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MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 5 February 2013 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
Neil Perry

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Nicholas Glubb, Operations Manager, Specialist Regional & Community Services
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Barb Bradnock, Portfolio Manager, Child Health
Andrew Orange, Pharmacy Advisor
Jo Smith, Acting Senior Portfolio Manager, Health of Older Persons
Vivienne Ayres, Manager – DHB Planning & Accountability
Claudine Nepia-Tule, Mental Health & Addictions Portfolio Manager
Doug Edwards, Maori Health Advisor
Moana Kaka, HEHA District Coordinator
Carole Chisholm, Committee Secretary
Bayleigh Hayston, Communications Officer

OTHER:

Public: (1)
Media: (0)

1. APOLOGIES

There were no apologies.

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

Oriana Paewai advised that her role on the Steering Group of the Tararua Integrated Family Health Centre had changed and she was now a Director.

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3.2 Declaration of Conflicts in Relation to Today's Business

Phil Sunderland referred to para 2.1.1 of the Planning and Support Operating Report in relation to Devoncare (in liquidation) and cessation of contract, and advised that he had been the solicitor acting for Devoncare at the time.

Karen Naylor noted her role as a member of staff in relation to the "information only"' report on 'Workforce Strategy 2012-2015 Six Monthly Update'.

No conflicts were seen and the members concerned were free to participate in any discussions.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 20 November 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 Update 2012/13 Regional Services Plan Implementation

Management spoke to the report and noted that most of the programmes or projects had a green status. The exceptions were Population Health with an amber status and CRISP with a red. The issues around CRISP regarding investment by Hutt Valley and Capital and Coast DHBs were well known.

The Chair referred to the top of page 5.8 PACS Archive and the column 'Key Risks/Issues' which read that outputs from the project would not have an operational owner to hand over to. Management advised that efforts had been made to find a regional information communication technology resource without success. The matter was one for decision by the six DHBs involved who had agreed that the project would be handed over to an interim owner. Capital and Coast DHB were confirmed in that role.

It was recommended:

that this report be received.

5.2 Long Term Condition Strategy

Management spoke to the report and confirmed that the Medium/Long Term Measures report had been developed out of 2005/06 service plans. These had been the major strategic initiative in primary health care and involved considerable investment by the DHB.

The plans had now been largely superseded by subsequent initiatives and some areas were difficult to report on. It was also noted that most of the information was reported in other areas.

Often data in the Long Term Conditions report was different from that contained in other reports which was usually due to timing differences but created the potential for confusion.

It was confirmed that although the Long Term Strategy report was to be removed from the 2013/14 work plan, the committee would continue to receive all reporting information via various other reports.

It was recommended:

that this report be received.

5.3 Mental Health and Addictions – Annual Plan Update

Management noted the strength of integration that had occurred across the district. Integration featured within Child and Adolescent and Family Mental Health Services with General Practice and Youth One Stop Shop and was a significant development in comparison to the position five years previously.

In referring to integration a member commented on the young people in rural locations who had disengaged from education and as a result of the lack of training and employment opportunities available in those localities benefited from programmes like 'Life to the Max' in Horowhenua. The recent initiative between Child & Family Services, Emergency Department and Youth One Stop Shop was to be applauded and although the initial problem with young people was not about health, access to drugs and alcohol would change that situation.

In response to an enquiry around the second bullet point on page 5.43 "Develop capacity and capability to manage mothers whose pregnancies are complicated by a suspected misuse disorder through the development of appropriate resources" management advised that the considerable work undertaken between Womens' Health, Child Health and Mental Health to develop capacity had led to the appointment of a Clinical Nurse Specialist for Mental Health. The new appointee had commenced very recently and the objective would be taken further by her.

The Chair commented favourably on the fact that refugees were being followed up.

It was recommended:

that this report be received.

5.4 2012/13 Annual Plan Implementation Update: Priority – Health of Older People

This report consisted of two parts, one being the initiatives contained in the Annual Plan and the second on service changes that had taken place.

