

MidCentral District Health Board

Healthy Communities Advisory Committee Meeting

Minutes of meeting held on Tuesday, 11 October 2016 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
 Barbara Cameron (Deputy Chair)
 Adrian Broad
 Ann Chapman
 Nadarajah Manoharan
 Oriana Paewai
 Phil Sunderland (ex officio)
 Vicki Beagley
 Donald Campbell
 Jonathan Godfrey
 Tawhiti Kunaiti

IN ATTENDANCE:

Craig Johnston, General Manager, Strategy, Planning & Performance
 Megan Doran, Committee Secretary
 Janine Hearn, General Manager, People & Culture
 Gabrielle Scott, Executive Director, Allied Health
 Deborah Davies, Nurse Director, Primary & Integration
 Barbara Robson
 Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships
 Jo Smith, Senior Portfolio Manager, Health of Older Persons
 Gopyraj Sundararajah, Portfolio Manager, Clinical Support
 David Jermey, Portfolio Manager, Primary Health Care
 Mahashweta Patel, Intern Portfolio Manager
 Steve Tanner, Finance Manager
 Dr Rob Weir, Medical Officer of Health/Public Health Physician
 Lydia Kirker, Communications Officer

OTHER:

Public: (1)
 Media: (0)

Opening the meeting, the Chair formally acknowledged the contribution that former committee member Andrew Ivory made to the CPHAC committee, and welcomed two new members of the Strategy, Planning & Performance Team, Gopy Sundararajah, Portfolio Manager Clinical Services, and David Jerney, Portfolio Manager, Primary Health Care.

1. APOLOGIES

There was one apology from Kathryn Cook, CEO.

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

Vicky Beagley advised she was on the City Council District Licensing Committee.

3.2 Declaration of Conflicts in Relation to Today's Business

Jonathan Godfrey advised that he sits on the Data Disability Group at the Ministry of Health and is also supervising a Massey Student on interRAI, and that there was a potential conflict with item 7.1 Disability Strategy & Aged Care in MidCentral.

It was agreed that these interests did not constitute a conflict of interest with respect to today's business.

4. MINUTES

4.1 Minutes HCAC 30 August & 19 July 2016

It was recommended:

that the minutes of the previous meeting held on 30 August & 19 July 2016 be confirmed as a true and correct record.

4.2 Recommendations to the Board

It was noted that all recommendations contained in the previous minutes were approved by the Board.

4.3 Matters Arising from the Minutes

The Chair of the Board advised that consideration had been given to the issue raised about the Committee's Terms of Reference and the extent to which they covered off the Board's obligations under the Health and Disability Services Act. The conclusion

was that this is well covered by the current wording. The Committee accepted this conclusion.

4.4 Minutes DSAC 7 June 2016

It was recommended:

that the minutes of the previous meeting held on 7 June 2016 be confirmed as a true and correct record.

4.5 Recommendations to the Board

It was noted that all recommendations contained in the previous minutes were approved by the Board.

4.6 Matters Arising from the Minutes

There were no matters arising from the previous minutes.

5. GOVERNANCE

5.1 2016/17 Work Programme

Management noted that the work programme is in a different format from previous reports and it is hoped it is easier to understand. The Committee was alerted to the fact that the November meeting is a joint meeting and has a large number of reports.

The Chair asked the committee to think of presentations that they would like to see in the 2017 year. There are only four Health Communities Advisory Committee meetings so the committee needs to be mindful of timing.

Barbara Robson, Chair of the Quality & Excellence Advisory Committee advised the Quality and Excellence Committee had recommended the PHARMAC presentation be postponed until June so that the Mental Health presentation could be held in March. This was agreed.

It was recommended:

that progress against the 2016/17 work programme be noted.

6. PERFORMANCE MONITORING

6.1 Equity Snapshot & Dashboard Development Approach

A committee member requested a copy of the Equity Report from the Hawkes Bay District Health Board.

A member raised the issue of the extent to which disability issues are covered under the equity heading. There are issues with the measurement of disability. There is no

single standard definition, with various different approaches in play (eg, in the Census). There is a national group working on developing a standard approach, which will greatly help service planning and service development.

“If you’re not counted, you don’t count.”

It was recommended:

that this report be received.

7. DISABILITY MATTERS

7.1 Disability Strategy & Aged Care in MidCentral

Jo Smith, Senior Portfolio Manager, Health of Older People introduced this paper. Broadly the paper provides an update on the national strategic direction across the disability spectrum and then provides information out of the interRAI tool about disability needs of our older population.

