

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 3 September 2013 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Ann Chapman (Deputy Chair)
Barbara Cameron
Andrew Ivory
Pat Kelly
Phil Sunderland (ex officio)

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemman, Committee Secretary
Barbara Robson, Board Member
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Barb Bradnock, Portfolio Manager, Child & Youth Health
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: (o)
Media: (o)

1. APOLOGIES

An apology was received from Diane Anderson and Oriana Paewai. An apology for lateness was received from Karen Naylor 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

Barbara Cameron declared a conflict in relation to Item 7.2 Planning and Support Operating Report (specifically, 1.4.1 Feilding Integrated Family Health Centre) as well as Item 14.2 Feilding Integrated Family Health Centre Settlement – Part 2 and noted that she is a Councillor for Manawatu District Council.

The Chief Executive Officer advised that the relevant detail pertaining to the Feilding Integrated Family Health Centre had been removed from Barbara Cameron's agenda papers.

The Deputy Chair advised that therefore she saw no implications as a result of Barbara Cameron 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 23 July 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

Reporting is in accordance with agreed timelines with one exception relating to the key performance indicators being developed as part of the accountabilities and incentives framework. Progress is slower than anticipated but is advancing.

The Chief Executive Officer also provided a summary of upcoming reports that the Committee can expect to receive, as well as a forthcoming workshop on the Health Service Master Plan to be held on 24 September 2013. Further, the Committee can expect to receive a draft Strategic Assessment regarding the Health Service Master Plan at its meeting in October.

It was also noted that the overall volume of reports for upcoming agendas will be fairly light to coincide with local elections in November 2013.

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 4, 2012/13

This is the final report for 2012/13 regarding implementation of the Regional Services Plan (RSP). A broad programme of work has been undertaken and achieved, with three exceptions: capital asset management and the additional reporting for “long term support for chronic health conditions”, both of which related to information not being available at the time of reporting.

The third programme (CRISP) remained with major risks (red status). A refreshed business case is being completed to provide certainty of future funding for the CRISP programme ahead. This will be presented to the Board at its next meeting for review and decision.

The Committee agreed that the strategic direction for the RSP needs to be strengthened but this report outlines a significant number of highlights and definite progress is being made.

It was recommended:

that this report be received.

6.2 Annual Prioritisation Framework Update

This report provides an annual overview of the current prioritisation framework against which all investment papers are assessed by the Community & Public Health Advisory Committee (CPHAC).

A member commented that the existing framework does not provide any information about existing services in order to assess and compare proposed new health services or activities. This makes it difficult to identify service gaps or possible duplication of services.

The Committee agreed, and asked that the recommendation be amended to reflect this.

It was recommended:

that this report be received and the Community and Public Health Advisory Committee makes any comments and suggestions;

that the prioritisation framework be updated to include information pertaining to the impact of the proposed new health service or activity with regard to existing, current and similar health services and activities;

that the amended prioritisation framework be confirmed for use in the 2013/14 financial year.

6.3 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2012/13

It was noted that results for Shorter Stays in the Emergency Department had declined this quarter, although this deliverable still received a “partial achievement” assessment. A member sought further explanation and it was advised that an organisation-wide performance improvement project with three workstreams has been initiated to improve results against this target.

It was recommended:

that this report be received.

5-14

7. OPERATIONAL REPORTS

7.1 Health Awards 2013

The General Manager, Planning & Support, outlined the nine award categories and noted the inclusion of The Judges' Choice Award as a new category for this year.

Sponsorship remains on track with nine sponsors supporting the event to date.

The Committee agreed that the awards ceremony has proven very successful and would benefit from increased media coverage, particularly leading up to the event.

It was recommended:

that this report be received.

7.2 Planning & Support Operating Report

Item 1.1.3 Respite Case Manager Services

This service was established on 1 September to provide key navigation and liaison functions. It aims to target specific people who will benefit from support but can still retain their independence and live well in the community.

Item 1.2.1 Atamira Ahuru - Mortuary

Management advised that a broad range of stakeholders had been engaged in this project (police, coroner, clinicians, etc.) which should enable awareness of the new mortuary service.

Barbara Cameron asked if it would be possible to arrange a tour of the new mortuary. It was agreed that this would be organised for those Board and Committee members who were interested.

Item 1.5.1 Staff Influenza Vaccination Data

The overall number of staff being vaccinated is slowly improving, however research will be undertaken into determining the reasons behind the lack of uptake in key staffing areas.

Item 1.6.2 Children's Action Plan – Update Hon Paula Bennett 13.08.13

This legislation is to be introduced in order to help protect the country's most vulnerable children. As part of this there will be minimum standards for screening and vetting every government worker in the children's workforce. The Child Health Tamariki Ora District Group will process the significance of these changes at their next meeting and report any issues back to the Board.

Karen Naylor joined the meeting.

Item 1.8.2 Emergency Department

MidCentral does not have the population to support a dedicated 24 hour Accident & Emergency service so the process in place is Healthline for first point of contact, followed by General Practice, then City Doctors, then Emergency Department (ED) for after hours care.

An update was provided around the St John Paramedic Service which allows some patients to be treated in their home or workplace by UCC-trained paramedics instead of having to go to hospital. This service is currently funded by the Ministry of Health. It was advised that the service has provided some value to Horowhenua residents but that there have been negligible results in terms of reducing presentations to ED. Further, the service is expensive to run and it needs to be integrated with other services to be fully effective.

It was recommended:

that this report be received.

7.3 Finance Report – August 2013

Positive financial performance and forecast continue.

It was recommended:

that this report be received.

7.4 One Patient's Journey

The Committee received this report and noted that no decision was required.

It was recommended:

that this report be received.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday 15 October 2013

An apology for Barbara Cameron and Pat Kelly was noted for this meeting.

Phil Sunderland is to address the ongoing absence of Neil Perry.

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>2014/15 Planning Assumptions and Parameters</i>	<i>Subject to negotiation & negotiating strategy info</i>	<i>9(2)(j)</i>
<i>Quarterly Report – Contracts</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Feilding Integrated Family Health Centre Settlement – Part 2</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 15th day of October 2013

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Chairperson