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# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 6 December 2011 at 1pm at MidCentral District Health Board, Rooms A & B, Education Centre, Gate 11, Ruahine Street, Palmerston North

**PRESENT:**

Diane Anderson (Chair)
Ann Chapman (Deputy Chair)
Pat Kelly
Karen Naylor
Phil Sunderland (ex officio)
Oriana Paewai
Neil Perry

**IN ATTENDANCE:**

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemann, Committee Secretary
Barb Bradnock, Portfolio Manager, Child & Youth Health
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Ian Ironside, Portfolio Manager, Secondary Care
Vivienne Ayres, DHB Planning & Accountability Manager
Lyn Horgan, Operations Director, Hospital Services
Andrew Orange, Pharmacy Advisor
Niki Michael, Communications Officer

**OTHER:**

Public: (1)
Media: (0)

### 1. APOLOGIES

An apology for absence was received from Andrew Ivory prior to the meeting.

An apology for lateness was received from Neil Perry.

### 2. NOTIFICATION OF LATE ITEMS

There were no late items, however Pat Kelly tabled an item for the Committee to receive and review for inclusion, or otherwise, at the next meeting.

This paper is titled 'Palmerston North Maori Community Profile' and a copy of this will be distributed to members accordingly.

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## 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 a conflict in relation to agenda item 6.1, specifically with regard to Care Capacity and Demand Update.

A member of the public, Mr John Bent, addressed the Committee meeting regarding the following agenda item:

- Item 6.1 Funding Division Operating Report - October 2011, Item 2.3.1 Suicide Intervention Coordinator

Mr Bent commented that the Department of Mental Health has recently released its Annual Report which contains a section on suicide. Of positive note for the period 2001-2008 is the steady decline in the percentage of the number of suicides by non-service users, i.e. those who have not accessed Mental Health and Addictions services in the 12 months prior.

However, Mr Bent also noted that, of the total suicide figure, one third are by those who have accessed specialist Mental Health services in the preceding 12 month period. Mr Bent noted the correlation between this data and queried whether Mental Health and Addictions services are providing adequate support for these clients.

The Committee received the comments made by Mr Bent.

Karen Naylor then requested an update regarding progress to appointment of the Suicide Intervention Coordinator position. Mike Grant, General Manager, Planning and Support, advised that he had recently signed an agreement for the concept to be put to tender.

## 4. MINUTES

### 4.1 Minutes

It was recommended:

> *that the minutes of the previous meeting held on 1 November 2011 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 REPORTS / SPECIAL ISSUES

### 5.1 Price and Volume Schedule 2012/13

This schedule aims to establish the level of funding to MidCentral Health for the 2012/13 financial year. At this time the expected net price effect will be a reduction of 0.48% or $1m, whereas expected volume funding will be around $2m. Total funding to MidCentral Health in 2012/13 is expected to be approximately $235m, an increase of 0.45%.

The Committee noted this and queried the level of tension around ensuring provider performance against the expected level of funding. It was noted that, in fact, this tension had led to more efficient and effective service delivery at MidCentral Health over time, especially with regard to elective and surgical performance.

The current funding tension of $3-4m is largely due to over-delivered volumes in Womens Health but is also a reflection of the truer cost of service delivery.

Diane Anderson, Chair, queried the level of funding around Community Radiology. It was advised that $2.3m will become available to the PHO to purchase radiology services and that this amount can be recovered by MidCentral Health.

A member also queried whether the Price Volume Schedule includes contingency funding. It was advised that contingency is not part of the schedule but that there are reserves available if required.

It was recommended:

*that this report be received*

### 5.2 Maori Health DAP 11/12 Update 1

The Committee commented on the positive and informative content of this report.

The Chair sought clarification with regard to the Cardiology Landscape Project, as noted in the Appendix (Schedule of Maori Health Plan Initiatives). It was advised that there is no selective use of interventions and that this schedule refers to past occurrences. It could be due to late presentation(s) that Maori patients first admitted with acute coronary syndrome who are resident in Whanganui are significantly less likely than non-Maori to receive angiography, angioplasty or coronary artery bypass and graft.

Pat Kelly then referred to his previously tabled report, being 'Palmerston North Maori Community Profile' and emphasised the relevance of this information. The report will be copied to the Committee for consideration.

It was recommended:

*that this report be received*

### 5.3 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 1, 2011/12

This report covers the period July to September 2011.

Vivienne Ayres, DHB Planning and Accountability Manager, reiterated several areas of note to the Committee.

Data has been collected over a period of time but this is the first instance for reporting against the health target 'Better Help for Smokers to Quit – Primary'. This target has been partially achieved and progress against this indicator will continue.

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With regard to the health target 'Better Diabetes and Cardiovascular Services', it was noted that the CVD risk assessment is an area of concern in that data is not congruent to PHO Performance Programme data. This is being followed up with the Ministry of Health accordingly but there is likely to be a change to the framework for this particular health target.

Also of note is the positive progress around Immunisation rates and the Before School Check programme.

It was recommended:

*that this report be received*

### 5.4 Update on Implementation of the Cardiology Landscape Report and Progress against Health Target: Better Diabetes & Cardiovascular Services

The Committee received this report and commented that actions undertaken and progress achieved to date are positive indicators of success.

