

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 30 April 2013 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Ann Chapman (Deputy Chair)
Barbara Cameron
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
Anne Amoore, Manager Human Resources & Organisational Development
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Barb Bradnock, Portfolio Manager, Child Health
Jo Smith, Acting Senior Portfolio Manager, Health of Older Persons
Doug Edwards, Maori Health Advisor
Carole Chisholm, Committee Secretary
Bayleigh Hayston, Communications Officer

OTHER:

Public: (1)
Media: (0)

Following a welcome from the Committee Chair, Phil Sunderland introduced Barbara Cameron to the Community & Public Health Advisory Committee. Barbara had recently been appointed to the Board and in addition to CPHAC would also sit on the Disability Support Advisory Committee and Group Audit Committee.

1. APOLOGIES

Apologies were received from Pat Kelly and 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

Andrew Ivory requested the following amendments to the Register:

6.12

- Add Doyle, Adams and Brook Limited
- Amend Doyle and Associates The Accountants Limited to add “shareholder” interest
- Remove all other interests except GDM Group, Waituhi Kuratau Production Limited and Kuratau Yoghurt Limited.

3.2 Declaration of Conflicts in Relation to Today’s Business

Ann Chapman advised a conflict with item 4.2.7 on page 5.30 ‘DHB Update on White Paper for Vulnerable Children’ as her daughter worked in the Directorate.

Karen Naylor noted her conflict in relation to the Safety Culture Survey and her role with the Care Capacity Demand Management programme.

Phil Sunderland referred to item 1.6.1 of the Operating Report ‘Smoke Free Turbo’s’ and advised his son-in-law was the Commercial Manager.

Oriana Paewai noted inclusion of Rangitane o Tamaki Nui a Rua in relation to item 13.2 ‘General Approach to Contract Review and Renewal for 2013/14’.

Barbara Cameron advised her conflict in respect of item 1.4.2 ‘Feilding Integrated Family Health Centre project’ as an elected member of the Manawatu District Council.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 19 March 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

A member referred to the Social Housing Strategy which Pat Kelly had undertaken to provide; Management advised that the Strategy would be tabled at a future meeting when available.

5. STRATEGIC / SPECIAL ISSUES

5.1 Immunisation: Update 1

Management spoke to the report and confirmed that improvement in immunisation coverage was proceeding very well. It had been extremely rewarding for the DHB to top the country in the September – December 2012 quarter with 96% of the District’s 8 month olds being fully immunised. The positive result was an indication of good systems in place and the commitment of General Practice Teams and the Improving Immunisation Coverage staff.

A member recognised that immunisation was a very good thing but expressed concern at the incidental bullying and questioned how this was managed. Management advised that it was recognised families had the right to refuse and so long as they were offered the information to enable an informed choice, their decision was respected. The area of focus was on those families who wanted their children immunised but for whatever reason, had not managed to

enable this to happen. This occurred by supporting the connection with General Practice teams and/or the Outreach Immunisation Service.

It was also noted that at the beginning of the programme there had been some concern expressed from within the Board around informed consent procedures. These concerns proved unfounded but ongoing work on informed consent systems and processes ensued and are now pivotal to the programme.

The Chair extended the Committee's congratulations to the Team and their good wishes.

It was recommended:

that this report be received.

5.2 Child Health: Update 2

Management advised that the highlight for Child Health was the Clinical Network which had driven some quite large integrated primary and secondary programmes and was the area to be worked on. A good number of services had been put in place over the last few years but mechanisms were now required to be put in place in order to bring everything together.

A member noted that the report focussed very much around integration work with other sectors in terms of addressing Child Health. She had recently attended an informal workshop on health hosted by a rural social services network. 62 people had attended with the majority being men. Although it had been a social service driven evening, the focus had been totally on babies and what happened as they reached the age of 11 – 15 years. The member concluded that these types of events fitted in perfectly with the integration work being undertaken.

