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MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 17 March 2015 at 1pm at MidCentral District Health Board
Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Di Anderson (Chair)
Barbara Cameron (Deputy Chair)
Adrian Broad
Ann Chapman
Nadarajah Manoharan
Phil Sunderland (ex officio)
Donald Campbell
Andrew Ivory
Oriana Paewai

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Craig Johnston, Acting General Manager, Funding & Planning
Rebecca Bensemman, Committee Secretary
Jo Smith, Senior Portfolio Manager, Health of Older Persons
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Andrew Orange, Interim Portfolio Manager, Primary Care
Vivienne Ayres, Manager, DHB Planning & Accountability
Doug Edwards, Maori Health Advisor
Janine Stevens, Public Health Medicine Registrar
Jordan Dempster, Communications Officer
Chris Hocken, Journeys to Wellbeing
Carole Koha, Te Upoko Nga Oranga o te Rae Addictions Peer Support Service

OTHER:

Public: (1)
Media: (0)

1. APOLOGIES

There were no apologies.

2. NOTIFICATION OF LATE ITEMS

There were no late items.

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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

Oriana Paewai declared a conflict in relation to Part II of the agenda as she is a member of the Alliance Leadership Team (ALT).

Ann Chapman declared a conflict in relation to the enclosed Planning documents as she is a member of Otaki Women's Health Group.

Barbara Cameron declared an ongoing conflict in relation to any mention of the Feilding Integrated Family Health Centre (IFHC) and noted that she is a Councillor for Manawatu District Council.

The Chair noted these conflicts and agreed that members may remain during discussions as no decisions were required.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 3 February 2015 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

The Chair referred to Item 7.3 Planning & Support Operating Report, specifically Item 2.3.1 Connected Workforce NGO Primary Leadership Group, and queried whether qualitative data was available to evaluate the Connected Workforce Te Hononga Kaimahi 2013-2017 strategic work plan. The Portfolio Manager, Mental Health & Addictions, advised that analysis has included feedback from service users and that they note there has been a noticeable and definite improvement in workforce skills and competencies.

The Chair referred to Item 2.4.1 Health Integrity Line, within the Planning & Support Operating Report, and asked whether there had been any correspondence from the Ministry of Health regarding issues raised by MidCentral District Health Board (DHB) concerning the Health Integrity Line. The Chief Executive Officer advised that no response had been received to date.

Mr Nadarajah Manoharan referred to Item 6.2 Primary Maternity Unit Business Case and asked whether support and approval of this project had been received from secondary clinicians. The Acting General Manager, Funding & Planning, advised that this particular aspect would be incorporated into the next phase of the business case.

5. GOVERNANCE

5.1 2014/15 Work Programme

Reporting is occurring in accordance with the timeline.

The Chief Executive Officer advised there would be a presentation from the Central Primary Health Organisation (PHO) at the next Committee meeting on 28 April. The Committee were asked for any suggestions or areas of information that members would specifically like to be included within this presentation.

A short discussion followed, with the following areas of interest expressed: understanding the factors behind under performance on health targets (Cardiovascular Risk Assessments and Smoking indicators) and the remedial actions underway; Central PHO's financial position; some discussion about data (its availability, uses and limitations); uptake of Collaborative Clinical Pathways, how often are the pathways accessed and who is using them; and what gains have been made from merging four PHOs into one entity.

The Committee asked that these areas of interest be addressed in the forthcoming presentation to be made by the Central PHO.

It was recommended:

that the updated work programme for 2014/15 be noted.

6. STRATEGIC/SPECIAL ISSUES

6.1 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 2, 2014/15

Mr Adrian Broad complimented management on achieving Shorter Stays in the Emergency Department health target for the first time and queried whether this was a one-off occurrence. The Manager, DHB Planning & Accountability, advised that this trend had been continuing over the previous four months with the last month percentage only slightly above target. The improved result was largely due to considerable work undertaken in hospital patient flow and better management of outflows in terms of patient discharges in a timely manner. This practice was becoming more embedded within the organisation, with continuing work in primary health care also helping to achieve and maintain this particular health target.

Ms Barbara Cameron queried whether breastfeeding rates included numbers from Maori health providers, or whether the data was solely collected from Plunket. The Manager, DHB Planning & Accountability, advised that two different sets of data existed at present, which did not depict the whole picture but covered the majority of new mothers.

