

# Counties Manukau District Health Board

## Minutes

of the meeting of the members of the Counties Manukau District Health Board held on Wednesday, 5 April 2006 at 1pm at the CMDHB Board Room, 19 Lambie Drive, Manukau City

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Present: Mr Pat Snedden (Chair), Anae Arthur Anae, Ms Miria Andrews, Mr Don Barker, Mr David Collings, Mr Paul Cressey, Ms Jillian Dooley, Ms Airini Tukerangi, Mr Bob Wichman, Mr Bill Mudgway

Apologies Mr Ross Keenan

In attendance: Mr Stephen McKernan, Mr Chris Mules, Mr Ron Pearson, Mrs Anna-Maree Harris

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### 1. Welcome and apologies

The Chair welcomed members of the Board and representatives from the media and public to the meeting which opened at 1.00pm. Arthur Anae opened the meeting with a prayer.

### 4. Presentation

#### · Health Outcomes and reducing health inequalities – Dr Gary Jackson

Dr Jackson presented an overview of some early signs of a reduction in health inequalities. Evidence of these changes is viewed through life expectancy, hospitalisation rates, elective surgery access, potentially avoidable hospitalisation and CCM, particularly diabetes. Note the data did not include ACC nor did it include private surgery.

#### Key issues:

- Life expectancy at birth for Maori and Pacific in Counties Manukau has risen from 67 and 72 respectively in 1996 to 72 and 74 in 2004. The life expectancy for Others in CM has risen from 79 to 82 during the same period. It is interesting to note that the gradient for life expectancy for Maori and Pacific over this period has increased highlighting some gains in this area.
- Elective procedures have increased significantly in children since 01/02, and are now above the rest of Auckland, and above the national average. Adult electives are now above the national average for the first time, and well ahead of WDHB and ADHB.
- Acute discharges for children have been trending downwards since 02/03, although they are still above the rest of Auckland.
- For some of the common procedures such as cataract removal, cholecystectomy, total hip/knee replacements, we are seeing evidence of increased uptake by Maori and Pacific. For example the hip replacement procedures for Maori have increased to be well above Maori in the rest of NZ and Others in NZ. For Pacific the major increase has been in cataract removal where CMDHB Pacific made a significant increase to a level higher than Pacific in the rest of NZ and from Others in NZ
- In CCM diabetes rates, Maori and Pacific HbA1c (blood glucose) and cholesterol levels have fallen significantly one year after a first visit, however they are still above Other groups.
- The reasons for the reductions are a combination of factors including higher investment and better access by the people who need the procedures
- The Board requested Dr Jackson present this data to a PHO group as an affirmation of the work PHOs are contributing

## 2. Ratification of previous minutes (1 March 2006)

### Resolution:

The minutes of the Board meeting held on Wednesday 1<sup>st</sup> March 2006, having been circulated, were taken as read and confirmed.

Moved Jillian Dooley                      **Seconded** Arthur Anae                      **Carried** Unanimously

## 3. Matters arising

There were no matters arising from the previous minutes.

## 5. Procedural issues

The Chair reminded Committee Chairs to be mindful of the expiration date for current committee members and it was agreed that Chairs would take the lead in new appointments or reaffirmation of existing members.

## 6. Chair's report

The Auckland DHBs recently gave a joint presentation to the Auckland Labour Caucus MPs at the MPs' request discussing regional work, drug availability, regional mental health, disability and aged care issues. The MPs were impressed with the knowledge the Chief Executives have of the business and felt a level of comfort around the management of the Auckland DHBs.

## 7. Chief Executive's Report

The report was noted.

