

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 21 October 2008 at 10.08 am
at Horowhenua District Council, 126-148 Oxford Street, Levin

PRESENT

Ian Wilson (Chair)
Diane Anderson
Lindsay Burnell
Graeme Campbell
Ann Chapman

Jack Drummond
Dennis Emery
Jim Jefferies
Stephen Paewai
Ormond Stock

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Stuart Wilson, General Manager, Corporate Services
Mike Grant, General Manager, Funding Division
Lareen Cooper, General Manager, MidCentral Health
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer

Horowhenua Primary Health Organisation: Gina Lomax, Chair and Dawn Wilson, Manager
Otaki Primary Health Organisation: Michelle Baker, Chair and Dawn Wilson, Manager
Compass Health: Cathy O'Malley, CEO

Public (21)
Media (1)

The meeting opened with a karakia.

1. APOLOGIES

An apology was received from Barbara Robson, Board Member. Jim Jefferies put in his apologies for an early departure.

The Chairman advised that the Mayor and CEO, Kapiti Coast District Council had tendered their apologies for the public forum.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

The Chairman advised that the Board had via Ormond Stock taken advice from the Ministry of Health regarding the waiver which had been put in place regarding Mr Stock and the centralAlliance. This waiver enabled Mr Stock to participate in discussions but not decisions (voting). The Ministry's opinion, which had been provided to all members, was Mr Stock's joint

membership of both Whanganui and MidCentral DHBs did not pose a conflict of interest, and he should be able to participate fully in discussion and decision-making.

It was resolved:

that the waiver in respect of Ormond Stock and the central Alliance be withdrawn.

3.2 Declaration of Conflicts in Relation to Today's Business

There were no conflicts identified in relation to the meeting's business.

4. PUBLIC FORUM AND HOROWHENUA AND OTAKI PHO PRESENTATION

4.1 Questions from the Public

Questions and comments from the public were taken:

- Appreciation of the services provided by MidCentral Health to a local gentleman and his wife.
- Whether the Board had plans to expand the Horowhenua Health Centre, and if so, what the cost would be.
Why was a decision was made by the Board to have only two wards at Horowhenua Health Centre, particularly in light of the ageing population. An example of delays in being transferred to the Centre from Palmerston North Hospital due to lack of capacity was cited.
- The level of primary health care services in the district, particularly after-hours care. A request for openness and transparency around after-hours planning and decisions.
- Local voluntary health transport services would benefit from having money from MidCentral DHB, rather than the DHB's commitment to underwrite the service to \$28,000.
- Transport for dialysis patients, particularly those whose treatment finished late in the evening. The voluntary transport service could not accommodate this requirement. Payments made by the DHB for taxi services to transport these renal dialysis patients home was considered to be better spent if it went to the shuttle service.
- The perceived lack of action by MidCentral DHB in implementing its Health of Older Persons strategy. The large elderly population in Horowhenua was cited.
- The lack of consistent GP services for Horowhenua's ageing population. With changing GP arrangements, elderly people were often having to see a different GP. In addition, it was considered too much to ask GPs to address the need of elderly people (who generally had complex health needs) in a ten minute consultation.
- The perceived lack of action by MidCentral DHB in addressing the needs of Horowhenua's youth.
- Services for the terminally ill were considered inadequate, particularly the after-hours district nursing service which had to cover MDHB's district. This meant some people had to wait an hour or so for care, eg if they fell out of bed.
- The need for co-ordination, co-operation and collaboration in health services.
- Why did MidCentral DHB consider surgical bus services unsafe when the bus was used throughout New Zealand.
- The Otaki community wished to establish a health shuttle service based on the St John model for Otaki, and would be approaching MidCentral DHB in this regard. Instances were cited of the difficulties local residents incurred in travelling to Palmerston North for health services.
- Local services, such as the community diabetes service, were great but it was difficult to find out what services were available and how you could access them.

- The different access systems to publicly-funded x-rays between GPs and chiropractors, and how this differed from the ACC system.
- The lack of involvement of chiropractors, osteopaths, physiotherapists and podiatrists in health service planning.

MDHB advised that there were no current plans to expand the Horowhenua Health Centre, but the building had been designed to enable this. If other providers, such as GPs, wished to work from the Centre and made a firm commitment to do so, MDHB would proceed with expansion.

It advised that private facilities provided aged care services, and MDHB worked closely with these.

MidCentral DHB did not consider the mobile surgical bus to be unsafe. MDHB had different standards regarding recovery nursing care. It had agreed with the Mobile Surgical Bus to seek independent advice from the Ministry of Health as a means of resolving this matter.

