

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 1 February 2011 at 1.00 pm in the Boardroom of Board Office , Gate 2B Heretaunga Street, Palmerston North

PRESENT:

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

IN ATTENDANCE:

- Murray Georgel, Chief Executive Officer
- Mike Grant, General Manager, Funding Division
- Carole Chisholm, Committee Secretary

OTHER:

- Staff: (3)
- Public: (1)
- Media: (1)

1. APOLOGIES

There were no apologies.

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.

5.6

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 2 November 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

It was noted that the InterRAI update had been included in the Board's December agenda.

The number of GP Registrars who had been accepted for training was not yet known. However this information would be included in next month's Primary Care update.

5. OPERATIONAL REPORTS

5.1 Hospital Benchmarking Information – Comparative Results Report Status Update

Management advised that the request to remove this item from the reporting framework was as a result of the Ministry of Health no longer publishing the necessary data information. It was noted that non financial performance reports would continue to be supplied to both Hospital Advisory and Community and Public Health Committees each quarter.

It was recommended:

that this report be received

that the reporting item for the HBI be removed from the reporting framework for the work programmes of the Hospital Advisory Committee and the Community and Public Health Advisory Committee.

5.2 Funding Division Operating Report – December 2010 & January 2011

Item 2.1.1 Aged Residential Care Extra Charges

A committee member observed that from his perspective investment by private enterprise in rest home facilities would be tagged with private enterprise criteria. Investors would be looking for the best return on investment dollars which would result in the provision of more premium only facilities. The DHB was responsible for monitoring quality processes but did not have any input into resources except where they impacted on care standards.

Management advised that traditionally the Board's approach to aged residential care, pharmacies and general practice had been to allow the market to determine the level and mix of services. Where they were proven to be vulnerable some decisions had been made to support those services. A concept of interest was that the average amount of time a resident would spend in hospital level care was around 12 – 18 months and this was usually in the last period of life. As a result it was possible the issue appeared bigger than it was, and this was due, in part, to the expansion of Home Based Support Services. People were electing to spend more time in an environment of their choice either in their own accommodation or with family.

During discussion concern was expressed that although there would still be a requirement for standard type facilities, a shortage was likely to occur as a result of the anticipated expansion in premium facilities.

A further issue concerned residents who, due to the increased costs, were unable to fund their ongoing occupancy of premium facilities.

The DHB sector would be engaging with the Aged Residential Care industry when all the known issues would be raised. Part of that engagement would include the negotiation of a suite of definitions. A timeframe for the negotiation process was unknown but was currently an agenda item from a Collective DHB perspective. Management would be providing the Committee with regular updates.

Item 2.4 Cardiology Landscape Project Update

It was anticipated that this report would be provided to the Hospital Advisory and Community and Public Health Advisory Committees in April. The Board workshop on 15 February would also provide an indication of investment.

Item 2.6.3 Horowhenua Waiting List Practice

In response to an enquiry around the current GP waiting list, management advised that at the end of November the total stood at 1200 – 1600. This report indicated that by late December 400 people had been enrolled and 400 had confirmed they were no longer waiting. It was therefore considered realistic to expect confirmation of a waiting list of around 400.

The Waiting List Practice will be in contact with the remaining patients before the end of February to ascertain whether or not they still required access.

It was also pointed out that the Horowhenua population was quite transient and, as a result, people who had been on the waiting list could have moved on.

Item 2.7.1 Poverty Affecting Health of Children in our Region

The DHB needed to be aware that more people, particularly children, were being admitted to hospital with respiratory illnesses and infections due to the recessionary times.

Item 2.8.2 Appropriate Use of Diabetes Test Strips (AUDITS)

The reason why test strip utilisation was higher in Horowhenua and Otaki was unknown. However, management advised it was important to understand the ratio between insulin dependent and other types of pharmacological control. Insulin dependent Type II diabetics were approximately 20% of the diabetic population. The transition away from utilization of test strips would be gradual to enable patients to fully appreciate the changes.

It was recommended:

that this report be received.

5.3 Finance Report

The General Manager, Funding advised the financial result was positive to budget. Any surplus in 2010/11 was related to production at MidCentral Health and that would be washed up at the end of the financial year. The major drivers of expenditure in the Funder were generally pharmacy and, over the past couple of years, PHO enrolments. Deficits in Aged Residential Care had been run over the last three to four years following devolvement to the DHB. Aged Residential Care would be the focus of work for the Funding and Planning Team over the next three to five years.

It was recommended:

that this report be received.

6. GOVERNANCE ISSUES

6.1 Work Plan

The Chief Executive Officer noted that although reporting was in accordance with the work plan, the March agenda was scheduled to include a number of reports, some of which were around regional delivery. A further report would deal with the Board's performance against the annual plan. There would also be a discussion at the February Board meeting on a workshop for the 2011/12 annual plan, the first draft of which would be brought to the Committee in March.

Management agreed to a member's request for information regarding the Funding Division's staffing mix to ensure that the DHB was well able to plan for the future. An update will be provided via the General Manager's Operating report in May.

It was recommended:

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

7. LATE ITEMS

There were no late items under 2 above.

8. DATE OF NEXT MEETING

Tuesday, 1 March 2011.

9. 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)
GM Operating Report – Sale and Purchase of General Practice	Commercially Sensitive Information	9(2)(j)

The meeting closed at 1.50pm.

Confirmed this 1st day of March 2011

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Chairperson