Key issues:

- The financial result for the month was in line with previous trends and is still in a favourable position heading towards the year end.
- The Ministry has yet to confirm our Annual Plan, however we expect formal feedback by Thursday 13 April. MoH has agreed our financial position and requested clarification on a small number of minor issues.
- Sign off on the District Strategic Plan is also expected in the near future and once received will allow us to be upgraded on the MoH monitoring framework.
- The Chief Executive co-hosted, with the Ministry of Health, a visit of UK NHS Chief Executives and Medical Directors led by Chris Ham, a health advisor to the UK government. The group's focus was the management of long term chronic conditions and there was good debate and discussion on getting high needs patients on structured programmes.
- The Ministry is moving toward giving the sector increased ownership of the Primary Health Care Strategy with a project which focuses on achieving the aims central to the Strategy. Mr McKernan is the DHB Chief Executive sponsor for this implementation phase and the Chairman was recently elected the DHB's Chair sponsor. An important aspect of this phase is the 45-65 age group fees rollout in which the government is investing \$110m. A national roadshow is underway to gather feedback from PHOs, general practitioners and other key health professionals to ensure a dynamic way forward.

### Resolution

The Board received the Chief Executive's report

Moved Pat Snedden                      **Seconded** Bill Mudgway                      **Carried** Unanimously

**Correspondence Health Information Strategy Action Committee** – The Board congratulated Mr Paul Cressey on his renomination as Chair of this Committee. Mr Cressey requested support to present the Health Information Strategy to a future Board meeting. The Board Secretary will note for a future agenda item.

### Sustainability Conference

The Board were asked to approve plans for a 3 part conference series to discuss the issues around long term sustainability in the sector. Counties Manukau would be the focus of the series however the issues would be relevant to all DHBs and stakeholders in the health and disability sector. Proposed themes and timing for the three conferences were:

June/July 2006	Workforce
November/December 2006	Funding and investment
June/July 2007	Demand management and models of care

The first proposed conference builds on the work completed by the NZ Institute of Economic Research outlining workforce shortages in the next 10-15 years. Mr Mules noted that global interest in workforce is increasing and the conference is an opportunity to view global issues at a local/micro level. The Board committees would have involvement from their various perspectives.

### **Resolution**

The Board:

**Supported** the approach to the proposed sustainability conference series.

**Noted** the estimated costs for the conference series have not been established to date, however it is expected that the conference will break-even, ie the direct costs of the conference series will be covered by the conference attendance fees.

**Noted** the proposed conference dates are subject to change.

**Moved** Don Barker,            **Seconded** Bill Mudgway,            **Carried** Unanimously

### ***Planning and Funding***

The report was noted.

Key issues:

- The Let's Beat Diabetes team will update the Board on the social marketing component of the project at a future meeting. Mr Mules clarified that the Let's Beat Diabetes Partnership Steering Group meetings are held on the third Friday of the month and Board attendees are Airini Tukerangi, Arthur Anae and Bill Mudgway
- A highlight for the month was that all secondary clinicians in CMDHB can now view CCM patient data collected by practices
- Management is in the final stages of a request to MoH for funding compensation for income and asset testing, and discussions are continuing around top up clients in rest homes. A review of aged residential care, including pricing, will occur in the near future.
- Home based support services have received a 12.6% hourly rate increase on approval of fair travel policies. Mr Mules is to advise the Board of current hourly and mileage rates.

### **Resolution**

The Board received the report.

**Moved** Paul Cressey,            **Seconded** Bob Wichman,            **Carried** Unanimously

### **Reporting to MoH Progress against the Statement of Intent Key Performance Indicators, quarter two ending 31 December 2005**

The board noted the substantial achievement in the reporting methodology in this report. Mr McKernan discussed some of the highlights from the report.

### **Resolution**

The Board:

**Received** the report

**Noted** the separate documents referred to in the report which are available on request.

**Noted** the issues with data availability for SER-01 and POP-16.

**Moved** Pat Snedden,            **Seconded** Airini Tukerangi,            **Carried** Unanimously

### ***Financial performance***

Key issues:

- Mr Pearson distributed an amendment to Page 59 of the Financial report clarifying two issues as follows: the true operating position is significantly improved when the 'below the line' adjustments are excluded, moving to a net operating surplus for the month of \$2.976m, which is \$1.117m favourable to budget, and year to date the position improves to a surplus of \$6.891k, which is \$3.509m favourable to budget. The second item of clarification was that a full reforecast of the year end financial position will be advised to the May Board meeting.
- The first IDF washup is underway between CMDHB, ADHB and WDHB and Mr Pearson noted that there are risks associated with the length of time this exercise is expected to take.
- CMDHB is one of a number of DHBs that will not be in a position to meet the MoH's 1 July 06 deadline for FTE reporting due to a system problem. Management expects to resolve the issue by September 2006.

