – Quarter 1, 2013/14

The Committee received this report and noted progress made with implementation of the 2013/14 Regional Services Plan for the first quarter.

One of the key enablers – the Central Region Information Systems Plan (CRISP) – continues to have major risks associated with delivering the entire programme and it is likely to maintain its 'Red' position for some time.

A Committee Member queried the likely implications due to the delay in delivery of the CRISP programme. Management advised that MidCentral DHB has a period of time (12-24 months) in which WebPAS will need to be replaced. In addition to this, e-Pharmacy, the national maternity programme and Concerto are to be implemented, along with reconfiguration of the network within MidCentral. This considerable workload is consuming a significant amount of resources, so the delay with CRISP is not causing undue concern at this time.

Further, it is likely that implementation of CRISP will take a sub-regional approach. The programme may struggle to achieve its original aims but it will eventually deliver enhanced solutions for clinicians, and ultimately patients.

The Committee received this and noted the full and comprehensive detail provided in the report. Several queries were raised and confirmed, as follows:

- Management confirmed that there is no Clinical Director, Lead or Sponsor at present with regard to Cancer Services.
- The 'Walking in Another's Shoes Trainer' programme will be commenced within the first quarter of 2014.
- It was noted that the National Indicators for Maori Health percentages for the MidCentral region are lower compared to national averages. Proportionally, these figures represent small numbers but it is of importance to monitor these rates.

It was recommended:

that this report be received.

6.2 2014/15 Regional Service Plan Development - Approach and Timeline

This year, DHB Annual Plans are to outline specific, time-bound, measurable actions and outcomes that will contribute to regional objectives. A Committee Member queried the likely impact of regional differences in populations with regard to development of the 2014/15 Regional Service Plan. Management advised that this is taken as the minimum requirement and will be embellished further with local initiatives and services. Further, regional priorities will cover off national areas of focus, including two new priorities, being: Health of older people and Major Trauma.

Andrew Ivory sought further clarification around this. Major Trauma is a three-year regional action plan, and MidCentral's involvement is through developing and being part of the National Trauma Register, along with a central approach to implementing infrastructure in support of the regional system.

Lastly, the Committee sought clarification around the term 'vulnerable workforce'. This term relates to staff or contractors paid on the minimum wage.

It was recommended:

that this report be received.

6.3 Planning and Support: Annual Plan Update 1

The Committee received this full and detailed report and queried several points; a summary of which follows:

- The DHB and PHO continue to support Integrated Family Health Centres (IFHC) around the district. Timeframes for IFHC development can be prolonged, however progress is being made with regard to the Otaki IFHC.
- Ministry funding for Urgent Community Care (UCC) ends in January 2014 and it has been recommended that a new model of service be investigated which integrates the service into primary care. The Ministry of Health has indicated a willingness to fund this if a solution can be found. The proposal is to locate the UCC service in the Horowhenua Health Centre where it can be integrated with both the Horowhenua Community Practice and the Horowhenua after hours service. This restructuring is expected to occur in the New Year.

- Otaki Medical Centre is piloting a primary care based Violence Intervention Programme to identify and flag family violence issues. This programme precedes the National Child Protection Alert System and a second pilot will commence early 2014.
- Implementation of the new model of care for Child and Adolescent Oral Health Service has achieved a positive result, with 1348 preschool children being seen for the first quarter in 2013/14; of which 410 are Maori and 59 are Pasifika children.

The Committee noted that MidCentral DHB is making very good progress against implementation of initiatives in the 2013/14 Annual Plan.

It was recommended:

that this report be received.

At this point, the Chair noted that the Director of Nursing - Primary Health and the Senior Portfolio Manager, Primary Health Care were required to attend another meeting. Therefore, the Committee were asked to refer to Item 7.1 of the agenda so that both Chiquita Hansen and Craig Johnston could participate in discussion of this report.

7. OPERATIONAL REPORTS

7.1 Health Care Development Annual Summary of Activities 2012/2013

Chiquita Hansen (Director of Nursing - Primary Health) introduced the report and made specific reference to particular areas of note.

Firstly, Health Care Development (HCD) continues to provide Nurse Practitioner (NP) development and support across the region, which includes the promotion of awareness of the NP role and identification of new NP roles through promotion of a service environment that is ready for new NPs to be nurtured and brought into the workforce. MidCentral DHB currently has 12 NPs with six located in primary and a further seven on the NP pathway.