Management referred to page 5.66 'Focus Area Two: Comprehensive Clinical Assessment in Residential Care' and advised that the Minister was looking for some support from DHBs. It was intended to supply that by providing for better training. There were already six facilitators trained in the region looking at how that service could be introduced. It was envisaged that quality in aged residential care would have a considerable impact in the Aged Care sector. MidCentral DHB was providing a good level of support to the initiative.

It was recommended:

that this report be received.

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5.5 Needs Assessment and Service Coordination Update

The introduction of interRAI had created a great deal of uncertainty and required a change management approach to support staff. Moving from a social assessment to a clinical needs assessment had led to a complete service review. As a result the staff had become very much involved and delivered on service needs, the impact of which had seen a considerable reduction in wait times. These were at their lowest level ever. Anecdotal evidence showed this DHB was probably the most responsive in New Zealand and had the shortest wait times.

Comment was also made on the very cordial and cooperative relationship that now existed with General Practitioners. Moving from a reactive model to a proactive model had been achieved by simple means such as shifting closer to primary care; the move to Health on Main; close proximity to PHO staff enabling an alliance to be built with the long term conditions nurse and other health professionals. These had proved extremely positive. Reporting practices had been developed along with education.

Further updates would be provided in the future.

It was recommended:

that this report be received.

5.6 Whanau Ora: Update 1

Management advised that activity was predominantly linked to the Central Government approach for Whanau Ora to get Maori providers to form a coalition and also to take advantage of a single contractual agreement between Iwi and agencies such as Health, Ministry of Social Development.

Work was being undertaken on the present and possible future state.

A member referred to difficulties around integration of Whanau Ora into Integrated Family Health Centres (IFHCs). There was a lack of definition of what Whanau Ora was and how it might work and link with IFHCs. It was understood the programme was being met in Tararua but had taken some time and there was a definite push for Whanau Ora to be integrated into the Feilding IFHC. The different levels of Whanau Ora made it difficult for people to understand what might be required.

The Board Chair reminded members that a Whanau Ora presentation was due to take place in coming months.

It was recommended:

that this report be received.

5.7 Non Financial Performance Monitoring Framework and Performance Measures – Report for Quarter One 2012/13

Management noted the attachment on page 5.84 summarised achievements and also identified the reporting frequency.

A member referred to the table on page 5.92 'Patients seen in Primary Care'. He noted the large number of patients offered advice and support to quit smoking. This important indicator would have a very large impact. 2,300 current smokers seen in primary practice and offered that advice equated to a lot of GP time over the quarter and achieving targets would provide a great challenge.

6. OPERATIONAL REPORTS

6.1 Funding Division Operating Report

The General Manager, Planning & Support spoke to his report and gave the history behind item 2.7.1 Community Pharmacy Services Agreement. The Committee had received a number of background reports in 2012 at the time when renewal of that agreement was to be negotiated. DHBs wanted to see some change, recognising that a third of the pharmaceutical spend was on distribution. This was considered quite high by international standards although to a certain extent Pharmac had kept a ceiling on the cost of pharmaceuticals. Nevertheless DHBs wished to see a movement away from the counting and dispensing of pills and more to the building of a relationship with patients as to what their requirements may be. Negotiations took place with a number of representatives of community pharmacies across the country and the most notable negotiator for the pharmacies, the Pharmacy Guild. Agreement was reached around movement towards recognising people who had long term conditions, together with people who had high health needs. In addition the weighting of the dispensing fees would be towards those people and less on weighting of the dispensing of medications.

Further mechanisms by which both the pharmacies and people could claim and the information required to obtain those demographics was not so clear. It would take sometime for those processes to be enabled or work the way that had been agreed. It was envisaged the variation would be taking up far more resources than had been anticipated. A transitional arrangement was in place but even so certain milestones and deadlines were being pushed out.

With regard to MidCentral Health, at the present time a third of the pharmacies had signed up. Another two-thirds were required to have their agreement signed by 22 February and it was anticipated that 95% would do so.

Discussion then took place on the different levels of service included in the variation.