A further observation from management concerned the relationship between the enrolment rates for the 0 -4 and 5 – 14 year olds and their attendance at the Emergency Department. It was noted the major growth was in that cohort. It was reported that much of the work being undertaken was around Collaborative Clinical Guidelines (Map of Medicine) which should have an impact on those attendances. An improvement in status was anticipated in 2015.

It was confirmed that a Psychologist for the Child development Service had recently commenced and the Social Worker was in place.

It was recommended:

that this report be received.

5.3 Safety Culture Survey – Quarterly Update

The Chief Executive Officer advised that there had been considerable focus on Workforce Development in the Annual Plan over the previous two years and part of that strategy had been informed by the Safety Culture Survey. This had in turn created its own work programme.

Management spoke to the report which outlined the progress made since December 2012 when a full report was given to the Committee on Workforce Development. One of the significant initiatives underway to address the findings in the survey was the Team Development Programme which would be rolled out in the following 18 months.

The survey had highlighted incidents of bullying behaviour within the organisation. A review of the Harassment Policy had been on the work programme and the policy now developed had been through the bipartite arrangement which defined what was: unacceptable behaviour; harassment; and bullying and what was not those three things. This would be rolled out through the Health Development Team and be part of the Health Development Programme.

Human Resources & Organisational Development based their work programme on the findings of the survey to measure their performance. There had not been a large amount of feedback but that which had been received was positive. The survey will be repeated in 2014.

A vote of thanks was given to Anne Amooore for the tremendous amount of work involved in the analysis and compilation of the programme of work.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 One Patient's Journey

The Chief Executive Officer advised that significant progress had been made and in discussion at the Hospital Advisory Committee earlier in the day, the Next Steps on page 6.3 had been endorsed.

It was recommended:

that this report be received.

6.2 Planning & Support Operating Report

Item 1.4.5 Masterclass 2013

The General Manager, Planning & Support, gave an overview of the recent study trip to the UK of a group of approximately 18 people. The group comprised a mixture of participants from MidCentral, Whanganui and Lakes districts. The majority of the group were clinicians and clinical leaders. From the MidCentral district, participants were from MidCentral Health, Tararua Health Group and Central PHO. A cohort also attended the "Quality in Healthcare" and "British Medical Journal" Conference.

The General Manager advised that during the visit opportunities had been taken to explore other possible interests. There were meetings with Map of Medicine which explored some new products becoming available. Map of Medicine was now gaining traction in Australia, and MidCentral DHB was approached to provide the editor training.

During the visit Mike Grant also met with Mr David Albury, a world leader on innovation and leadership. Mr Albury agreed to visit the MidCentral district in September/October so the DHB can benefit from his expertise.

Item 1.1.1 Aged Residential Care interRAI Training

Management advised the roll out was taking longer than had been anticipated and at a slightly increased cost. However, commitment to the programme was not in question.

Item 1.1.2 New Brochures to Support Quality of Care at Home

There had been a concern out in the community that complaints were unreported so the idea of the brochures was to get information out as far and wide as possible.

Item 1.3.2 National Key Performance Indicator Project

The Chair inquired about the Northern Regional Alliance's role in developing this national project and whether that would affect uptake by other DHBs. Management clarified that the Northern Regional Alliance was leading the work and that it proposed top slicing because that was the only effective way of getting DHB support.

The Chief Executive Officer noted that MidCentral DHB's service very much endorsed that method and the Clinical Director had advised in his presentation that he used some of the information to look at service delivery

6-18

Item 1.4.1 Horizons' Funding of Health Shuttles

A copy of the letter sent to Horizons had been circulated to Board members and no response had yet been received. Management would keep the Committee up to date with any decisions that Horizons might make or any of the community groups that were running shuttles.

Item 1.4.2 Feilding Integrated Health Centre Project

A preliminary meeting had been held with the Community Trust regarding the lease agreement. The Trust had some issues and these were being worked through. At the present time these did not appear to be serious. The Committee would be informed of the issues at the next meeting.

Item 1.4.3 Partnering with General Practice for Improved Health Outcomes

Management advised that work with the Tararua Health Group was proceeding rather slowly and it was anticipated the start would be delayed beyond 1 July.