### ***Capital expenditure***

The Board

**Noted** the capex report

**Approved** six monthly reporting to the Hospital Advisory Committee and regular reporting to the Finance & Audit Committee

**Moved** Bill Mudgway,      **Seconded** Airini Tukerangi,      **Carried** Unanimously

## **9. Community and Public Health Advisory Committee**

Key issues:

- Results have been received for the Elective Services survey which reviewed letters sent to patients who were being returned to primary care. Recommendations included making the letter more comprehensible and more useful to GPs and these will be implemented immediately.
- There are staffing shortages in the breast screening service
- A session on how CPHAC operates and increased participation by members was positively received

## **10. Disability Support Advisory Committee**

Key issue:

Recruitment is underway for a co-ordinator with an expected start date in July.

## **11. Hospital Advisory Committee**

Key issues

- IDFs are down on previous years highlighting that more WIES have been provided to our local population
- Births are 8% up on last year, putting pressure on the midwife staffing situation
- Self referrals to ED were up by 50%, and similarly GP referrals were down for the month
- Workforce issues were discussed and in particular shortages and skill mixes i.e. theatre technicians
- The Committee has requested a report on radiology, noting the shortages of MRTs and sonographers
- An adolescent diabetes unit was signed off by the regional CEOs and will accommodate Type 1 diabetes patients returning from ADHB.

## 12. Pacific Health Advisory Committee

Key issues:

- The Pacific component of the District Annual Plan
- Opening of Niue hospital (CMDHB representative attended)
- Inaugural Pacific Health Workforce Awards ceremony held to recognise Pacific individuals who have recently received tertiary qualifications
- A LotuMoui Minister's forum held, in preparation for the next LotuMoui symposium

## 13. Pou

Key issues:

- The Maori Health Plan subject to only minor alterations. There was excellent discussion and debate on the plan.
- Procure have been invited to the next Pou meeting to discuss the effectiveness of Maori health provision.
- Manawhenua wish to change one of their Pou representatives and this is being worked through with the Komiti.

## 15. Project Excel Towards 20 20

Key issues:

- Building continues to target and on budget with work presently being carried out on tunnels and corridors.
- The National Burn Centre opening is set for 16 June.

## 16. Achievement Register

The Board noted the Achievement Register.

## 17. General Business

### Board self evaluation

The Chair noted that it is useful for a Board to review its performance periodically and subsequently proposed engaging Boardworks to facilitate an evaluation of the Board.

### **Resolution**

The Board **agreed** to Boardworks presenting a proposal to facilitate an appraisal of the Board.

**Moved** Paul Cressey,            **Seconded** Bill Mudgway,            **Carried** Unanimously

The Board took a break at 3.00 pm for 15 minutes

Moved by Airini Tukerangi/Jillian Dooley that the public and media be excluded from the Chief Executive's Report, Risk Management Update, ASB Banking Facility, Westpac Master Lease Agreement, Collective Insurance, Lease Proposal and Agreement for Breastscreen Aotearoa Services, (OIA s 9(2)(i), Standing orders Schedule 2 cl 2(g)) to enable the carrying out of commercial activities. The motion was carried unanimously.

The meeting was reopened to the public at 4.25pm. The meeting closed at 4.25pm

The next meeting of the Board will be Wednesday 3 May 2006 at Lambie Drive.

Signed as a true and correct record on the 3rd day of May 2006

Chair                            Mr Pat Snedden

The minutes of the meeting of the Counties Manukau District Health Board of 1 April 2006 are approved.

Recommendation (moved J Dooley / D Barker)