In response to an inquiry from a member, the General Manager, Strategy, Planning & Performance, explained that MidCentral DHB is not responsible for the planning and funding of disability services for children and adults; these lie with the Ministry of Health. The DHB has planning and funding responsibility for health care for children, adults and older people and is also responsible for the disability needs of the older population.

The interRAI data is a snap shot taken on the day of the assessment and is mainly self-reported. Assessments are completed by trained staff within the Needs Assessment and Service Coordination services (e.g, Supportlinks). There is significant data now available for analysis. A number of interested parties and academic groups are starting to explore aspects of the data, recognising this is just one subset.

A member commented on the needs of older people living in smaller communities – particularly people migrating into these communities for economic reasons and then becoming immobile/dependent. The Portfolio Manager advised that there are a range of community programmes run by providers across the district, including in smaller towns and in people’s homes.

The chair questioned if transport was made available to those who require it to get to these services, particularly in smaller towns. It was explained that transporting patients is not part of these services, and it is sometimes an issue, but that some communities have quite well developed networks and services that can address access problems.

It was recommended:

that this report be received.

8. OPERATIONAL REPORTS

8.1 Immunisation Stakeholder Group Work Plan 2016/17

Barb Bradnock, Senior Portfolio Manager Children, Youth & Intersectoral Partnerships and Dr Rob Weir, Medical Officer of Health/Public Health Physician provided the Committee with a brief overview of the Immunisation Stakeholder Group Work Plan 2016/17. The outstanding work of the team was noted.

The Committee was advised that as of next year (2017) boys would also be eligible to receive the HPV vaccination and that this would impact on the Public Health Team.

In response to a member's inquiry, Dr Weir advised that at present there is a global shortage of the BCG vaccine, and that there are 180 children on a waiting list to receive their BCG vaccination.

It was noted that members of the Immunisation team had been invited to Northland and Bay of Plenty to provide support on how those districts could improve their immunisation coverage rates.

It was recommended:

that this report be received.

8.2 Health Shuttles Arrangements MidCentral DHB

The General Manager, Strategy, Planning & Performance advised this paper was originally a briefing for the Chief Executive but was provided to the Committee because it contains a lot of usefully material and is relevant to the Committee's brief.

Mahashweta Patel, Intern Portfolio Manager, provided further background to this paper and noted that recently a meeting had been held with Horizons, Whanganui DHB and MidCentral DHB to try and gain a unified funding approach.

In response to a member's inquiry, the General Manager, Strategy, Planning and Performance explained that the reason MidCentral provides direct funding to the Horowhenua shuttle service is that MidCentral had required additional shuttle runs to accommodate Renal dialysis patients on a Saturday. The funding for this service may be looked at once the renal chairs are set up in Horowhenua.

The committee was supportive of the suggested approach and also of a more balanced and equitable approach to the allocation of the available funding across the district.

It was recommended:

that this report be received.

8.3 Consumer Council

The General Manager, Strategy, Planning & Performance introduced this paper.

It is envisaged that the Consumer Council will link to the Healthy Communities Advisory Committee. It will be developed using a co-design approach similar to what was used for the master health services plan and similar to the Clinical Council.

The Consumer Council will be utilised for future projects and in some instances they may be able to provide users where they can find the information rather than managing the project directly.

There will be a formal relationship with a reporting process to the Healthy Communities Advisory Committee, and potentially the Quality & Excellence Advisory Committee when appropriate.

There is still more work to be done including how to recruit people, training they require and remuneration.

It was important to ensure that there was a focus on including people with disabilities as well as pacific people.

It was recommended:

that this report be received.

8.4 Strategy, Planning & Performance Operating Report

Item 5.3.2 Change at City Doctors, Palmerston North

The General Manager, Strategy, Planning and Performance explained that City Doctors has no direct contractual link to either the DHB or Central PHO. The DHB and Central PHO contract with local GPs for a 24/7 service, and the GPs in turn have an arrangement with City Doctors to provide after hours services.

It was noted that the General Manager met with White Cross and City Doctors management and has set out the DHBs expectations. A good interaction occurred and it is hoped that once it's established, White Cross's interest in Accident and Medical care can be used to the advantage of the district.

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, 22 November 2016 (Shared matters of interest)

The meeting closed at 2.50pm.

Confirmed this 11th day of October 2016

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Chairperson

Unconfirmed Minutes