

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 5 July 2011 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

### PRESENT:

Diane Anderson (Chair)  
Ann Chapman (Deputy Chair)  
Andrew Ivory  
Karen Naylor  
Oriana Paewai  
Neil Perry  
Phil Sunderland

*Unconfirmed Minutes*

### IN ATTENDANCE:

Craig Johnston, Acting General Manager, Funding Division  
Murray Georgel, Chief Executive Officer  
Jill Matthews, Board Secretary  
Brad Grimmer, Portfolio Manager, Health of Older People  
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions  
Shane Ruwhiu, Portfolio Manager, Maori Health  
Moana Mataira, HEHA District Co-ordinator  
Richard Fong, Clinical Advisor  
Jo Smith, Project Manager, InterRAI  
Niki Michael, Communications Officer  
Trish Keelan, Planning & Accountability Manager

### OTHER:

Public: (1)  
Media: (2)

Opening the meeting, the Chair welcomed new members, Andrew Ivory and Neil Perry.

#### 1. APOLOGIES

Apologies were received from Pat Kelly, Board Member and Mike Grant, General Manager, Funding Division. Mavis Mullins, Board Member 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**

Karen Naylor identified the following conflict: agenda item, 5.5 Hospital Productivity Update 3. Item 5.1.2 of this report referred to the Care Capacity Demand Management initiative. Mrs Naylor was a member of MCH's Steering Group.

It was agreed that as this was an information only item, there was no impediment to Mrs Naylor's participation.

## **4. MINUTES**

### **4.1 Minutes**

The Committee acknowledged with appreciation the work of Carole Chisholm, Committee Secretary over the past 12 months. Her term as Committee Secretary for CPHAC had ended.

It was recommended:

*that the minutes of the previous meeting held on 7 June 2011 be confirmed as a true and correct received.*

### **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**

#### *4.3.1 Pharmac*

Management advised that arrangements for a representative of Pharmac to visit the Committee were to be made. Details would be reported back to the Committee in due course.

## **5. STRATEGIC/SPECIAL ISSUES**

### **5.1 Health Needs Assessment Annual Update**

Management advised key findings from the health needs assessment were:

- MidCentral DHB's population had slightly more Maori than the New Zealand population
- MDHB's population had more people aged 65+ than the NZ population
- MDHB's population had slightly more people living in high deprivation localities than the national average
- Within MDHB's district, Horowhenua had a higher mortality rate

Members noted that the statistical information was somewhat dated given the time taken to collect and present this information nationally. MidCentral DHB did not commission research of this nature, using national information which was collected in a standard manner and provided comparison with other DHBs and communities.

Dr Fong confirmed that while deprivation data was not available by ethnicity, it was generally accepted that a fair proportion of Maori and Pacific Island would appear in the high deprivation areas. He further stated that national research showed that lower socio-economic status was not solely responsible for the lower health status amongst Maori.

Dr Fong confirmed the mortality rate MidCentral DHB's Maori population was worse than the New Zealand total (all ethnicities) mortality rate, but was slightly better than New Zealand Maori overall.

The Committee noted that the health needs assessment information informed planning and investment decisions. Management confirmed that MidCentral DHB participated in the Regional Interagency Network and other collaborative initiatives.

It was recommended:

*that this report be received.*

Dr Fong left the meeting.

## **5.2 PIA 2: Primary Care – Update 3**

The Acting General Manager, Funding Division advised that Care Plus was one of several funding streams which had recently been put into a Flexible Funding Pool for use by the local primary health organisation to implement the Better, Sooner, More Convenient Business Case. This was in line with national direction. The Central PHO was in the process of relaunching the Enhanced Care Plus package. The funding would be directed to people on general practice lists who met prioritisation criteria, ie had chronic conditions and co-morbidities. The programme was aligned to standard health care assessment tools and plans.

The urgent community care pilot in Horowhenua was discussed. Two members provided feedback from users that they had been subject to a part-charge. The CEO advised that similar feedback had also been received from members of the Hospital Advisory Committee. The Acting General Manager, Funding Division advised he was unaware of this and the matter would be investigated and a report provided back to the committee. It was noted that the Order of St John were fully funding the programme at this time.

The concept of a lead tenant for the Feilding Integrated Family Health Centre was noted.

The work of the new Health of Older Persons Team in Tararua was discussed. Management advised that this initiative was being well received. Initially the team had worked with aged residential care providers, but had moved quickly to prioritised general practice population. The Tararua Health Group had one patient register which made this a lot easier. The Health of Older Persons Team had established strong links with specialist gerontology staff at MidCentral Health as well as Emergency Department staff.