In response to a member's question as to how far developed the Practice Development Programme was, the General Manager, Planning and Support, indicated that it was in its early stages and that he could not see it coming before the Committee prior to 1 July. A meeting had been held three weeks previously and a little more debate was required before the Group would land on a set of aligned outcomes. However, there was an extreme sense of excitement amongst the GPs involved and the DHB was also required to identify the clinical governance. Sign off will require engagement with senior clinicians because of the alignment of outcomes to their area of specialty.

Item 1.4.4 Central PHO and Alliance Leadership Team Update

Following a member's query around what the change in leadership would look like, management provided a precise of recent PHO developments. This began with the creation of four locality based PHOs supported by a single Management Services Organisation. At the behest of Minister Ryall, the four PHOs amalgamated to a single PHO (Central PHO), still supported by a Management Services Organisation. In the meantime a number of other governance agencies had emerged, particularly the Alliance Leadership Team, which oversees the Better, Sooner, More Convenient Business Case. A further reworking was now proposed to reduce duplication and overlapping jurisdictions. The new PHO governance structure will be clinician led and supported by a management group that brings together the PHO, MidCentral Health, and Planning and Support Portfolio Managers..

Item 1.6.1 Smoke Free Turbo's

The one year agreement with the Turbos had the ability to be extended to a three year agreement. This will enable smoke free advertising on the grounds, two minutes PR voice at half time around a health message; and give the DHB the ability to continue to use the emblems or logos in terms of youth development across the district as and when required.

A member questioned whether anything similar had been considered for Netballers. The City Council were working towards a Smoke Free Strategy within the city and enquired whether the link-ups were with those particular groups.

Management advised that the DHB had funded a number of smoke-free events with the Palmerston North City Council and would prefer it went bigger and bolder. However, this particular arrangement had grown out of the existing relationship the Turbos had with the DHB. This was not so well established in other areas of the sporting community but when it came to youth at risk or children, the Board had an open mind and were aware for any opportunities.

Item 1.6.2 B4School Check

The B4School Check team is meeting target. The MDHB model is an integrated approach where children receive a vision hearing check and health check at one visit. The model was a little more labour intensive but this had not had a derogatory effect on meeting targets.

Item 1.7.1 Transition Support for Long Term Conditions, Exceptional Circumstances Patients

The website issues would be managed over time.

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Item 1.8.1 Whanau Triathlon

Management noted that the DHB is the second biggest funder of Sport Manawatu, with approximately \$700,000 a year going towards promoting physical activity amongst our most disadvantaged population. The Triathlon had been extremely successful with some very good outcomes. It would likely be repeated next year.

It was recommended:

that this report be received.

6.3 Finance Report – April 2013

The financial position continued to be very strong in the funder and was managing well in the Provider arm. The Provider arm tended to pick up a lot of revenue in the last few months. It was envisaged both divisions would end the financial year on a very positive note.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

The Chief Executive Officer spoke to his report.

Two workshops would be held on 11 June, the day of the next meeting. The Whanau Ora workshop would take place after the CPHAC meeting and members of the Hospital Advisory Committee would be invited. The Elective Services Performance Indicator workshop would commence at 10.30am following the Hospital Advisory Committee meeting and CPHAC members were welcome to attend.

A member referred to the ESPI workshop and enquired whether it would be possible to be given a better understanding of the process for patients who had received outpatient services in the private sector and then were transferred into the public system for surgery. This potentially bypassed the waiting list and prioritisation processes.

Management would endeavour to have this request included in the workshop.

It was recommended:

that that the updated work programme for 2012/13 be noted.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 11 June 2013

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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>Annual & Regional Planning Update</i>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>General Approach to Contract Review & Renewal for 2013/14</i>	<i>Negotiating Strategy</i>	<i>9(2)(ba)</i>
<i>Contract Update</i>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Planning & Support Operating Report – Part 2</i>	<i>Matter of contractual negotiation</i>	<i>9(2)(j)</i>

Confirmed this 11th day of June 2013

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Chairperson