Further discussion ensued on GP Registrars, nurse prescribing and the CUSUM project.

The Committee acknowledged these points of interest and noted that a significant amount of work is being undertaken in this area, which in turn is driving integration and actively promoting the principles of Better, Sooner, More Convenient primary health care.

It was recommended:

that this report be received.

6. STRATEGIC / SPECIAL ISSUES

6.4 The Growth of Older Persons Services Into The Future

The ageing population demographic raises a number of concerns regarding how best to fund and provide services for this group as they live longer with more complex health issues. The essence of this paper is that demand for Aged Residential Care (ARC) is exponential, however this report provides insight that the impact of demand will not be as severe as originally anticipated if supporting strategies are implemented.

MidCentral DHB spends around \$59 million annually towards ARC services and Home Based Support Services (HBSS). The HBS sector is also expanding the training and capabilities of its workforce. The orientation going forward is that MidCentral DHB encourages proprietors to invest in ongoing training to help this new workforce increase its capabilities.

It was recommended:

that this report be received.

6.5 Draft National Radiation Oncology Plan

The Committee received the draft plan and noted that it is expected that the final plan will be released in early 2014.

It was recommended:

that this report be received.

6.6 Non-Financial Monitoring Framework and Performance Measures - Report for Quarter 1, 2013/14

Management advised that this report is presented to the Committee with a different layout and style and provides an upfront summary of results at a glance to easily chart progress made.

A Committee Member noted that MidCentral's result of 84.6% against the specific Health Target 'Shorter stays in the Emergency Department' was well below the Ministry's target of 95%. Accordingly, management advised that a patient flow improvement project is underway to address this which examines key areas such as how staff are deployed, areas of responsibilities, physical barriers, and change processes and systems.

Management also commented that due to different timeframes (quarterly versus annual monitoring), results need to be carefully interpreted and that this is difficult to portray via a summary report.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.2 Update on Ambulatory Care Facilities Review

This review has highlighted key issues such as poor working space, lack of space and insufficient storage and equipment space. A proposal for a new or expanded Ambulatory Care Unit will be presented to the Board at its December 2013 meeting.

It was recommended:

that this report be received.

7.3 Planning & Support Operating Report

Item 1.2.1 Sport Manawatu – Whanau Tri

Management clarified funding of approximately \$120,000 annually in support of the Whanau Tri. This is an investment in the future with over 1000 people expected to participate in the event in 2014.

Item 1.3.1 Mental Health Certification and Contractual Audit Integration Project

The intention is to introduce an integrated audit process that comprises a certification audit with a modular or 'clip on' approach for contracted services. This is an issues-based service to look at other areas, not necessarily a routine-based approach. This proposed audit process is intended to reduce the overall number of audits for mental health service providers.

Item 1.4.1 Appointment of Dr Bruce Stewart as Medical Director, Primary Care

Management confirmed the appointment of Dr Bruce Stewart in this capacity and provided an outline of the scope, terms and intention of the position which is to further the integration agenda between primary and secondary care.

Item 1.2.1 Sport Manawatu – Whanau Tri

Karen Naylor sought further clarification around this item, with specific reference to the Funding Management Board (FMB). It was advised that FMB comprises of Portfolio Managers and sits within the Funding Division. FMB meets on a 6-weekly basis to coincide with the CPHAC meeting cycle. It was noted that each endorsement by FMB that is beyond management delegation is then subject to approval by the Committee and Board.

Item 1.6.1 Community Pharmacy Anti-coagulation Management Service

Management confirmed that one pharmacy has been offered a CPAMS variation to the national pharmacy Agreement, and that pharmacy is Tattons Pharmacy in Feilding.

It was recommended:

that this report be received.

7.2 Finance Report – October 2013

Positive financial performance and forecast continue. The Funder is in a significantly positive to budget position.

It was recommended:

that this report be received.

The Chair noted this was Pat Kelly's last meeting. The Chair thanked Mr Kelly for his contribution to the Committee and wished him well in his future endeavours.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 4 February 2014

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>Price and Volume Schedule 2014/15</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Quarterly Report 1 – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 4th day of February 2014

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Chairperson