

MidCentral District Health Board

Healthy Communities Advisory Committee Meeting

Minutes of meeting held on Tuesday, 19 July 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
 Phil Sunderland (ex officio)
 Vicki Beagley
 Jonathan Godfrey

IN ATTENDANCE:

Kathryn Cook, Chief Executive
 Craig Johnston, General Manager, Strategy, Planning & Performance
 Megan Doran, Committee Secretary
 Neil Wanden, General Manager, Finance & Corporate Services
 Janine Hearn, General Manager, People & Culture
 Stephanie Turner, General Manager, Maori & Pacific
 Barbara Robson, Board Member
 Jo Smith, Senior Portfolio Manager, Health of Older Persons
 Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
 Mahashewta Patel, Intern Portfolio Manager
 Lydia Kirker, Communications Officer
 Sharon Bevins, Contractor

OTHER:

Public: (1)
 Media: (0)

1. APOLOGIES

There were three apologies from Donald Campbell, Oriana Paewai & Tawhiti Kunaiti

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

There were no amendments to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

Jonathan Godfrey advised that he was the program developer for the Renal Cue program, which is mentioned in the Renal Report. This was not considered to constitute a conflict within the context of today's business.

4. MINUTES

4.1 Minutes

The Chair referred to item 6.2 2015/16 Annual Plan Implementation: Update 2, paragraph four, part of the text was missing and should have read: Other aspects of the sexual and reproductive service review have been put on hold.

Item 6.4 Mental Health update. It was noted that the last paragraph was incorrect. The Memorandum of Understanding with Massey University is complete, while the MOUs with the Universal College of Learning (UCOL) and the International Pacific University New Zealand were in progress.

It was recommended:

that the minutes of the previous meeting held on 7 June 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

There were no matters arising from the previous minutes.

5. GOVERNANCE

5.1 2015/16 Work Programme

The Chief Executive introduced this paper. This is currently a work in progress due to the Committee's new Terms of Reference. A work programme will be developed after the Board workshop on 9 August 2016.

It was recommended:

that the report from the Acting Chief Executive Officer for 2015/16 be noted.

5.2 Terms of Reference

A committee member queried whether the formal terms of reference for the Committee were clearly enough linked to the NZ Public Health and Disability Act 2000. Essentially the Committee is fulfilling objectives stated in the Act and perhaps the Terms of Reference should be worded in that way. The Board Chair, Mr Sunderland, agreed to look further at this matter.

It was noted that item 3 Delegated Authority, should refer to the Healthy Communities Advisory Committee, not the Community and Public Health Advisory Committee.

A member enquired if the Board Meeting Workshop in Horowhenua on 9 August 2016 was open to all committee members or just Board Members. The Chief Executive Officer advised that the invitation to attend the Board Workshop would be extended to all committee members.

Committee members were invited to consider the Terms of Reference and what they would like to see at future meetings.

It was recommended:

that the Committee's terms of reference be noted, including the scheduled 12 month review of these. Clarification will be provided to the committee at the next meeting.

6. STRATEGIC

6.1 Renal Services Plan 2016

The General Manager, Strategy, Planning & Performance introduced the Renal Plan by outlining the reasons it was initiated and its key findings. Demand for Renal Replacement Therapy has grown steadily over recent years and is expected to continue to do so in future. Renal dialysis services have come under pressure because of significant growth in the number of people on in-centre dialysis. The Plan seeks to address the situation by emphasising early detection and management of deteriorating renal function and by the promotion of home-based dialysis.

There was discussion about the need for better detection and management of people in the community, and the interrelationship between renal, diabetes and cardiovascular disease. The DHB already funds an extensive range of long term condition services in the community, and renal needs to have a higher profile within these services.

It was noted by a Committee member that declining renal function and managing this decline is a complex business, which is reflected in the Renal Cue. There was also mention of the need for Renal Specialists to have a greater role in primary care, supporting general practice teams and the like.

It was noted that the district needs to be doing more home-based peritoneal dialysis. This modality has advantages for the both the patient and the service, including rapid work up and training. Increasing rates of home based peritoneal dialysis will require a lot of work selling the concept to patients and the community.

There was also discussion about the very significant ethnic disparities, particularly the rapid growth in Maori, Pacific and Asian Renal Replacement Therapy patients. Targeted approaches are required in community settings. Services need to be sensitive to the needs of

the people they are caring for and work with a whanau ora philosophy. This has been well worked out in the district and there are specialist providers of whanau ora who can be involved in care where appropriate.

