

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 19 April 2011 at 10.00 am at Council Chambers, Tararua District Council, 26 Gordon Street, Dannevirke

PRESENT

Phil Sunderland (Chair)
Lindsay Burnell
Ann Chapman
Jack Drummond
Kate Joblin

Pat Kelly
Mavis Mullins
Karen Naylor
Richard Orzecki
Barbara Robson

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division (and Acting General Manager, Corporate Services)
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Craig Johnston, Senior Portfolio Manager, Primary Health

Central Primary Health Organisation
Joe Howells, General Manager
Chiquita Hansen, Clinical Director

Public (11)
Media (1)

1. APOLOGIES

An apology was received from Diane Anderson, Board Member.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments 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

No declarations were made.

4. PUBLIC FORUM, AND, CENTRAL PRIMARY HEALTH ORGANISATION PRESENTATION

4.1 Questions from the Public

The public forum opened with a karakia by Stephen Paewai, Te Tamaki Nua a Rua.

There were no questions from the public.

Management of MidCentral Health outlined the services provided in the Tararua district, including:

- Breastscreen Coast to Coast – mobile breast screening service
- Child and adolescent oral health services and the new service configuration being progressing implemented, involving mobile units and one fixed clinic within Tararua. It was noted that a competition held amongst school children throughout the MidCentral district to find names for the seven mobile units had resulted in seven winners all from the Tararua district.
- Mental health services, including alcohol and drug
- Public health nursing
- Youth health services for alternative education (Dannevirke Alternative Education Centre and Te Kura Kaupapa Maori O Tamaki Nui A Rua)
- Specialist outpatient clinics in a range of services
- Diabetes outreach service
- District Nursing Service
- Mobile surgical bus
- Community cardiology services

4.2 Presentation from Central Primary Health Organisation

Joe Howells and Chiquita Hansen advised progress made regarding:

- merger of four PHOs into Central Primary Health Organisation
- establishment of Integrated Family Health Centres, including Tararua IFHC
- outcomes achieved by CPHO

They provided the following update, with assistance from Sharon Wards, Manager, Tararua Health Group.

The merger had formally occurred on 1 July 2010 and new governance arrangements were in place. The PHO had received DHB and Ministry of Health support for its Business Case for Transforming Primary Health Care Services. An alliance leadership structure was in place to ensure its successful implementation.

Richard Orzecki entered the meeting.

Enrolments with the PHO were increasing, particularly for Maori and Pacific population groups.

The roll-out of InterRAI, an assessment tool for elder care, had commenced with the Tararua Health Group (THG). A Health of Older Persons Team had been established at THG. Nursing development was continuing. Three of eight nurses from the new graduate programme were working in Tararua. The GP Registrar Programme was also effective, with two GP registrars working within Tararua, with 12 trainees expected throughout the year.

A mindset shift was required to ensure sustainable primary health services for the future and the Tararua district was leading the way in many areas.

The development of an Integrated Family Health Centre for Tararua was well advanced, and work was on track for a 1 July start date.

The next IFHC would occur in Horowhenua. Centres were also planned for Otaki, Feilding and Palmerston North.

Improvements had been made within Horowhenua, with general practice lists now open. A nurse-led general practice had been established and was working well.

A number of strategies were in place throughout the district to address chronic conditions. These included chronic care model within general practice; the electronic comprehensive health assessment tool and client care plan; case management; and self management support.

Recent outcomes reported included increased Healthline usage by MidCentral communities; decreased hospitalisations as a result of the St Johns urgent community care pilot in Horowhenua; increased primary care mental health contacts; and improved retinal screening rates for registered diabetics in the district.

Current challenges were workforce and funding.

Members of the Central PHO were thanked for their presentation. They then left the meeting.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 15 March 2011 be confirmed as a true and correct record, subject to item 4.2.1 being amended to refer to "oncology" services.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Group Audit Committee

The Committee Chair advised a correction to the minutes:

- item 7.4, Identification of Items 2011/12 – the recommendation passed was “that the identification of issues for the internal audit plan for 2011/12 be carried out on completion of the tendering exercise”. It had been incorrectly recorded.

It was resolved:

that the unconfirmed minutes of the meeting of the Group Audit Committee held on 15 March 2011 be received and the recommendations contained therein approved, subject to the amendment to the change noted above being made.

6.2 Matters Arising

There were no matters arising the minutes.