Following a member's enquiry around the requirement for some drugs to be dispensed on a monthly basis rather than three monthly, and the charges involved in such situations, management advised that there was front loading on the initial dispensing and then a handling fee of one dollar for every subsequent prescription.

A member made reference to the fact that some pharmacies could experience difficulties with people shopping around. A new pharmacy had recently opened where the public generally bought their groceries and a number of people would now have their prescriptions filled while they shopped.

Management noted that the contract went through to June 2015 with a number of variations along the way. It was therefore always going to be a transitory agreement.

Some firms were now charging for blister packaging whereas in the past they had not.

From the DHB's point of view, the driver for the change was the existing uncapped budget. Pharmacy costs were rising by 8% or 9% a year. There were a number of other drivers such as bringing pharmacies into line with PHOs and how they were funded as well as the better management of both medicines and service to the patient.

The Board Chair noted that the responsibility of DHBs to ensure there was a successful implementation of the process was now in the Minister's sight.

Item 2.1.3 Premium-only Aged Residential Care Facilities
Following expressions of concern that premium facilities could mean a shortage of standard beds, management advised that later in the year it was envisaged this Board would experience an oversupply of beds with the expansion of two places in Feilding. The question of Government allowing premium-only facilities had been driven by the situation in Auckland and Wellington where the new wealthy wished to live in a higher quality environment. Although there was some

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concern, different groups at recent forums had provided some very good feedback to the regional group to take back to the Minister.

Item 2.4.3 Horizons Funding of Health Shuttles
Following discussion around Horizons new funding policy and their interpretation of the DHB's responsibilities, it was agreed that the General Manager, Planning & Support would write to their Chief Executive Officer setting out the DHB's position.

Item 2.8.2 Tobacco Control
In response to an enquiry as to whether there were any programmes aimed at preventing young people from starting to smoke, management confirmed there were no specific programmes.

A member noted the Cancer Society had a programme that focussed on teenagers and young people but not on smoking prevention and that it was the Society's responsibility to support them.

It was recommended:

that this report be received.

6.2 Finance Report – January 2013

Management advised that at the present time there was a projected forecast surplus of $4m for the current financial year. The situation would be clearer in March.

It was recommended:

that this report be received

Craig Johnston left the meeting

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

The Chief Executive Officer spoke to his report. He noted that an Investment Planning workshop had been undertaken earlier in the day and an Annual Planning workshop would be held after the Board meeting on 26 February. Following the Investment Planning workshop it had been suggested that there be another workshop in the vacant slot on 19 March and this was likely to occur.

Members were again invited to give feedback on reports, their style and contents or anything they would like to see changed.

The Board Chair commented that Executive Summaries required great care so as to ensure they contained a good summary of the report's content and what members needed to understand.

A further point was that on some occasions there were barriers between each paper and on many other occasions there was a barrier between each of the specific topics.

A comment was made around the fact that some papers appeared in both Hospital Advisory and Community & Public Health Committee agendas so that when the papers were discussed at HAC, CPHAC members did not hear the discussion. It was pointed out that the two committees had different functions and in cases where discussion of information relevant to CPHAC occurred, the Chief Executive Officer or a member of management gave verbal feed back to the afternoon meeting.

It was confirmed the Annual Planning Workshop was for both Board and Committee members.

In response to a question around the paper distributed at the Investment Planning Workshop the Chief Executive Officer confirmed that it would be useful if members could populate it and either sent the paper back or brought it to the workshop on 19 March.
It was recommended:

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

Richard Orzecki, Doug Edwards and Andrew Orange left the meeting.

8. FOR INFORMATION ONLY

The Chair requested that any comments around the following two papers should be given to the Chief Executive Officer or General Manager, Planning & Support after the meeting.

8.1 Workforce Strategy 2012-2015 Six Monthly Update

It was recommended:

that this report be received.

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

It was recommended:

that this report be received.

9. LATE ITEMS

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

10. DATE OF NEXT MEETING

Tuesday, 19 March 2013

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 Annual Plan	*Under negotiation*	*9(2)(j)*
Contracts Update	*Subject to negotiation*	*9(2)(j)*

Confirmed this 19th day of March 2013

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Chairperson