

# MidCentral District Health Board

## Healthy Communities Advisory Committee

Minutes of meeting held on Tuesday, 2 May 2017 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

### **PART 1**

#### **PRESENT**

- Brendan Duffy (Chair)
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Ann Chapman
- Nadarajah Manoharan
- Vicki Beagley
- Jonathan Godfrey
- Tawhiti Kunaiti
- Oriana Paewai
- Barbara Robson
- Diane Anderson

#### **IN ATTENDANCE**

Kathryn Cook, Chief Executive

Craig Johnston, General Manager, Strategy, Planning & Performance

Neil Wanden, General Manager, Finance & Corporate Services

Angie Guy, Acting Committee Secretary

Stephanie Turner, General Manager, Maori & Pacific

Gabrielle Scott, Executive Director, Allied Health

Barb Bradnock, Senior Portfolio Manager, Children, Youth & Intersectoral Partnerships

Dr Janine Stevens, Public Health Physician & Maori Health Practice Leader

Gopy Sundararajah, Portfolio Manager, Clinical Support

David Jerney, Portfolio Manager, Primary Health

Jo Smith, Senior Portfolio Manager, Health of Older Persons

Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions

Muriel Hancock, Director, Patient Safety & Clinical Effectiveness

Mahashweta Patel, Intern Portfolio Manager

Dennis Geddis, Communications Team Leader

#### **OTHER**

Public: (0)

#### **1. APOLOGIES**

Apologies were received from Committee Members Donald Campbell and Dot McKinnon.

## **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**

Adrian Broad advised a correction to the register - Palmerston North City "Council" not "Councillor".

### **3.2 Declaration of Conflicts in Relation to Today's Business**

No declarations were advised in relation to the meeting.

## **4. STRATEGIC & OPERATIONAL PLANNING**

### **4.1 Pharmaceutical Management Agency (PHARMAC)**

Stefan Crausaz, Chief Executive Officer of Pharmac, gave a presentation to the Committee. Pharmac was founded in 1993 in response to growing pressure from pharmaceuticals. The volume of medicines was increasing on average by 15% per annum and prices were 30% higher than in Australia.

Over the years Pharmac's remit has extended to include vaccines, hospital medicines and most recently medical devices. Examples of medical devices include equipment, clinical imaging, wound care, orthopaedic, cardiac devices and surgical services.

As a result of Pharmac's activities, New Zealand's expenditure on medicines is now lower per capita than the OECD average. Pharmac has succeeded by reducing prices and through the thoughtful introduction of new medicines. There has been a huge benefit to the New Zealand community through improved health outcomes and to the health service.

Over time Pharmac's procurement approach has been proven to achieve a cumulative reduction of 99% in the price of new medicines. Over all medicines this translates into a 7% reduction in cost year on year. This annual saving allows Pharmac to keep pace with volume growth and to introduce new medicines in a planned and organised manner.

There are pharmaceuticals available that are not funded by Pharmac (eg, some oncology medicines). Pharmac keeps a close watch on new medicines, particularly on measures such as extended life expectancy.

In response to a suggestion from a Committee member, Mr Crausaz advised that Pharmac have a fund that they use for 'special circumstances' to deal with situations where people need to access non-funded medicines but are prohibited because of cost.

The issue of 'companion diagnostics' was raised. This is the situation where the introduction of a new medicine results in extra cost in diagnostic services. The General Manager, Strategy, Planning and Performance advised that DHBs and

Pharmac were working together more closely on this kind of issue, and that Pharmac was becoming more aware of the need to take account of the 'total cost of medicine'.

It was agreed that a copy of the presentation is to be circulated to all Committee Members.

It was recommended:

*that this report be received.*

#### **4.2 2016/17 Annual Plan Progress**

It was noted that only two initiatives from the 2017/18 Annual Plan have been delayed, both of which are in Child Health. There was discussion about issues arising in the area intersected by child disability, child mental health and paediatrics. This is a complex space with multiple agencies, overlapping jurisdictions and rapidly changing demand from the community. The Committee asked for a presentation on this subject and it was agreed that this be provided to the Committees' next meeting meeting by Gabrielle Scott and Barb Bradnock.