The level of primary care services in Horowhenua, including access to diagnostic care, was considered to be one of the best in New Zealand. MidCentral DHB, in conjunction with the PHOs, had significantly increased the support available to GPs. The number of GPs in the district had risen, and there were now 19 between Foxton, Shannon and Levin, with a further 3-4 in Otaki.

The changing and transitory nature of the health workforce was a reality. This did create consistency issues, but the key issue was ensuring uniformity of care. The local PHO had established processes to ensure uniformity and continuity of care. The projection of a vibrant and enthusiastic community and health services was important to the attraction of health professionals.

It was noted that a GP registrar (a new position established by MidCentral DHB) had committed to a local general practice.

After-hours services were a challenge for Horowhenua, as they were many communities of a similar size. The difficult period was 11pm to 8am, and the Emergency Department, Palmerston North Hospital now provided after-hours care for the entire district during this time. After-hours arrangements were regularly advertised.

MidCentral DHB was happy to meet with the Transport Committee regarding its commitment of \$28,000 per annum. It was also happy to meet with the Otaki Community Group regarding its transport proposal.

GPs were now funded on a capitation basis, ie bulk funded as opposed to a fee-for-service arrangement. This enabled more flexibility for them to vary the length of consultations. Generally, it took up to five years for change to a capitation model to be achieved.

Child and youth services remained a priority for the DHB. Discussions were taking place with the Youth One Stop Shop in Palmerston North regarding how that model could be developed in Horowhenua.

MidCentral DHB's investment in chronic care conditions (cardiovascular and respiratory disease, diabetes, and cancer) was also an investment in elder health. The older population made up a large percentage of the users of these services. Further initiatives now being considered were clinical nurse specialist roles to work with rest homes and additional medical specialist support.

The palliative care services available in MidCentral DHB's district were exceptional. Significant investment had been made in these. MidCentral DHB offered the only 24 hour district nursing

service in the country. From time to time, small delays would be experienced as this service covered the whole district.

MidCentral DHB was implementing its Renal Plan. It was focusing on managing the chronic disease, ie before people reached end stage renal failure. Expansion of the renal services was dependent on resources and MidCentral DHB currently had one renal physician. A further physician was expected to join the team shortly. This would enable further outreach services to be provided, such as senior nurses working in outlying districts.

Suggestions regarding service information would be taken on board. Consideration would be given to the suggestion regarding x-ray fees for non-hospital and GP health practitioners, and the closer involvement on chiropractors and other health professionals in health service planning.

4.2 Presentation from Horowhenua and Otaki Primary Health Organisation

Gina Lomax and Dawn Wilson provided a presentation on behalf of the Horowhenua PHO.

Achievements made by the PHO included:

- 90% enrolment level
- around 2,000 seen by general practice each week
- PHO outreach staff were accessing “hard to reach” patients through different initiatives, such as Diabetes Get Checked Door Knocking
- good collaboration with local Iwi
- good community engagement
- diabetes and chronic care teams delivering over 1,400 consultations per quarter, of which 16% were for Maori
- retinal screening levels above target rates

Challenges faced by the PHO included:

- GP:patient ratios above target of 1400 patients. Currently 1,715 patients per GP
- Additional GPs were needed to achieve this target
- GP numbers were expected to decline, with four departures in November. This would see 4,340 patients without a GP and a 1:10 after-hours cal roster for GPs
- GP recruitment being actively progressed, but other areas were facing similar situation, eg Kapiti and Whanganui PHOs
- Lack of GP cover had implications for rest homes as their licensing was dependent upon GP cover arrangements
- Various solutions were being considered to the GP issue, including new models of care, redirection of Services to Improve Access funding, and evolution of Dr Smith’s work with older persons services.

Michelle Baker and Dawn Wilson provided a presentation on behalf of the Otaki PHO.

- The PHO had been in operation for five years. It had grown significantly since this time, rising from 1 fte to 14ftes.
- Several audits of PHO services had been undertaken with good outcomes.
- Through the vision of a local General Practitioner, Otaki now had a single health facility which housed numerous health services, including the PHO.
- The PHO had established strong working relationships with non-government owned organisations (NGOs).
- Succession planning had been put in place for the Otaki PHO board.
- The outreach retinal screening service was very successful and was exceeding targets.
- The PHO was looking to consolidate services, and undertake continuous quality improvement. It was also seeking financial sustainability and would work closely with Nga Hapu o Otaki re Maori health needs.

- Ongoing support of NGOs and GP recruitment and retention would also take place.

