

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 7 June 2011 at 1.00 pm in the Boardroom of Board Office, Gate 2 Heretaunga Street, Palmerston North

**PRESENT:**

- Diane Anderson (Chair)
- Ann Chapman (Deputy Chair)
- Linda Gray
- Mavis Mullins
- Pat Kelly
- Phil Sunderland
- Charmaine Hamilton
- Oriana Paewai

*Unconfirmed Minutes*

**IN ATTENDANCE:**

- Mike Grant, Acting Chief Executive Officer
- Carole Chisholm, Committee Secretary

**OTHER:**

- Staff: (6)
- Public: (0)
- Media: (1)

The Chair farewelled the two retiring members, Linda Gray and Charmaine Hamilton and formally acknowledged the great work they had done during their time on the Committee. An afternoon tea was to follow the conclusion of the meeting.

**1. APOLOGIES**

Karen Naylor; Murray Georgel; Mavis Mullins (late)

**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**

There were no conflicts.

#### 4. MINUTES

##### 4.1 Minutes

It was recommended:

*that the minutes of the previous meeting held on 3 May 2011 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. It was noted that the Political Environment workshop had now been held and was considered worthwhile.

#### 5. STRATEGIC/SPECIAL ISSUES

##### 5.1 Long Term Condition Strategy Scorecards

Management spoke to the report which provided an update on the Primary Health Care Strategy, particularly in relation to the investment that had occurred within the DHB across both the primary and secondary sectors. Some of the investment in MidCentral Health had been to further enable development in primary health care.

The initial target areas were Cardiovascular, Cancer, Respiratory and Diabetes for which service plans were prepared. These were followed by plans for Child Health, Health of Older People and Depression and were structured around disease prevention, health promotion, screening, early intervention, self management, acute care, rehabilitation and palliative care.

Mavis Mullins entered the meeting. It was confirmed that Ms Mullins had no conflicts to declare.

The biggest investment had gone into diabetes and an appreciable lift in performance had been seen. However, in light of the engagement of the PHO with diabetes management screening and a lot of encouragement, a further lift in performance was anticipated in this particular area.

There had been a significant increase in cardiovascular screening. The next financial year and the one following would see significant investment in the hospital cardiology service in and around intervention and workforce. With respect to the entry regarding statins prescribed and the number of people on them, management confirmed that the percentages shown related to dispensed medications.

It was also noted that a considerable number of patients were receiving PHO Lifestyle Service intervention in the form of smoking cessation, physical activity and diet/nutrition. Although outcomes associated with the investment were not available at present, these would become so with the definition of change, in terms of change within the cardiology service; early detection; risk assessment and referral; and medication.

In response to an enquiry around Respiratory and the dramatic increase in sleep apnoea, management advised that this was due to a change in the way events had been counted. Between 2006 and 2007 respiratory physician staffing issues had existed and these may also have accounted for the low numbers early in the period.

A Committee member questioned whether it was too early to judge the effects of the sleep apnoea service on other health services. Management advised that the major risk was around Heart Disease and therefore the probable response would be that “x” percentage of those patients would not present to ED.

It was noted that investment in depression had been curtailed two or three years ago as a result of the financial situation.

Cancer information had been provided by MidCentral Health. However, the Central Cancer Network was now collecting data and this would be reported to the Committee in the next quarter.

One area of significant improvement in Child Health was around immunisation. Following an enquiry as to whether there had been a resultant increase in adverse reactions to child immunisation, management advised this had not been the case and that over the years both the documentation and definition of an adverse effect had improved.

It was recommended:

*that this report be received.*

**5.2 2010/11 Plan – Implementation: PIA 4 Quality – Update 2 (information only)**

It was noted the report was for information and related almost entirely to the provider arm. A Committee member referred to Graph 2 on page 5.31 and sought clarification of the highest category “other” and what that term comprised. Management undertook to look into the matter and report back.

Following an enquiry around Child & Adolescent Oral Health Care, Optimising the Patient Journey and changes to the layout of the mobile dental clinics, management confirmed that as far as they were aware, no financial impact was anticipated.