It was recommended:

*that this report be received.*

#### **4.3 Draft 2017/18 Regional Services Plan**

The Committee was advised that the Regional Services Plan was currently based around Ministry of Health's priorities. Next year it was expected to be more strategic – ie, built around priorities and issues identified by the Central Region DHBs. This had been the subject of a lot of thought and planning over the last six months. The intention was for the Plan to focus on areas of work where regional activity adds real value.

The Committee agreed that from a governance perspective a strategically focused a Regional Services Plan was required; one which set out the future direction and was able to be implemented on time, within resources and which makes an actual difference.

It was recommended:

*that this report be received*

### **5. PERFORMANCE REPORTING**

#### **5.1 Strategy, Planning & Performance Operating Report**

##### *5.1.1 Locality Planning*

Locality planning is underway. Planning groups have been established in each of the communities and are working well. There were good connections from key stakeholders, including local authorities. The Chief Executive Officer advised that

she and the Board Chair have been continuing with their meetings with local mayors, and recently met with the Kapiti District Council. There was discussion about the most appropriate way for interaction to occur between the DHB and Local Authorities. It was noted that interaction occurs across the DHB – at Chair/CE level, through Board-to-Council meetings, at Executive level, and at operational team level. Any changes to the system of interaction needed to be carefully thought out and well organised.

It was recommended:

*that this report be received*

## **5.2 Performance Reporting – Equity Dashboard**

Dr Janine Stevens, Public Health Physician in the Pae Ora team, introduced the report and noted that there was more disability information available than was first thought. This would be included in the Equity Dashboard package and would be conveyed by way of patient stories.

It was noted that the Trendly data showed that in some areas equity targets were being achieved, but in general there was room for improvement. It was confirmed that Trendly data would be part of the equity dashboard.

It was noted that MidCentral DHB had an excellent relationship with local Iwi and that the Equity Dashboard was an important tool for clearly illustrating the journey to date, and what lay ahead.

It was recommended:

*that this report be received*

## **6. CONSUMER & DISABILITY**

### **6.1 Update on Consumer and Clinical Councils**

The Committee was advised nine applications had been received for the Consumer Council to date and it was hoped any more would be received by the closing date. Manawhenua Hauuroa has been asked to provide support to the selection panel in order to ensure a balanced representation. The Chairs of the two councils would lead the selection process and also the development of work programmes. It was expected that the Councils would be largely independent in the choice of activities.

A range of communication mediums had been used to inform organisations and people throughout the district of the membership opportunity and requirements.

It was recommended:

*that this report be received*

## **6.2 Disability Strategy Update**

There has been a significant piece of work done for the Aged Care and the Under 65's Disability Groups with investment from last year and this year being made to the care workers in the sector who support those with disabilities by way of guaranteed hours and wage increases for this sector.

The Accelerate 25 programme has a workstream involving older people in the Horowhenua. The General Manager of Enable New Zealand had met with the Horowhenua District Council's lead officer.

It was noted that during March and April there was no Director for the Office of Disability Issues and an appointment announcement was expected. This, and the earthquake, has resulted in delays in the progress of the Disability Strategy.

It was noted that there was no representation from local disabled people on the Disability Support Services Transformation Committee. All the disabled people involved in this project were from outside the region which could undermine the codesign process.

It was recommended:

*that this report be received*

## **7. MINUTES**

### **7.1 Minutes 7 February 2017 & 21 March 2017**

It was recommended:

*that the minutes of the previous meeting held on 7 February 2017 & 21 March 2017 be confirmed as a true and correct record.*

### **7.2 Recommendations to the Board**

All recommendations contained the minutes had been approved by the Board.

### **7.3 Matters Arising from the Minutes**

There were no matters arising from the minutes.

## **8. GOVERNANCE**

### **8.1 Work Programme**

Management advised that due to the Pharmac presentation being brought forward a month, arrangements had been made for the Central PHO to present to the Committee's next meeting.

It was recommended:

*that progress against the 2016/17 work programmes be noted.*

**9. LATE ITEMS**

There were no late items.

**10. DATE OF NEXT MEETING**

13 June 2017 (Shared matters of interest)  
25 July 2017

**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 reasons stated:*

<b>Item</b>	<b>Reason</b>	<b>Reference</b>
<i>"In Committee" Minutes of the previous meeting</i>	<i>For reasons stated in the previous agenda for 21.3.17</i>	

Confirmed this 13th day of June 2017

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Chairperson

Unconfirmed Minutes