

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 2 November 2010 at 1.00 pm in the Boardroom of Board Office , Gate 2B Heretaunga Street, Palmerston North

### **PRESENT:**

Diane Anderson (Chair)  
 Dennis Emery (Deputy Chair)  
 Graeme Campbell  
 Ann Chapman (ex officio)  
 Linda Gray  
 Charmaine Hamilton

### **IN ATTENDANCE:**

Mike Grant, General Manager, Funding Division  
 Carole Chisholm, Committee Secretary  
 Lindsay Burnell, Board Member (part)  
 Karen Naylor, Board Member Designate

### **OTHER:**

Staff: (4)  
 Public: (1)  
 Media: (0)

The Chair conveyed her thanks to two members of the Community & Public Health Community who were attending their last meeting. Dennis Emery, Deputy Chair of the committee, had been a strong contributor at the monthly meetings and his presence would be missed in the future. Dennis' input had been very much appreciated. It had also been a pleasure to have Graeme Campbell as a member of this Committee over the last term and his contributions had been gratefully received.

### **1. APOLOGIES**

Oriana Paewai; Phil Sunderland; and Murray Georgel

### **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.

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

Linda Gray referred to page 5.13, para 4.1.2 'Integrated Family Health Centres' and declared a conflict.

Dennis Emery declared a conflict in relation to page 5.15 para 4.1.5 'Whanau Ora'.

Following a prior request, Mr John Bent, a member of the public, was invited to speak to Item 1.3.1 'Mental Health and Addiction NGO Sector', which appeared on page 6.8 of the Funding Division's Operating Report.

Mr Bent questioned what was meant by the wording 'severe mental health'. Although it was something very simple, he believed the wording caused a great deal of concern to a number of people, and especially those with severe mental illness. There were slight variations on the meaning of severe mental illness but the three constants that appeared in such literature as the British Journal of Psychiatry named the first constant as schizophrenia with or without other psychotic areas. The second constant was bipolar disorder and the third was the major depression area. It could only be assumed that severe mental illness related to that 3% of the population to which services were provided.

Mr Bent questioned what severe mental illness was in the context of severe mental health illness in MidCentral Health.

The Chair thanked Mr Bent and advised the matter would be discussed later in the meeting.

## **4. MINUTES**

### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 5 October 2010 be confirmed as a true and correct received.*

### **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.

## **5. STRATEGIC/SPECIAL ISSUES**

### **5.1 Price and Volume Schedule 2010/11**

Management noted that this paper was an annual report to the committee which set out the context for the funding of MidCentral Health by the funder and that context arose out of both a national and local process. Although there was a lot of specific language used in the report, the glossary in Appendix A was helpful in terms of clarification. In summary the report confirmed that the funding pressures for 2011/12 would continue to exist but that there would be trade-offs between volume and price. Even though the total funding and total expenditure were in synchronization for the first three or four months of the year, there was variation in the mix of volume and price.

A committee member referred to 'Funding Considerations in Setting Volumes and Funding Levels', page 5.7, number 11 'Priorities' and requested that Elder Health and Maori Health be rated high amongst those priorities. Reference was also made to No 8 'Inter District Flows' and the need to keep population based funding under observation.

It was recommended:

*that this report be received.*

## **5.2 Primary Health Care (DAP 2010/11) – Update 1**

Management reported on the progression of primary health care activities from 2004, when the DHB put its Primary Health Strategy together, to the present time together with the associated achievements. The next evaluation of the process was by Better, Sooner, More Convenient aspirational targets which formed part of the accountability between the PHO and Ministry of Health. MidCentral as the DHB was heavily involved.

In response to a question from the Chair, management confirmed that aspirational targets, which were based over a two to three year period, were reported to the Ministry of Health. However, due to the DHB's involvement the reports would come back to the Board and that information reported through to this committee.

Linda Gray's conflict with para 4.1.2 'Integrated Family Health Centres' was noted.

Following a Committee member's enquiry, management advised that the Palmerston North Integrated Health Centre project was not due to start until 2012/13.

Weekly meetings at Horowhenua were led by the PHO with Doctors from MidCentral Health and other service providers.

With the advent of nurse led clinics, the question of fees was raised. As in any emerging service there would be the ability to set a price for the service but the nurse practitioner could draw on capitation reimbursement for funding as enabled through the PHO agreement. A committee member noted there was a risk of confusion around the identity of practice nurses and nurse practitioners, and identification of nurses' roles in the community.

It was agreed that the committee would keep a watching brief on this issue.

Dennis Emery's conflict in relation to 'Whanau Ora' was noted.

The member concerned expressed disappointment that no providers had been selected in this area in the first wave. Following an enquiry on their design, management advised that information was currently being received and an update would be provided to the next meeting.

In response to the committee's interest in InterRAI, management undertook to include an update in next month's 'Health of Older Persons' section of the Operating Report.