6.3 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 5 April 2011 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

6.5 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 5 April 2011 be received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

7. STRATEGIC MATTERS

7.1 Manawhenua Hauora

Richard Orzecki, in his role as Chair, Manawhenua Hauora, advised that Ngati Kahungunu had identified new members. This was a significant development as this Iwi had not been participating in Manawhenua Hauora activities for some time.

It was resolved:

that the minutes be received.

7.2 centralAlliance Update

A member noted the importance of ensuring “agreements in principle” were fully understood at all levels of the organisation.

It was resolved:

that the report be received.

8. OPERATIONAL REPORTS

8.1 CEO’s Report

8.1.1 National Services Designation and Development Pathway

Members supported the submission made by regional CEOs, noting the importance of travel and accommodation policy provisions meeting new service arrangements. Travel and accommodation was a key issue for both regional and national service arrangements.

The importance of community involvement was also emphasised.

8.1.2 Health Select Committee

The select committee process was discussed, and the CEO confirmed that no issues had been raised with MDHB regarding the 2009/10 financial performance review.

8.1.3 National Health Committee

It was noted that Anne Kolbe had been appointed Chair of the National Health Committee.

8.1.4 Regional Services Planning

A correction to the report was noted. The Director-General of Health was Kevin Woods.

8.1.5 Employee Assistance Programme

The annual update on the Employee Assistance Programme was discussed and members noted that this programme would continue.

The quality of the programme was questioned by a member. Management advised that there was no feedback to suggest it was not a good service.

8.1.6 Central Region's Information Systems Plan (CRISP)

Management confirmed that MDHB's Concerto initiative was closely aligned to regional requirements and CRISP. Support was being sought from the National IT Board for MDHB to proceed with implementation of Concerto prior to completion of CRISP approval process. It was expected this would be received by end June 2011.

8.1.7 Financial Position

The CEO advised that the forecast surplus was \$4m, being \$8m better than budget.

The need for vigilance around financial controls, etc was noted by several members.

Members noted management's great achievement in respect of the DHB's financial position.

Lindsay Burnell left the meeting.

8.1.8 Capital Expenditure

The capital expenditure budgeting process was outlined. This involved strong clinical involvement in prioritising services (Clinical Directors and Medical Heads), with the Chief Medical Officer playing a lead role.

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Delegations Policy

Management was requested to provide details around the policy and protocols for electronic transactions for the Board's next meeting.

It was resolved:

that the revised Delegations Policy be presented to the July Board meeting.

9.2 2010/11 Work Programme

The issue of business continuity planning, particularly IT disaster recovery systems, was raised. Management advised that the draft 2011/12 Annual Plan included initiatives in this regard. In addition, the internal auditors, Ernst Young, had recently completed an audit of MDHB's IT disaster recovery plans. Work was being done in this area. Regarding other disaster recovery, more work would occur once the Risk Management Framework for the organisation was agreed.

Links with regional and national disaster recovery planning was also raised. Management advised that information was coming to hand following the Christchurch earthquake and this would be addressed at that point in time.

Lindsay Burnell re-entered the meeting.

It was resolved:

that the updated work programme for 2010/11 be noted.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 17 May 2011, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

12. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Ref
<i>"In Committee" Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>"In Committee" Minutes of Committee Meetings:</i>		
<ul style="list-style-type: none"> • <i>Community & Public Health Advisory Committee, 5 April 2011</i> • <i>Hospital Advisory Committee, 5 April 2011</i> • <i>Remuneration Committee, 31 March 2011: CEO's performance review</i> 	<ul style="list-style-type: none"> <i>For the reasons set out in the Committee's order paper of 5.4.2011 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 5.4.2011 meeting held with the public present</i> <i>To protect personal privacy</i> 	9(2)(a)
<i>Strategic Issues</i>		
<ul style="list-style-type: none"> • <i>2011/12 Annual & Regional Strategic Plans</i> • <i>Enable New Zealand Discussion Paper</i> 	<ul style="list-style-type: none"> <i>Under negotiation</i> <i>Subject of negotiation</i> 	9(2)(j) 9(2)(j)

<i>Operational Issues</i>		
• <i>CEO's Operating Report:</i>		
- <i>Integrated Family Health Centre, Feilding</i>	<i>Under negotiation</i>	<i>9(2)(j)</i>
- <i>HBL Update: Insurance Contract</i>	<i>Under negotiation</i>	<i>9(2)(j)</i>
- <i>Central Region's Information System Plan</i>	<i>Under negotiation</i>	<i>9(2)(j)</i>

Mavis Mullins left the meeting.

Confirmed this 17th day of May 2011.

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Chairman