6.12

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 9 October 2012 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

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

IN ATTENDANCE:

Mike Grant, General Manager, Planning & Support
Carole Chisholm, Committee Secretary
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Barb Bradnock, Portfolio Manager, Child Health
Andrew Orange, Pharmacy Advisor
Lyn Horgan, Operations Manager, Hospital Services
Chiquita Hansen, Director of Nursing – Primary Health
Doug Edwards, Maori Health Advisor
Bayleigh Hayston, Communications Officer

OTHER:

Public: (2)
Media: (0)

1. APOLOGIES

Neil Perry; Murray Georgel

2. NOTIFICATION OF LATE ITEMS

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendment to the Register of Interests

There were no amendments.

3.2 Declaration of Conflicts in Relation to Today's Business

Karen Naylor noted her conflict in relation to item 14.1 in Part 2 '2013/14 Planning Assumptions and Parameters' due to her being a Member and Board Member, NZ Nurses'

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Organisation. The Chair confirmed that Mrs Naylor was unable to participate in any discussions in relation to wage provisions.

Oriana Paewai noted a conflict in relation to '2013/14 Planning Assumptions and Parameters' due to her position as CEO, Rangitane o Tamaki nui a Rua (Maori provider). The Chair confirmed that Ms Paewai was unable to enter into any discussions around contracted provider provision.

Andrew Ivory noted a conflict in relation to item 6.2 'Health Care Development Team Update' due to his position as advisor to Proven Performance Limited, who may in the future be involved in tendering for some of the training mentioned in that report. The Committee had no objection to Mr Ivory's participation during discussion of this item.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 28 August 2012 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 / SPECIAL ISSUES

5.1 Moving Services from Hospital to Primary/Community Settings

Management spoke to the report and referred to the table on pages 5.2 and 5.3 indicating the level of integrated services within the district in the primary health care context. The Committee noted that the level of new programmes was a really positive result and following a query around a media release, it was confirmed that information presently being prepared for an internal publication would be extended into the public arena. Most of the different initiatives considered suitable by the Ministry were being covered off by the DHB and although some of these had different titles most were being undertaken or a variation thereof.

It was recommended:

that this report be received.

5.2 Central Region Older Adults and Rehabilitation Steering Group (OARSG)

Four priority areas for older adults in 2011/12 had been established. An integrated framework was the first step in creating a model which required buy-in across the regions six DHBs to work in alignment. It was noted that District Health Boards worked differently and variations existed in the way in which services were delivered. Periodical reports on progress would be made.

The second project related to Polypharmacy and raising awareness amongst the prescribers in particular of the need to take care in the way prescribing occurred. The work was beginning to get underway.

It was noted that a report from the Pharmacy Advisor which appeared later in the agenda on 'Medicines Use Review' linked with polypharmacy issues. The Pharmacy Advisor confirmed that though this was a complex issue and would be better addressed not in isolation, but as part of an overall medicines management approach, it was a relevant consideration and needed to be visible when considering the medicines management of populations such as those in Aged Residential Care.

The third project concerned dementia care where an E Learning Tool had been created and a website. This was available to anyone interested such as clinicians, general practitioners, carers and patients who could visit the site to find out whatever information they wished to learn about. That work had been completed and was seen as a good resource. If people did not wish to access the site themselves, super users had been trained and were available at each central region site. MidCentral DHB had three super users.

The final project concerned providing better support for older Maori and Pacific people. Initial work identified big service gaps, a fact already known. Services for Maori and Pacific people were not always as easy as mainstream and workforce was an area that reqired further development. The working group had only reached the position where they had identified the problem but had not been able to go forward with a solution.

The Committee noted the programme looked innovative in terms of the service being undertaken and was basically what the future landscape would look. It was considered the initiatives would develop on a regional basis very quickly.

It was recommended:

that this report be received.

5.3 Immunisation Update 1

Management confirmed the Board had met the Ministry of Health June target of 95% for two year olds fully immunised. A drop in July down to 92% had since been rectified and coverage rates were now back at 95%.

Influenza vaccination had not been quite so successful, only maintaining the status quo. In response to an enquiry around the low take-up rate and the effect on the community, management advised there had been an impact on secondary care. There were many factors that impacted on staff vaccination rates and it was hoped there would be an opportunity in 2013 to undertake some research around staff vaccinations.

It was confirmed that Meningococcal immunisation had been limited as people had to pay for the vaccine.

Whooping Cough vaccination was in the national schedule, and there had been quite a reduction in communicable diseases locally. In theory if 95% of the population were immunised, they should protect the other 5% - "herd immunity".

A discussion evolved around "cocooning". This involved protecting the child by immunisation of close family and contacts. Australia was supporting this approach. The Ministry of Health believed there was insufficient evidence to date to promote widely. In the interim families could access vaccinations but were required to pay.

It was reported that Child Health staff had been offered the whooping cough vaccine in order to protect the children.

It was recommended:

that this report be received.

