

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 6 September 2011 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT:

Diane Anderson (Chair)
Ann Chapman (Deputy Chair)
Pat Kelly
Karen Naylor
Phil Sunderland (ex officio)
Andrew Ivory
Oriana Paewai
Neil Perry

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Rebecca Bensemman, Committee Secretary
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Brad Grimmer, Senior Portfolio Manager, Health of Older People
Claudine Nepia-Tule, Portfolio Manager, Mental Health & Addictions
Nicholas Glubb, Operations Director
Barb Bradnock, Portfolio Manager, Child & Youth Health
Andrew Orange, Pharmacy Advisor
Jo Smith, Project Manager, InterRAI
Niki Michael, Communications Officer

OTHER:

Public: (1)
Media: (1)

1. APOLOGIES

There were no apologies.

Phil Sunderland explained to the Committee that Mavis Mullins had resigned from both the Wairarapa DHB Board and the MidCentral DHB Board and that there would be no replacement in the interim.

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 to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

There were no declarations of conflict in relation to today's business.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 2 August 2011 be confirmed as a true and correct record, subject to the following change under 3.2 Declaration of Conflicts in Relation to Today's Business:

Ann Chapman declared her conflict regarding agenda item, 13.1 Contracts Quarterly Report in respect of her membership of the Otaki Women's Health Group.

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 from the minutes.

5. STRATEGIC REPORTS / SPECIAL ISSUES

5.1 Immunisation Update 1

An explanation was provided around Precall systems in that the trend that facilitates timely immunisation is to "Precall" the child before the immunisation date is due. Working with General Practice teams to improve their recall and precall procedures aims to encourage timely vaccination as well as limiting the risk of disease.

Work is also being undertaken with providers to encourage the use of a formal "informed consent" tool to identify children who have missed any or all vaccinations. The goal is to establish a defined declined immunisation population and provide the information required to make an informed choice regarding vaccination.

Discussion followed regarding the rate of influenza immunisation for MidCentral Health staff, particularly the low uptake of the vaccine by clinicians. It was advised that this decision largely comes down to personal choice and that the rate of staff immunisations for MidCentral Health is at a very similar to other DHBs across the country.

It was recommended:

that this report be received

5.2 Update – Implementation of centralAlliance Roadmap

The Chief Executive Officer presented this report and updated members on progress toward implementation of the centralAlliance roadmap as outlined in the 2011/12 Annual Plan.

It was recommended:

that this report be received

5.3 Non-Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2010/11

The General Manager, Planning and Support, provided background information around the purpose of this report, being a summary of results for health targets as set down by the Ministry of Health.

With regard to OS1: Staff Turnover, Management and Administration, the staff turnover year to date (annualised) figure of 10.6% was noted as being particularly high. Management advised that this had been reviewed accordingly but that there were no significant issues behind this temporary increase.

It was recommended:

that this report be received

5.4 Regional Services Plan 11/12 Update and 2012/13 Development

Development and implantation of a Regional Services Plan aims to strengthen sustainability of the most vulnerable clinical services, develop shared back office functions, and achieve regionalisation of IT platforms, IT support and workforce development.

It was acknowledged that there are several issues which need to be identified from a regional perspective and that it is important to understand what regionalisation actually means and what regional governance will essentially be required.

It was also noted that MidCentral DHB faces challenges with respect to both centralAlliance and the Regional Services Plan and that there are limited resources to undertake this change management process. It may also prove difficult to progress the next stage as new priorities are identified. Accordingly, the local programme of work will undoubtedly grow but it was acknowledged that this growth will need to be managed and that resources will need to be realised in order to support this progress.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 The PHO Performance Programme

Of particular note, the Committee acknowledged the positive achievement of targets for both Age Appropriate Vaccinations (2 Year Olds) and Breast Cancer Screening Coverage (50-69).

It was recommended:

that this report be received

6.2 Response to CPHAC Committee Member Request regarding Begging in CBD

The Committee received this report and discussion ensued around the role that MidCentral Health, Mental Health Services, has in identifying and supporting those people living with mental illness who may be engaging in begging behaviour within the community.

