

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 28 August 2012 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
Neil Perry

Unconfirmed Minutes

IN ATTENDANCE:

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Carole Chisholm, Committee Secretary
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons
Andrew Orange, Pharmacy Advisor
Bayleigh Hayston, Communications Officer

OTHER:

Public: (o)
Media: (o)

1. APOLOGIES

Oriana Paewai

2. NOTIFICATION OF LATE ITEMS

The Chief Executive Officer requested that a late item be considered in Part 2 regarding the contract with Central PHO. This had not been included in the agenda as the correspondence was received from the Central PHO after the agenda had been issued. Given the importance of the issues raised, management wished to keep members informed. The item was confidential as it was a matter of negotiation. No decision was required and a full report would be provided for the Committee's next meeting.

It was recommended:

that the "Contract with the Central PHO" be accepted as a confidential late item.

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

Ann Chapman declared a conflict in relation to item 6.2 'Vitamin D in Residential Care' as her daughter was employed by ACC.

4. MINUTES

4.1 Minutes

It was recommended:

that the minutes of the previous meeting held on 17 July 2012 be confirmed as a true and correct record.

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

Following an enquiry from the Chair, management confirmed that users of the Youth One Stop Shop who were visiting a General Practitioner, psychologist, social worker or similar would be recorded on the Patient Management System and that a paper trail existed.

5. STRATEGIC / SPECIAL ISSUES

5.1 Annual Prioritisation Framework Update

Mike Grant introduced the report which was seeking members' feedback and observations in relation to the framework. Under the heading 'Update' there had been some minor modifications over time which mainly related to the Central region and Whanganui sub-region.

It was confirmed that in terms of emphasis on value for money, affordability was also a consideration. Such factors as the costs, period of time involved and the consequent effects on other prospective projects were also taken into account.

The framework was the criteria for use by people writing reports for consideration by the Board and Committees.

It was recommended:

*that this report be received and the Community and Public Health Advisory Committee makes any comments and suggestions;
and the prioritisation framework be confirmed for use in the 2012/13 financial year.*

5.2 2012/13 Regional Services Plan Implementation Update

Management advised that the report covered the last quarter of 2011/12 and the 2012/13 period in terms of reporting. It also gave a sense of planning for 2013/14 which was currently underway.

The Committee noted that Hawke's Bay DHB participated regionally and sub-regionally and where there were benefits to their community.

A member referred to page 5.12 'Clinical Networks – Mental Health and Addictions Network' and questioned whether the reduction in volume of beds overall in the Rehabilitation Service would over time affect the sustainability of the unit. Management advised that the Hutt Valley DHB had signalled their intention with sufficient notice that Capital & Coast Health had the opportunity to make the change. There would be a minimum level the DHB could operate at but there had been no suggestion of a problem. It was noted that good collaboration between Boards existed in this area.

It was recommended:

that this report be received.

5.3 Non Financial Performance Measures: Quarter 1

Management advised the quarterly report was a significant piece of work containing a wealth of data and commentary. An endeavour had been made to link the 'Summary of Results and Ministry of Health's Assessment of Performance' with the Crown Funding Agreement.

It was recommended:

that this report be received.

6. OPERATIONAL REPORTS

6.1 Health Awards 2012

Management apologised for the late submission of this report, acknowledging that earlier timing would have allowed the Committee some ownership of the award categories and criteria. It was confirmed that the provider arm was not restricted from entering groups from within the hospital and these accounted for approximately 50% of the entries in 2011.

In response to a member's question around costs, management advised that on past experience approximately \$20,000 came from ticket sales and \$20,000 from sponsorship. The DHB purchased the prizes being \$25,000 or \$30,000. The cost of the evening was in the vicinity of \$70,000. The event was considered to be of great value, evidenced by the reaction of winners and participants as well as the attendees on the night. Its success and popularity over the years had not waned and was keenly anticipated by many. In comparison to the Board's \$550 million budget, the cost was regarded as very small.

It was recommended:

that this report be received.

6.2 Vitamin D in Residential Care

Ann Chapman's conflict with this item was declared due to her daughter's employment with ACC. The Committee had no objection to Mrs Chapman's participation in any discussion.

Andrew Orange spoke to his report and advised the clinical guidance on which the project was based had been developed with some very senior clinicians around the country. Research Based Professors at Auckland and Otago Universities had worked with ACC to develop clinical and patient-focused guidance. The DHB supported prescribers and residential care facility staff to use Vitamin D appropriately as agreed with residents and their families. At the end of the two year project, the target of having 75% of aged residents receiving Vitamin D had very nearly been reached achieving 74%.