The Chairman thanked the PHOs for their presentations.

4.1 Questions from the Public Continued

- The Horowhenua District Council was regularly contacted by people involved in health provision to act as a mediator, and the Mayor believed this was not his role. He sought greater collaboration and leadership.

Jim Jefferies left the meeting.

5. MINUTES OF THE PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 16 September 2008 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Group Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Group Audit Committee held on 16 September 2008 be received and the recommendations contained therein approved.

6.2 Matters Arising

6.2.1 Internal Audit Programme: ISSP

The CEO advised that stronger national leadership of information systems development would likely reduce costs for DHBs. National standards had been drafted and DHBs were encouraging the Ministry of Health to release these with urgency. These standards would ensure DHBs' systems were compatible.

6.3 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 7 October 2008 be received and the recommendations contained therein approved.

6.4 Matters Arising

6.4.1 Child & Adolescent Oral Health Services

The Chairman outlined the decision-making process for this item. Management were to represent the proposal to the Hospital Advisory Committee, together with additional information as requested by Committee and Board Members. The Committee's recommendation would then go forward to the Board for consideration.

The CEO advised he asked the Ministry of Health if MDHB's timeframe would cause an issue. This had been acknowledged, and an offer of assistance provided.

The CEO further advised that two members had provided details of the additional information they required. Further details sought were advised:

- had the Union, via the local delegate, been involved in the discussions, and are they comfortable the change in terms and conditions would be acceptable to their members?
- how did MDHB's plans compare to other DHBs, ie were others going to a totally mobile service for remote and at risk populations?
- what consultation was planned, and what influence would this have over the service proposal given the model of care had been determined?

It was noted that the Board had approved the model of care, subject to financial sustainability being confirmed.

The CEO advised that "engagement" would take place with the community regarding the locations for the mobile units and fixed sites. As the service was not changing, and access to the service was being improved, consultation was not required. He confirmed that if the engagement process identified significant issues, management would be open-minded to these.

The issue of access to pain management services under a mobile arrangement was questioned, and the potential travel implications for families.

6.5 Disability Support Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 7 October 2008 be received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

6.7 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community and Public Health Advisory Committee held on 7 October 2008 be received and the recommendations contained therein approved.

6.8 Matters Arising

6.8.1 Health Awards

The General Manager, Funding Division and his team were congratulated on the successful 2008 Health Awards.

7. STRATEGIC ISSUES

7.1 District Strategic Plan

It was suggested that in the spirit of collaboration and the centralAlliance the Chair and CEO, Whanganui DHB be invited to participate in the Board's strategic planning workshop. After discussion, it was agreed that the preliminary workshop was around MDHB's progress to date. It was agreed that future opportunities for Whanganui DHB involvement be explored, but that the initial workshop be for MDHB only.

It was expected that such arrangements would be reciprocal.

The CEO advised that in discussion with Whanganui DHB's CEO it had agreed that a joint meeting of senior management staff would take place, perhaps in late November.

The General Manager, Corporate Services advised that the concept of a Regional District Strategic Plan had been raised by central region DHB Chief Financial Officers, and that DHB strategic planning would have a much stronger collaborative element.

It was resolved:

that the report be received.

7.2 Regional Clinical Services Plan

The arrangements for community/consumer input to the proposed multi-disciplinary steering group was raised. It was suggested that if there was to be only one community person on the steering group it could be valuable to have support group(s) to feed information to and from the steering group and communities. The General Manager, Funding Division advised that this issue would be further considered in the new year, and the need for a bank of experts, including consumers, was noted.

It was resolved:

that the report be received.

7.3 Alliance with Whanganui DHB

The CEO advised that Buddle Findlay had provided a legal opinion on the Foundation Agreement. Buddle Findlay was acting for both DHBs and had confirmed its ability to provide unbiased advice to both parties. The legal opinion noted the Foundation Agreement would require Ministerial endorsement as neither DHB had raised this concept in either its District Annual Plan or District Strategic Plan. Buddle Findlay had recommended a number of changes to the document. These were not considered significant in nature. This view was endorsed by the Chair and Deputy Chair.

The process for approving the Foundation Agreement was discussed. As the legal opinion recommended a number of changes, these could be incorporated into the document and submitted to the Board at the next meeting. An alternative approach was to approve the document in principle, or to approve the document subject to the legal changes being made.

The need for commitment to, and enthusiasm for, the centralAlliance was noted. Endorsement of the Agreement was one means of reflecting the Board's commitment.