It was advised that every effort is made to ensure that individuals in the care of Mental Health Services have access to appropriate treatment and support. The responsibilities of MidCentral DHB intersect with a wide range of other social and community agencies and a committed and collaborative approach is necessary to identify social resolution of the problem of begging within the community.

The issue of begging has recently been raised at a meeting of the Safety Advisory Board (SAB). The outcome of this being that a sub group of the SAB is to be established aiming to identify various interagency solutions to this collective issue.

Further updates will be provided to the Committee in due course.

It was noted:

that this report be received

6.3 Diabetes Pump Therapy Trial

It is intended that an ongoing pumps programme be set up targeted at children and young people under the age of 20. This programme will focus on those individuals with the highest clinical priority which is expected to be three or four new patients per year.

A member queried the rationale behind limiting the number of pumps provided to new patients each year. Craig Johnston, Senior Portfolio Manager, Primary Health Care, advised that robust clinical criteria will be used to assess and determine those patients with the highest clinical need. It was also confirmed that if a situation arises where there is over demand then there is scope to adjust the determining parameters.

The age limit of 20 years had been set down in order to achieve a balancing point, however it was noted that there are currently enough diabetes pumps available in the short-term to meet demand. The parameters are defined at the start of the programme and a patient has the option and choice of self-funding their pump once the age threshold of 20 years is reached.

It was recommended:

that this report be received

6.4 Horowhenua District Transport Trust

The Horowhenua District Health Transportation Trust provides shuttle services to and from Palmerston North Hospital for the people of Horowhenua.

A member queried the financial implication of providing vehicles to support this service. It was advised that vehicles are donated for use but that depreciation costs are identified each year so that funds are available for replacement vehicles as and when required.

It was recommended:

that this report be received

6.5 Health Awards 2011

The General Manager, Planning and Support, confirmed that the revenue amount raised from sponsorship and ticket sales largely offsets the cost of organising and hosting the Health Awards dinner and ceremony.

It was recommended:

that this report be received

6.6 Send Away Lab Tests Contract

It was proposed that MidCentral DHB enter into a contract with LabPlus for the provision of send away tests for a term of three years with right of renewal for a further two years.

The Committee noted this and agreed to review the financial details and formal recommendation to authorise the contract as it arose in Part 2 of the meeting.

It was recommended:

that this report be received

6.7 Funding Division Operating Report – August 2011

Item 2.3.1 Multi level response to children's conduct and behaviour problems

MidCentral DHB has been one of three DHBs chosen to pilot the Government's 'Drivers of Crime' approach. A member queried the length of this pilot and it was advised that it is for a period of close to one year.

Item 2.4.6 Priority Cervical Screening 1000 Smears Pilot

It was clarified that the priority population target for this pilot largely includes Maori, Pacific and Asian women aged 20-69 years as women of these ethnic backgrounds primarily do not access cervical screening services.

It was recommended:

that this report be received

6.8 Finance Report – August 2011

The favourable result for the first month of the new financial year was noted and that positive financial performance and forecast continue.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee's Work Programme, 2011/12

The Chief Executive Officer confirmed that representatives from PHARMAC would be attending a workshop to be held at the conclusion of the next Committee meeting to be held on 4 October 2011. This workshop would be open for all CPHAC and HAC Committee members to attend.

A member requested information on the progress of the Suicide Intervention Coordinator position with Mental Health Services. An update will be provided at the next meeting.

It was recommended:

that the updated work programme for 2011/12 be noted

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

Tuesday, 4 October 2011

10. EXCLUSION OF PUBLIC

It was recommended:

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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>"In Committee" Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>Update – Implementation of centralAlliance Roadmap</i>	<i>Womens Health subject to negotiation</i>	<i>9(2)(j)</i>
<i>Feilding Integrated Family Health Centre</i>	<i>Under negotiation</i>	<i>9(2)(j)</i>
<i>Horowhenua District Transport Trust</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Send Away Lab Tests – Part Two</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>

Confirmed this 4th day of October 2011

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Chairperson