Reference was made to the National Hand Hygiene Programme on page 5.36. It was noted that the Hospital Advisory Committee had considered the report earlier in the day and were also concerned at the commentary in relation to what appeared to be common sense. The conclusion reached at that meeting had been to work hard with staff on the issue and to get on board some key champions, particularly in nursing, to follow through.

It was noted that with the introduction of another super bug, the timing appeared good.

Up until recently Risk Management ownership and responsibility had been with Corporate Services. In the course of reviewing Corporate functions it was decided to merge Risk Management and Quality under the umbrella of MidCentral Health. As a result a new risk framework had been developed. This would be brought up to members through the Group Audit Committee and would see the integration of Risk Management and Quality policies.

It was recommended:

*that this report be received.*

**6. OPERATIONAL REPORTS**

**6.1 Surgical Discharge Rates**

Mike Grant introduced the report.

Following a comment concerning Whanganui and MidCentral Health's performance, management advised that most of the small hospitals in New Zealand had standard intervention ratios higher than regional and tertiary centres. This required a workforce for 24/7 coverage which was greater than the population required. As a result the smaller hospitals tended to over invest in surgery in comparison to the larger centres and had increased capability.

It was recommended:

*that the report be received.*

## **6.2 Non Financial Monitoring Framework & Performance Measures**

It was recommended:

*that this report be received.*

## **6.3 Workforce Development Strategy – Six Monthly Update**

Management spoke to the report and noted that a lot of good work was occurring in the area of Trainee Interns and GP Registrars. The statistics in and around workforce performance had also been encouraging.

A Member noted that the workforce had been through a process of economic constraint and raised the subject of staff morale. Although there had been some indication from people participating in exit interviews, no real stocktake had been undertaken across the organisation. The member pointed out that maintaining the emotional health of staff was an area that warranted consideration.

It was recommended:

*that this report be received.*

## **6.4 Funding Division Operating Report – May 2011**

### *Item 1.1.2 Audits*

The Chair noted that all facilities were operating satisfactorily. The Board had set a reasonably high benchmark and was now seeing some positive results.

### *Item 1.41 Horowhenua Health Shuttle*

A member advised that he and the Chief Executive Officer had attended a meeting with the Mayor and Horowhenua Council. One of the topics raised and which the councillors were very happy about concerned the process they now had in place around DHB recruitment support. New General Practitioners and families going into the community received assistance in such areas as housing, schools for children and general social support. The Council was very pleased with the results they had achieved and those of the GPs that had joined the community.

### *1.8.1 Healthy Eating Health Action Plan*

In response to a question concerning funding, management confirmed that the Ministry of Health funded the Board direct. The Ministry had approved the programme and at present a Request for Proposal was out for 'low income households to grow their own vegetables' and 'increased dietician services in Horowhenua' to link with households to grow vegetables programme.

It was recommended:

*that this report be received.*

## 6.5 Finance Report

The DHB was constantly revising its out turn for 2010/11. At this point in time the Funder was likely to be in surplus, although that may be adjusted for the Mental Health wash-up with MidCentral Health at a later point. The issue was that that wash-up would be reflected in the consolidated result of the DHB.

At this time of year the DHB was very conscious of the IDF situation. At present the inflows, particularly from Whanganui and Hawkes Bay, were down but the outflows were down as well. It was anticipated they would net off and there would still be a \$1.4m IDF provision in the last month. The Provider arm was undertaking additional work which would generate further elective revenue. Both Corporate and the Provider arm were positive to budget.

The Board was likely to see a positive variance of around \$12m which meant an actual result of approximately \$8 - \$10m.

Phil Sunderland advised that at the last Chairs meeting the Minister attended, he paid the Board a significant compliment and had been very positive. It was also confirmed there was no indication the profit would not be kept for spending on health care.

It was recommended:

*that this report be received.*

## 7. GOVERNANCE ISSUES

### 7.1 Committee's Work Programme 2010/11

A member requested that at an early stage she would like to see a paper about Pharmac. This could include such matters as Pharmac's history, role and how it was viewed by the health sector, what would be lost if Pharmac didn't exist, risks and benefits. It was agreed that this request should be included in the Committee's work plan.

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, 5 July 2011.

## 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 items for the reason stated.

6.10

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous Agenda	

The meeting closed at 1.50pm.

Confirmed this 5th day of July 2011

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Chairperson