6.15

5.4 Child Health Update 1

Management spoke to the report. It was noted that the update included reference to a paper being received by CPHAC in October seeking increased clinical capacity for the Child Development Service. The increase in capacity was in the Annual Plan and in financial terms had been approved. A paper dealing with structure, form and Key Performance Indicators would be included in the November agenda.

In response to a question relating to page 5.43 as to how one could achieve PHO enrolment in excess of 100%, management advised this had arisen out of the PHO PPP programme and was based on 2006 census data which for Child Health was now totally inaccurate.

Following enquiries around regional activities, management advised that there were no regional priorities for Child Health. The development of Clinical Pathways was seen as likely to go regional, if not national, in the future in terms of interest in the Map. Child Health had not been through the regional planning process experienced by other services.

In referring to Para 4.2.1 'By June 30th 2013 at least 30% of pregnant women accessing DHB Funded Pregnancy and Parenting Education, the committee noted it was important that the people who really needed the service were accessing it. Management noted that the Ministry of Health was undertaking a piece of work nationally around this topic. MidCentral DHB would follow this and review its own programme and report back to the Board.

It was noted that the White Paper on Vulnerable Children was due to be released on 12 October and the Committee would be updated.

In relation to a further enquiry around para 4.2.1 it was confirmed that the pregnancy and parenting education referred to free antenatal classes and they were currently available right across the region.

Following discussion it was concluded that encouraging disengaged mothers to attend classes early in their pregnancies was extremely important for both parent and baby.

It was recommended:

that this report be received.

5.5 2013/14 Regional Services Planning Approach

Management spoke to the report. It was anticipated that the look and feel of the guidelines on 2013/14 Regional Services Plan would not be available until early in 2013. However, the tone and nature of content it contained was likely to be known earlier.

The Combined Boards were scheduled to meet on 6 November and priorities would be debated and agreed on. Following a member's question around attendance at the Combined Boards meeting, enquiries would be made as to whether co-opted members were eligible to attend.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Medicines Use Review (MUR) Update

The Pharmacy Advisor spoke to his report, which outlined the slow but steady growth of MUR service provision throughout the district. The point was also made that MUR was one of several medicine management services aimed at optimising outcomes from medicines. The greatest

benefit would result when it was not provided in isolation from other, more clinically focused medicine management services.

It was confirmed that a patient could access MUR by self referral. General Practitioners could refer but experience suggested that they tended not to do so until they experienced their patient's benefits of MUR and became familiar with improvement in their patient's understanding of their medicines and how to take them. At the present time most candidates for MUR were identified by the pharmacies themselves.

It was also noted that people with mental health issues might well benefit from MUR services as mental health was often aligned with physical health. Mr Orange advised that many pharmacies provided significant informal support for mental health clients and acknowledged that this population could well benefit from focused MUR services.

In cases where a patient had thoughts of needing the service, an information brochure had been produced by the MidCentral Community Pharmacy Group for pharmacies to have on hand.

Management also advised that numbers were very small but significant emphasis had been placed on growing the provision of this service.

It was recommended:

that this report be received.

6.2 Health Care Development Team Update

Andrew Ivory's conflict in relation to item 6.2 'Health Care Development Team Update' was noted due to his position as advisor to Proven Performance Limited, who may in the future be involved in tendering for some of the training mentioned in that report. The Committee had no objection to Mr Ivory's participation during discussion of this item.

Chiquita Hansen spoke to her in depth report and thanked the Committee for its support over the previous nine years. Mrs Hansen acknowledged her Funding and Planning team members together with other staff she was fortunate to be involved with.

The committee was very impressed with the quality of the report and noted that their investment decision had reaped tremendous rewards for the district.

It was recommended:

that this report be received.

6.3 Funding Division Operating Report – August 2012

2.1.1 Dementia Awareness Campaign
In response to a comment concerning indications that Dementia numbers would increase into the future, management confirmed that at this point in time there were no issues around resources. The sector had recognised that additional resources should be provided around aged residential care. Consideration was also being given to the area of workforce, but this was largely around the unskilled acquiring skills to work in the environment.

2.1.3 Office of the Auditor General (OAG) follow up report September 2012 – Effectiveness of audit arrangements to check the standard of services provided by rest homes
In response to the comment on page 6.85 concerning issues identified by Planning and Funding Managers that should have been picked up during the certification process, management advised the statement pertained to all of New Zealand. MidCentral was confident it was on top of the process and monitored performance around both the routine audits and any other issues raised.

6.17

The low number of issues based audits undertaken locally and few complaints were largely due to discussion with the auditor before they went on site. At that time they were alerted to any concerns and requested to address them.

2.4 Child and Youth Health – Autism Spectrum Disorder (ASD) Coordination
The new ASD Coordinator role was progressing well. Numbers accessing the service exceeded Ministry of Health assumptions. It was proposed this may have been as a result of the new service and would be monitored carefully.

Youth One Stop Shop
It was noted that the new premises had seen an increase in new patients due to the visibility and attraction of the site. In addition the YOSS had reconfigured the way they worked so there was more capacity and the walk in clinics had proved very popular, particularly with young Maori men.