The CEO confirmed that under the centralAlliance each Board would remain responsible for the health of its community and its own funding streams. Joint planning could take place, but each Board would then have to determine its implementation and resource programme.

It was resolved:

that the central Alliance Foundation Agreement, as contained in the agenda, be approved, subject to:

- incorporation of the legal opinion, on the basis resultant changes were not significant; and,*
- the Minister of Health's endorsement.*

Dennis Emery recorded his vote against the motion.

It was noted that in the event the legal changes were considered to be significant, the document would be re-submitted to the Board for a decision.

7.4 Manawhenua Hauora Minutes

It was resolved:

that the minutes be received.

7.5 Information Services Strategy & Planning Update

The General Manager, Corporate Services advised that a Regional Information Systems Strategic Plan was being developed, and that planning for major IS projects was now seldom done on a local basis.

It was noted that the Patient Administration System (also known as the Health Administration System) was a sub-set of the Information Systems Strategic Plan.

The potential demand for further IS developments based on national requirements, such as the Health & Disability Commissioner's recommendations regarding a national referral process, was discussed. The General Manager, MidCentral Health advised MidCentral Health had established a process for tracking elective referrals to another DHB. This was being done within existing systems, and the approach had been received favourably by elective service managers in the lower half of the North Island.

It was resolved:

that the report be received.

7.6 Procurement Project

It was resolved:

that the report be received.

8. OPERATIONS REPORTS

8.1 CEO's Report

8.1.1 Meetings with Territorial Local Authorities

The CEO advised that together with the Chair and Deputy Chair he had met with local territorial authorities to discuss health and disability issues.

8.1.2 Tripartite Agreement

The Board noted that the Resident Medical Officers' Association and other unions represented by CNS were not part of the Combined Trades Union and were not party to the Tripartite Agreement.

8.1.3 Investments

The General Manager, Corporate Services advised the review of investments and loans was underway. The independent financial advisor considered MDHB was in a good position and there was no need for any urgent changes.

It was resolved:

that the report be received.

8.2 Associated Organisations: Technical Advisory Service Annual General Meeting

It was resolved:

that Murray Georgel, CEO be appointed as MidCentral DHB's proxy at the Central Region's Technical Advisory Service Limited's annual general meeting in November 2008 and he be instructed to support the recommendations as included in the Notice of Annual General Meeting dated 9 October 2008.

9. GOVERNANCE ISSUES

9.1 2008/09 Work Programme

It was resolved:

that the updated work programme for 2008/09 be noted.

9.2 2009 Meeting Schedule

It was resolved:

that the 2009 meeting schedule, as contained in the agenda, be approved.

9.3 Procurement Policy

The Board noted that there were a number of associated policies, as noted in the Procurement Policy, which had to be put in place. Management confirmed that this work was underway.

It was resolved:

that the Procurement Policy be approved by the Board.

9.4 Schedule of Delegations

The following feedback and/or questions on the Schedule of Delegations was made:

- if new projects not included in the capital expenditure programme were added under delegation, the overall capex provision approved by the Board must not be exceeded.

- operational cost implications needed to be considered, particularly if these had to be met outside approved budgets.
- sub-delegations needed careful consideration to ensure they were covered off appropriately, ie that they were within the overall capex provision approved by the Board.
- MDHB's delegations must align to the regional and national capex requirements.
- under the proposed delegations there was potential for items to be referred for national approval which the Board had not participated in. This required further consideration.
- would post event audit requirements continue and at the same level of expenditure, ie all projects valued at \$100,000 or over.

It was resolved:

that the Board provides feedback to management on the proposal for approving capital expenditure and that feedback be incorporated into the Schedule of Delegations to be approved by the Board.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 18 November 2008, MidCentral DHB Offices, Board Room, Gate 2B, 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:

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
<i>"In Committee" Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>"In Committee" minutes of Committee Meeting</i>		
<ul style="list-style-type: none"> <i>Hospital Advisory Committee, 7 October 2008</i> <i>Community & Public Health Advisory Committee, 7 October 2008</i> <i>Remuneration Committee, 7 October 2008: CEO's performance and salary review & measures</i> 	<ul style="list-style-type: none"> <i>For the reasons set out in the Committee's order paper of 7.10.08 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 7.10.08 meeting held with the public present</i> <i>To protect personal privacy</i> 	9(2)(a)
<i>External Committee Members</i>	<i>To protect personal privacy</i>	9(2)(a)
<i>Procurement Project: schedule of savings</i>	<i>Commercially sensitive information and subject of negotiation</i>	9(2)(j)

Confirmed this 18th day of November 2008.

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Chairman