Management advised that key strategies to increase Maori enrolments with the Central PHO were Whanau Ora assessments for people who were currently not enrolled, and, use of Whanau Ora co-ordinators to assist people connect with health services. It was noted that enrolment figures for Maori within Horowhenua were increasing.

General practice capacity and waiting lists were discussed, particularly in relation to Horowhenua. Management advised the Horowhenua waiting list had built up over time and became outdated. Latest information was the Waiting List Practice had 1,500 patients enrolled. The Acting General Manager noted the ratio of patients to a GP varied, with some having as many as 2,400 patients. He estimated the Waiting List Practice equated to 0.8fte of a GP. He advised that feedback from the practice was its patients were generally high needs and the nursing team approach provided a comprehensive assessment based on an holistic model of care, with an emphasis of chronic care management. The nurses provided the continuity of care these patients required and insulated them from changes in GPs. It was noted that this Practice's patients were enrolled with the PHO and received subsidised health care.

The Committee requested further information regarding Central PHO's performance against the PHO Performance Programme indicators, particularly comparison to the national average as appropriate. It was agreed this information would be provided to the Committee's next meeting.

The importance of early engagement with mothers and mothers-to-be in respect of breastfeeding was raised. It was considered that to be successful, engagement was required up to and within a few days of birth. It was agreed that clarification around breastfeeding services would be provided to the Committee.

Members thanked management for a comprehensive paper on primary health care. The Board Chair advised this matter was to be the subject of the next national DHB Chairs' forum.

It was recommended:

*that this report be received.*

### **5.3 Central Alliance: Implementation of the Funding Workstream – Update 3**

It was recommended:

*that this report be received.*

#### ***Information only reports:***

### **5.4 Improved Local and Regional Coordination of Services Update**

The CEO presented this report and updated members on the Regional Service Plan approach.

It was recommended:

*that this report be received.*

### **5.5 PIA 1: Hospital Productivity – Update 3**

This paper was received. The CEO advised that the targets for elective services were to change to zero people waiting greater than six months for a first specialist appointment and surgery by 30 June 2012. It was noted that the financial penalties associated with non-compliance were significant.

Karen Naylor's interest in the Care Capacity Demand Management initiative was noted. This initiative was not discussed.

The patient focused booking project was discussed. The CEO advised that while MDHB would not be proceeding with the Ministry of Health based project due to timing and resource issues, the principles of this work would continue to be implemented over a longer time period.

The CEO advised that several steps were taken to mitigate the number, and impact, of "did not attends".

The reduction in the average length of stay was discussed and the impact of this on hospital readmission rates was raised. The CEO advised that unplanned hospital readmission rates had not been an issue. Initiatives such as the establishment of a medical assessment and planning unit and the orthopaedic pre surgical joint clinic had contributed to the shorter length of stay.

The Board Chair noted the improvement in the smoking cessation health target. He noted that MDHB was likely to achieve the target of 90% for the 2010/11 year. It was noted that the target would increase to 95% in 2011/12.

It was recommended:

*that this report be received.*

## **6. OPERATIONAL REPORTS**

### **6.1 Funding Division Operating Report**

It was resolved:

*that this report be received.*

### **6.2 Finance Report**

Management advised that the key contributor to the Division's positive financial position was income from the previous year, including the inter-district flow provision. It was further noted that pharmaceuticals accounted for a significant proportion of the primary care spend and this had been better than budget for the year.

In respect of the final financial result for 2010/11, it was noted that IDFs and the annual wash-up with MidCentral Health were two areas of uncertainty and these would be worked through over coming weeks.

The DHB's consolidated position was discussed. It was noted that all divisions were contributing to the better than budget result. The Board and Committee Chairs reinforced the importance of MDHB generating surpluses to enable it to invest in planned service developments, such as cardiology services.

It was recommended:

*that this report be received.*

## **7. GOVERNANCE**

### **7.1 2011/12 Reporting Framework**

The move to a six-weekly meeting cycle in 2012 was noted.

It was recommended:

*that the Committee's 2011/12 work programme be noted.*

Moana Mataira left the meeting.

## **8. LATE ITEMS**

There were no late items.

## **9. DATE OF NEXT MEETING**

Tuesday, 2 August 2011

**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>Contract Renewal - Te Whanau Manaaki o Manawatu</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 2nd day of August 2011

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Chairperson