2.5.1 Paediatric Gastroenteritis assessment and management in community pharmacy
The Community Pharmacy Group had arranged for the first training group to take place with Dr Jeff Brown. The paediatric training was likely to occur in November.

It was recommended:

that this report be received

6.4 Finance Report – September 2012

Management drew members attention to para 4.2 Elective Income advising that as a result of the Ministry of Health's financial determination enabling over delivered units to be transferred to under delivered units, the elective revenue initiative washup was $1.35m more favourable to the Board than expected. The external auditors advised this should be listed on the error schedule which was supported by the Board. A new Letter of Representation had now been completed and the annual accounts signed off by the Chair and Deputy Chair.

In response to a member's enquiry, it was confirmed that the Board would determine the use of the $1.35m as well as other surplus funds and it was envisaged that conversation would commence early in the New Year. To begin some of that discussion at management level, a report on deferred maintenance had been requested.

The financial performance for September showed a significant improvement. It was expected the situation would be maintained or even bettered as the year progressed. Both the provider and funding arms were in strong financial situations.

It was recommended:

that this report be received

Craig Johnston left the meeting.

Due to the suggestion of an Electives workshop requiring decision, consideration of Item 7 Work Plan, was deferred until after discussion of the report on Elective Services.

8. FOR INFORMATION ONLY

8.1 Progress in Delivering the Shorter Stays in Emergency Department (SSIED) Health Target

Management summarised the report which had been presented to the Hospital Advisory Committee earlier in the day. Progress was being made but there was still some work to be done before the health target was achieved.

The organisation had not seen a lot of influenza but there had been significant pneumonia and general respiratory illness. The month of August saw approximately 1,100 admissions, a record number for MidCentral.

Craig Johnston re-entered the meeting.

It was recommended:

that this report be received.

8.2 Shorter Waits for Cancer Treatment

The Hospital Advisory Committee had expressed general support for the paper. There had been discussion on cancer treatment indicators and some of the nuances around high suspicion diagnosis measurement. The initiatives enabled patients to obtain a better service and should therefore continue.

It was recommended:

that this report be received.

8.3 Regional Women's Health Service Update

It was recommended:

that the report is received.

8.4 National Elective Services Programme

Management spoke to the report which provided an overview of the National Elective Services Programme. This had come out of a National Health Programme which all District Health Boards were required to implement.

With reference to the table on page 8.42 outlining which specialties had returned patients to GP care it was confirmed that this was a snapshot as at the end of August. The Patient Management System (PMS) recorded a patient's return to GP care. If, at some stage there was capacity for that patient, the GP was notified and the patient offered surgery. Once this occurred, the patient's name was removed from the 'returned to GP care' record which deleted off the PMS. It was therefore impossible to say how many people were recorded on GP Care twelve months previously. As the system deleted periodically and people moved out of the district, it was only possible to give a snapshot of numbers.

In discussion around the existence of protocols for managing patients who had been returned back to their GP, it was explained this was very much determined by the complaint they had been referred for in the first place. A number of clinicians gave management plans to enable GPs to manage their patient moving forward. In cases where GPs had additional clinical information that had not been provided for those people not meeting the criteria, there was a process in place where patients did not have to go back on the First Specialist Assessment list. However some patients who present for first specialist assessment may not receive certainty of treatment due to symptoms such as blood pressure issues, would be referred to the Cardiology Service for example.

Management confirmed that 'under GP Care' was not the same as being on 'active review'.

Moving to a five month and then four month wait for access to surgery would be a challenging process. A member noted that at some stage it would be helpful to understand how this would be achieved.

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The Committee was advised the change in wait time targets would not see a change in the commitment to treat threshold (CtT). People who were given certainty of treatment had to be treated a month earlier than was the case at present.

There was also discussion around monitoring of targets and communication issues relating to waiting lists.

It was noted that the internal auditors report on electives was informative and worth reading.

It was recommended:

that the report be received.

Brad Grimmer left the meeting.

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

Management referred to the work plans narrative and the possibility of holding an electives workshop in 2013. The response from the Hospital Advisory Committee had been that given the updates and material coming forward, a little more focus in the operating report would suffice and no workshop was necessary. The committee had no objection.

Interest was expressed at the suggestion of a workshop on Whanau Ora and what it would look like in the future. A member had previously attended a workshop at Whanganui DHB and received a very good update on Whanau Ora's purpose and where it was at.

It was confirmed that the investment plan would go to the Board and then to the committee.

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

Lyn Horgan left the meeting

9. LATE ITEMS

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

10. DATE OF NEXT MEETING

Tuesday, 20 November 2012

11. 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*	
2013/14 Planning Assumptions and Parameters	*Subject of negotiation and negotiating strategies*	*9(2)(j)*
Central PHO Update	*Subject to ongoing negotiation*	*9(2)(j)*
Accountability and Incentives Framework	*Subject of negotiation*	*9(2)(j)*

Confirmed this 20th day of November 2012

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Chairperson