It was recommended:

*that this report be received*

### 5.5 Improved Access to Elective Surgery *(for information only*

Clarification was sought around Graph 1: Theatre Productivity (Elective theatre sessions that are cancelled, have late starts and early finishes). Management explained that the target of less than 40.5% is not a true indicator of how theatres are being utilised. The target is based on performance in the 2009/10 year and this is the first instance in which productivity has been reported against this measure. To provide further clarification, this particular target is to be adjusted to a theatre utilisation rate, being set down at 90% or more (currently MidCentral Health is achieving 91%).

The Committee also commented favourably on the implementation of Patient Focused Booking services in Colposcopy, Dermatology, Gastroenterology, Endoscopy, and ENT, and enquired whether this initiative would be rolled out to other areas within MidCentral Health. Management responded that this is likely to proceed, although some services are waiting to first assess the likely impact on Did Not Attend (DNA) rates.

It was recommended:

*that this report be received*

### 5.6 2011/12 Regional Services Plan – Monthly Update

Of note with regard to centralAlliance, the project concerning shared Information Systems services has now been consigned to the implementation of CRISP and the shared transactional processing project has been superseded by the business plan of Health Benefits Ltd.

Management also provided information around the transforming nature of Central Region's Technical Advisory Services Ltd (TAS) in that the organisation is changing from its position as service provider to a full shared services organisation representing the region. This is in part due to the CRISP initiative and it is likely that TAS will continue to take on more risk in future.

It was recommended:

*that this report be received*

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## 5.7 Optimising Performance – Accountability and Incentives

MidCentral DHB has invested significantly in General Practice through the PHO which has led to an increase in output and outcomes over the past few years, however an alignment of both investment services and incentives is more likely to get MidCentral DHB to the next level of performance.

A member queried how accountability would be factored into this model. General Practice is currently bulk funded for the number of patients on each GP register but there are no specific metrics that particularly relate to the clinician as to how health care is assessed and delivered for the patient population. For example, such metrics may relate specifically to cardiac intervention or Practice Nurse intervention. This essentially means that the funding model is changed so that funding may be, for instance, payable for each episode of care, rather than by bulk payment.

There are a minimum of accountability factors in the current contracting and funding arrangement and the new model seeks to develop shared accountabilities, not just the delivery of financial incentives.

It was also advised that the existing funding arrangement does not currently allow for this type of activity to occur so essentially this initiative will need to be clinician-led and promoted to the Ministry of Health.

The expected timescale is 12-18 months to reach the point of initiation. A dual model would operate initially then the programme would be rolled out to all General Practice over a period of time.

It was then queried whether or not this model would improve access to primary care, especially by Maori. It was advised that factors such as access and communication will form part of the negotiation around facets of accountability.

This will be examined further in a second report which will be provided to the Committee in March or April 2012.

It was recommended:

*that this report be received*

# 6. OPERATIONAL REPORTS

## 6.1 Workforce Development Strategy - Six Monthly Update

The Committee received this report and acknowledged positive progress made against recruitment and retention initiatives. It was also noted that MidCentral DHB is well placed to meet the new annual planning workforce requirements for 2012/13.

It was recommended:

*that this report be received*

## 6.2 GP Registrar Pilot

For 2012 the DHB will again offer Registrar posts which will be limited to Tararua and/or Horowhenua as these are high priority communities for the DHB in terms of GP recruitment.

It was recommended:

*that this report be received*

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### 6.3 Funding Division Operating Report – November 2011

*Item 1.1 Health of Older Person*
The Senior Portfolio Manager, Health of Older Person, provided background information around the Long Term Support - Chronic Health Care Service, and the Aged Residential Care Provider Forum.

A report on Dementia will be furnished to the Committee in the next few months. From the first point of cognitive decline to the occupation of an ARC bed is a fairly rapid journey and this report will focus on the need to establish a suite of services between these two points to create a better quality of life for the patient.

*Item 1.6.1 Vitamin D Utilisation in Aged Residential Care Facilities*
While the number of ACC claims has increased overall, claims are being made for less serious accidents than prior to July 2010. Causation is difficult to prove but there is likely to be a correlation with the increased utilisation of vitamin D in the ARC population.

This two-year pilot will be completed in July 2012 at which time it will hopefully be embedded in best practice processes.

It was recommended:

> *that this report be received*

### 6.4 Finance Report – November 2011

Strong performance by MidCentral Health was noted and that positive financial performance and forecast continue.

It was recommended:

> *that this report be received*

## 7. GOVERNANCE

### 7.1 Committee's Work Programme, 2011/12

The Committee was reminded that the next meeting date is set down for 31 January 2012.

The Chief Executive Officer also outlined several forthcoming workshops scheduled for early 2012 and asked the Committee to take note accordingly.

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 31 January 2012

15·16

**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:*

| *Item* | *Reason* | *Reference* |
|---|---|---|
| *"In Committee" Minutes of the Previous Meeting* | *For reasons stated in the previous agenda* | |

Confirmed this 31st day of January 2012

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Chairperson