It was noted during discussion that changes in Emergency Department presentations and admissions to hospital occurred very quickly following commencement of the project. It was considered that the benefit of Vitamin D supplementation began to be seen within a month. Andrew Orange explained that the benefit of vitamin D was mainly in relation to muscle strength where Vitamin D was essential. As a result both balance and gait were improved. The supplement was not promoted for bed ridden people but for those elderly who were mobile and at risk of falling. Strengthened bones would also reduce any adverse effects of falls.

In response to a member's comment that older people who lived in their own homes were also subject to falls, management advised that there was no clinical evidence to show Vitamin D made a difference in the community. What was being promoted was in a population where supplementation provided a benefit. That said, ACC were looking to promote this to people in the community once suitable guidance has been developed. It was suggested that the big difference in residential care residents needs was due to lack of exposure to sunlight. A vast amount of research was presently being undertaken into the future roles of Vitamin D.

A member noted that Health Authorities had promoted the premise of keeping people in their homes and to that end Vitamin D supplementation would fall into such support.

In response to a member's question, it was explained that Vitamin D was available over the counter but not at the high strength prescribed for aged residential care residents. It was considered a real possibility that access to high dosage supplements would be allowed in the next few years.

ACC had undertaken to continue supplying reports on Vitamin D utilisation which would be kept under surveillance. It was also confirmed that the dispensing of vitamin D would continue to be funded by the DHB.

A media release had been prepared in association with the Communications Unit and this would be released shortly.

It was recommended:

that this report be received.

6.3 Funding Division Operating Report – June/July 2012

Item 1.3.1 GP Registrar Pilot Programme – Update

The Committee considered the proposal to use some of the budgeted funding to increase the number of GP runs over the next twelve months a different approach but good for the area.

Item 1.5.2 Better Public Services

Management advised the recently announced 5 year targets for the public sector was a big piece of work. The child poverty, rheumatic fever, maternal health, child mental health, maternal health picture was increasingly a crossover between health and social services. This was becoming more prominent and the DHB had to respond. Current work on the investment plan had disclosed there was a wish for those services to be brought together in a community setting. It was noted five or six years ago that thinking would not have been part of the psyche. There was a good deal of focus on those areas but not a lot of resources.

A member commented on the report released earlier in the day which stated that child poverty was the worst seen in thirty years. The report had discussed free school meals in low decile schools. Management confirmed there would definitely be an impact for the DHB. Fruit in Decile 1 and 2 schools made a big difference and that had now moved on to the Fonterra programme for lunch. Any national initiatives would come with the resources to implement.

It was confirmed that the fruit in schools was funded 50/50 with the Ministry of Health.

Item 1.6 Community Pharmacy Services Agreement

In general discussion on this item management advised that a report on Medicines Use Review (MUR) would be furnished at the next meeting. The system had been developed some years ago as part of the DHBNZ Framework of Pharmacist Services and was a service that looked to identify people who were having trouble taking their medicines, and identifying and overcoming barriers to adherence. MUR provided self management support so that people knew why and how they were taking medicine. MUR had been available for quite sometime but had been slow to get off the ground. However, recent data suggested some beneficial outcomes were being realised from this service.

Management also described the next level of service in the DHNBZ Framework of Pharmacist Services – Medicines Therapy Assessment (MTA), which enabled pharmacists to be actively involved in clinical decisions about medicines as part of a patient-centred team.

Item 1.7.1 WorkWell programme

Management confirmed the programme was being rolled over.

It was recommended:

that this report be received

6.4 Finance Report – August 2012

After the first month of the financial year, the financial situation was pretty much on track.

It was recommended:

that this report be received

7. GOVERNANCE

7.1 Committee's Work Plan 2012/13

The Chief Executive Officer confirmed the work plan contained a number of reports for consideration at the September meeting. It was noted that the report on 'Non-financial performance indicators' had been included in the current agenda and would therefore not appear amongst the next meeting papers. Members were also advised that the 5th bullet point under the Summary should read 2012/13 Annual Plan implementation, not 2011/12.

A new feature of the work plan was a table showing the workshops scheduled in the near future. A renal workshop would be held on 9 October around how services were provided by MidCentral for their own population and that of Whanganui, and how they could be conducted in the future.

Members who were unable to attend the Regional Womens' Health Service workshop with Whanganui DHB were invited to lodge any questions with the CEO or General Manager, Planning & Support.

Following a request from the Committee, the CEO confirmed that information would be prepared and distributed prior to the Regional Womens' Health workshop date of 10 September.

that that the updated work programme for 2012/13 be noted.

Brad Grimmer left the meeting.

8. LATE ITEMS

There were no late items for this section of the meeting.

9. DATE OF NEXT MEETING

Tuesday, 9 October 2012

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>Contracts Update</i>	<i>Subject to negotiation</i>	<i>9(2)(j)</i>
<i>Late Item: Contract with Central PHO</i>	<i>Matter of negotiation</i>	<i>9(2)(j)</i>

Confirmed this 9th day of October 2012

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Chairperson