The Chair congratulated the author on a very good and informative report

It was recommended:

*that this report be received.*

## **5.3 PIA 1: Improved Hospital Productivity – Update**

This report had been discussed at the Hospital Advisory Committee (HAC) meeting earlier in the day and its inclusion in this agenda was for information purposes.

Management referred to Appendix 2 relating to the percentage of Emergency Department patients discharged or transferred within six hours by service. The charts revealed that the waiting times depended on where the patient was in the system or whether they were awaiting transfer. Most services were trending in the right direction but it was noted that if the Emergency Department was to lift their performance, a whole system approach would be required.

A Committee member who had been present at the HAC meeting spoke of considerable discussion around 'smoking cessation' and a debate concerning what constituted a late start in the operating theatre. Although five minutes would appear to be of no consequence, an hour late was significant. The question was then raised as to whether the figures quoted on page 5.39 included the five minute period or whether it was more. Concern was expressed that if detailed information was not captured then an incorrect picture was presented.

With respect to overall efficiency, management noted that the engine room of any hospital was the theatre and theatre productivity. According to the table on page 5.39 there was a long way to go in lifting productivity within the hospital environment.

At the HAC meeting it was agreed to benchmark with other DHBs and investigate what some of the issues were and why the metrics were looking the way they did.

Following a recommendation from a committee member, the matter of theatre productivity would be entered on a risk profile.

It was recommended:

*that this report be received.*

#### **5.4 Regional Service Coordination and Regional Clinical Services Plan - Update**

This report had also been discussed at HAC earlier in the day and was included in this agenda for information purposes.

Management confirmed that the DHB was working towards the development of a regional urology service. It was understood that the third urologist would provide surgery at Whanganui as well Palmerston North. It was also noted that there had been a significant turnaround in urology performance within MidCentral Health and this had been largely due to senior clinical nurse specialists working in that department.

It was recommended:

*that this report be received.*

### **6. OPERATIONAL REPORTS**

#### **6.1 Falls Prevention in the Older Person**

It was recommended:

*that this report be received.*

#### **6.2 Funding Division Operating Report – October 2010**

##### *Item 1.3.1 Mental Health and Addiction NGO Sector*

The committee referred to Mr John Bent's submission seeking a definition of severe mental illness. The Chair noted that the area of severe mental health essentially lay in the domain of the Mental Health Service.

In response to a request for clarification around people with less severe mental illness, management advised that programmes existed within primary care and these were funded by the Ministry of Health. Services for people with severe mental illness were provided by MidCentral Health or by NGOs under contract to the Funder.

*Item 1.3.2 Mental Health Line*

Following an enquiry relating to the provision of a Mental Health line, management noted that a period of 12 – 15 months had elapsed since the programme was brought to CPHAC. Management would therefore provide a paper in order to refresh the committee.

*Item 1.4.1 GP Registrars*

More applicants had come forward and the Board would be in a position to update the committee on placements very shortly. The contract with the Clinical Training Agency allowed for up to six trainees.

*Item 1.4.2 General Practice Fees*

Management confirmed the steps involved when a GP practitioner applied for a fee increase and noted that generally GPs were happy with the annual adjustment.

Following comments made around practice nurse charging, which had also been discussed during consideration of the Price and Volume Schedule, it was noted that the Board was looking at a number of ways to support nurses and nurse practitioners which would change the nature of the general practice. The changes would require some publicity, particularly for a section of the community and this issue would be included in the strategic planning process in due course.

It was recommended:

*that this report be received.*

### **6.3 Finance Report – October 2010**

Management advised that on a consolidated basis the DHB was doing reasonably well and this was a marked turnaround from the situation twelve months ago. Under 1.2 '2009-10 Wash-up and 2010-11 IDSF Inflow' some benefits had been signalled but those benefits had been offset by the lower IDF revenue primarily from Whanganui. This would be kept under surveillance as the year progressed.

It was recommended:

*that this report be received.*

## **7. GOVERNANCE ISSUES**

### **7.1 Work Plan**

Management noted that committee members could attend the Board meeting on 14 December but had no decision rights.

In response to a Committee member's enquiry it was confirmed that if attendance was not possible on 14 December, any reports relating to the Community & Public Health Advisory Committee could be made available in advance.

It was recommended:

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

**8. LATE ITEMS**

There were no late items under 2 above.

**9. DATE OF NEXT MEETING**

Tuesday, 1 February 2011.

Dennis Emery noted it was his final CPHAC meeting after nine years with the DHB. He wished to convey his thanks and appreciation to Diane Anderson, the Committee Chair; Committee members; past Board Chairman, Ian Wilson; and Ian's successor, Phil Sunderland. Dennis advised that he had greatly enjoyed the experience and was full of admiration for the management leadership.

**10. EXCLUSION OF PUBLIC**

Recommendation: that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following item for the reason stated.

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous Agenda	
Contracts Update	Commercially Sensitive Information	9(2)(j)

The meeting closed at 2.15pm.

Confirmed this 1st day of February 2011

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Chairperson