Mr Donald Campbell added this is a common theme with collection of data. The Manager, DHB Planning & Accountability, agreed in that there a number of instances where data issues occur. Performance targets tend to be based on a limited scope or definition which relies on measuring and quantifying outcomes for evaluation. The Committee needed to be mindful that data is not always as robust as it appears when printed on paper. This does not mean that data is necessarily inaccurate, but that often it is being used for a purpose that is different to the one it was collected for.

The Chair referred to difficulties in managing clinical governance issues when Urgent Community Care (UCC) staff and General Practice staff are engaged in various ways with clients. The Acting General Manager, Funding & Planning, agreed the importance of facilitating integrated practice and ensuring systems are in place to strengthen clinical governance understanding, and safeguard professional relationships in a robust and consistent manner.

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Ms Oriana Paewai noted the quarterly survey used to assess patient experience was paper-based and questioned whether electronic tools were available to help gather information. The Manager, DHB Planning & Accountability, confirmed that no electronic interface was available at this stage (either via email or SMS) but that the response rate from the paper-based survey was one of the highest overall nationally.

Mr Adrian Broad added the public perception of MidCentral DHB's performance was limited to that information published in national newspapers. The Committee agreed that health targets were but one aspect of performance and that a balanced view required being mindful of the full and varied scope of work being undertaken across MidCentral.

It was recommended:

that this report be received.

6.2 Update: Regional Services Plan Implementation – Quarter 2, 2014/15

The Committee noted progress with implementation of the 2014/15 Regional Services Plan to date. There was no further discussion.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Community Referred Medical Imaging Services

This report provides an update on current investment in community referred medical imaging services. Of note, future developments include expanding rapid access to diagnostics via Collaborative Clinical Pathways. Access to services at or close to the Integrated Family Health Centres (IFHC) "health home" is of importance, as is creating opportunities to enhance access through primary health projects such as Primary Options for Acute Care (POAC). Enabling and maintaining good access to community referred medical imaging services ultimately facilitates good clinical outcomes.

It was recommended:

that this report be received.

7.2 Planning & Support Operating Report

The Acting General Manager, Funding & Planning provided a page by page overview of this report.

Item 2.1.2 Walking in Another's Shoes (WiAS) Education Programme

The Senior Portfolio Manager, Health of Older Persons, explained that a new document titled 'Living Well with Dementia' was now available. This document mirrors national principles and recommendations and provides a raft of information. A copy was provided to each Committee member for reference.

2.3.2 Rising to the Challenge NGO Integration Project Day Activity Services

The Chair noted that one of the providers has indicated its intention to withdraw and questioned whether this would be problematic for the project. The Portfolio Manager, Mental Health & Addictions, advised that the two remaining providers were willing to merge into a new entity delivering an integrated service and that work on the project would progress as usual.

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Item 2.4.2 Pharmacy

The Acting General Manager, Funding & Planning, provided a further update on progress with the Community Pharmacy Services Agreement. The existing Agreement is to be rolled over from 1 July 2014 in order to create space to allow a more comprehensive reworking of the Agreement. Engagement with local community pharmacies is about to commence.

Item 2.5.1 Children's Team Update

Mr Adrian Broad noted the remarkable success of this programme and questioned whether government support may extend to similar service/s in other areas of MidCentral DHB. The Acting General Manager, Funding & Planning, advised that the Ministry is taking a cautious approach to the roll out of Children's Teams nationally, but that the DHB has included additional initiatives for vulnerable children in the draft Annual Plan.

The Committee noted this and took the opportunity to thank Barb Bradnock (absent) for her continuing work in this area.

It was recommended:

that this report be received.

7.3 Finance Report – Result of January 2015

The Acting General Manager, Funding & Planning, advised that apart from the timing difference of MidCentral Health washup and fluctuations in IDF flows, positive financial performance and forecast continue.

Ms Barbara Cameron noted the addition of the Turbokids initiative in the draft Annual Plan (as part of Child Development Team services), and asked whether it was an option to consider bringing such specialist services together. This would be a decentralised approach which supported primary care and linked in with other agencies. The Acting General Manager, Funding & Planning, explained that such an approach was the focus of several initiatives included within the Annual Plan.

The Chair added it would be helpful for the Committee to receive regular updates around development of new initiatives. It was requested such information be included in future meetings.

It was recommended:

that the report be received.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 28 April 2015

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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>Refocusing Home Management Community Services</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Laboratory Services Contract</i>	<i>Negotiating strategy, and subject to competitive tender process</i>	<i>9(2)(j)</i>
<i>2015/16 Planning Process</i>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Central PHO Contract – Better, Sooner, More Convenient Business Case</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 28th day of April 2015

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Chairperson