It was noted that MidCentral rates for renal transplant are at about the national level, but that this is still well below international comparators. Overall there is about a 10% lifetime chance of receiving renal transplant. Transplants are more likely in younger, newly diagnosed patients without cardiovascular and diabetes complications. This again highlights the importance of early detection and active management in primary care.

A member inquired as to whether it was possible to have dialysis services in IFHCs, for example Feilding. It was explained that satellite services are likely to have the effect of pulling people away from home-based dialysis. In future, with 60% of patient on home-based dialysis, the service will be able to consider the services required to meet patient need. At present, Horowhenua Health Centre makes sense because of the number of suitable patients in that community, the ease of setting up the service, and the high level of community support.

A member inquired about children with kidney problems. It was clarified that this was outside the scope of this particular piece of work. The current Renal Replacement Therapy programme is an adult service.

It was noted that this Renal Plan has ramifications for the DHB in terms of priority activities, expenditure and capital. The 2016/17 Annual Plan includes initiatives for Renal (both primary and specialist services) but these were prepared before the Renal Plan was finalised. There was no provision in the Capital Plan for changes to renal services. In the medium term, capital investment will be picked up by the Master Health Services Plan, but these timeframes are too long. The implementation plan will identify what is required by way of service activity and capital investment.

The Committee gave its approval to move to the next step.

It was recommended:

that this report be received

that the Renal Plan is agreed in principle and that an implementation plan now be prepared to achieve the recommended changes.

6.2 2016/17 Funding Arrangements Document

This paper was for information only; no decision is required as it had already been approved by the Board.

This is a very useful document that is referred back to regularly for any external inquiries received as it lists services and providers.

The Chair sought clarification under Youth Crises Respite Services and the 6 beds. It was confirmed that it is six beds in total covering Horowhenua, Otaki & Tararua regions.

It was recommended:

that this report be received.

7. OPERATIONAL REPORTS

7.1 Strategy, Planning & Performance Operating Report

Item 4.2 Master Health Services Plan (Site Redevelopment)

Separate are currently refreshing the background material underpinning the Master Health Services plan, and a further update would be made to this Committee in due course.

Item 4.3 Annual Plan

The Ministry of Health has advised that the Annual Plan is now essentially complete and will likely be one of the first to go to the Minister for sign off. Once this occurs it will be available to the public and committee members via the website. Hard copies will be made available to those who request them.

Item 5.1.1 Home Based Support Services

The Chair asked for clarification around the implementation of the national price for Home Based Support Services and if the increase would be passed directly to the carers. Management advised that the funding goes to the provider, but that the DHB has no control over whether it is passed through to Home Based Support Workers.

Item 5.1.2 Palliative Care Services

Arohanui Hospice was congratulated on their successful funding. At this stage there is no information on which Aged Residential Care facilities will be involved in the pilots. It was noted that Palliative Care in the MidCentral district is very well set up with excellent linkages between Arohanui-based specialist services, the Hospital team and general practice.

Item 5.3.2 St John Ambulance Charges

The increase in patient charges was noted with concern. It was noted that one option open to people is to join the St John Supporters Scheme. In return for a small annual fee, all patient charges are waived in the event a family member has to call an ambulance.

Item 5.3.3 New PHARMAC Investments

A member enquired about the new PHARMAC investments and if there was any information available yet on how it will work on our district. Management advised that information was coming through slowly. PHARMAC recognised that some of the new medicines would have an impact on health services, but the detail is yet to be worked through.

Item 7 Staff Changes

The Committee thanked Andrew Orange, Portfolio Manager Clinical Services, for his work and sent him their best wishes for his new endeavour. A letter of appreciation from the Committee would be sent to Andrew.

It was recommended:

that this report be received.

7.2 Finance Report – Result for May 2016

The General Manager, Strategy, Planning & Performance noted that the report was for the month of May.

The Year End result is still being provided but at this stage it looks like the Funder will be better than budget by about \$700,000.

It was recommended:

that this report be received.

8. LATE ITEMS

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

9. DATE OF NEXT MEETING

Tuesday, 30 August 2016

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	

Confirmed this 30th day of August 2016

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Chairperson