

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 4 May 2010 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.03pm

### PRESENT:

Diane Anderson (Chair)  
Dennis Emery (Deputy Chair)  
Graeme Campbell  
Phil Sunderland (ex officio)  
Linda Gray  
Charmaine Hamilton  
Oriana Paewai

### IN ATTENDANCE:

Murray Georgel, Chief Executive Officer  
Mike Grant, General Manager, Funding / Acting General Manager, Corporate Services  
Rebecca Bensemman, Committee Secretary

### OTHER:

Staff: (4)  
Public: (2)  
Media: (1)

### 1. APOLOGIES

Ann Chapman (ex officio), Committee Member

### 2. NOTIFICATION OF LATE ITEMS

There were none.

### 3. CONFLICT AND/OR REGISTER OF INTERESTS

There were no declarations of conflict.

There were no changes to the Register of Interests.

6.6

#### **4. MINUTES**

##### **4.1 MINUTES**

It was recommended:

*that the minutes of the previous meeting held on 6 April 2010 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**

###### *FUNDING DIVISION OPERATING REPORT – MARCH 2010*

###### *Item 5.1 Breast Reconstruction*

Management advised that Hutt Valley DHB had written a general letter in which it outlined intentions to reinstate the breast reconstruction service. Approximately 300 women require breast reconstruction and the procedures will be undertaken over a three-year period.

Management also advised that the Ministry of Health and National Health Board have made it apparent that there will be no additional funding for provision of this service at this stage.

#### **5. STRATEGIC REPORTS**

##### **5.1 CHRONIC DISEASE STRATEGIES, PROGRESS AGAINST LONG TERM TARGETS**

A Member queried whether the amalgamation of four PHOs into one entity will affect the composition of Chronic Care teams in the district. It was advised that there will be no change to clinical roles that include patient contact.

It was noted that there is evidence of increasing levels of acute medical illnesses not necessarily associated with long term conditions, for example, lung infections and skin infections. A Member asked if any steps are being taken to review the likely reasons or cause behind this trend. Management responded that indicators are based around hospital admissions, however further analysis would need to be undertaken to determine if this was a one-off occurrence or ongoing trend.

A Member then asked for clarification as to what other modules, other than TIA decision support software, are available as part of the programme for CVD risk assessment. Management replied that there are several other specialty surgical modules available including orthopaedics and respiratory and that practitioners pay a minor transaction fee for use of such modules.

Oriana Paewai joined the meeting and apologised for being late. The Chair introduced Oriana and welcomed her to the meeting.

A Member then made an observation that not all patients are made aware that a CVD risk assessment is being conducted at time of consultation by a practitioner. The Committee noted this comment.

Management explained that the TIA decision support software module is a diagnostic tool which guides the practitioner through the process required to make a diagnosis, a referral or alternative judgment. The tool will also be evaluated to provide statistical information such as the level of uptake by practitioners and degree of usage. The Committee requested that findings from this evaluation be made publicly available.

Murray Georgel left the meeting at 1.26pm.

A Member then asked if the decision support tool designed to manage early Chronic Kidney Disease (CKD) could be classified as a pilot programme. Management responded that this was not a pilot in that respect and that the project has commenced in Horowhenua but will be rolled out over time to the rest of the district.

Murray Georgel returned to the meeting at 1.30pm.

It was recommended:

*that this report be received*

## **5.2 CAPACITY FUNDED TARGETED RESPITE SERVICES FOR THE ELDERLY**

Management confirmed that capacity funded targeted respite services for the elderly is a new government initiative which is supported by Ministry of Health funding.

It was acknowledged that the intended beneficiaries of this initiative are those family/whanau who support an older person at home. Maori feature prominently in this regard. Providers of care will therefore need to be more responsive in terms of developing culturally appropriate services for ageing Maori in the future.

It was recommended:

*that the report be noted*

*that approval is granted to contract with the preferred providers for dedicated planned respite services in line with the Ministry of Health funding*

## **6. OPERATIONAL REPORTS**

### **6.1 HEALTH AWARDS 2010**

Management verified that ticket numbers will be strictly limited to a maximum of 500 guests for the 2010 Health Awards. Endeavours will also be made to increase sponsorship revenue from the level achieved in 2009.

The Committee acknowledged the importance of this event in recognising and honouring health professionals within the district.

It was recommended:

*that this report be received*

### **6.2 FUNDING DIVISION OPERATING REPORT – APRIL 2010**

#### *Item 2.1.3 Integrated Audits for Aged Residential Care*

A Committee Member requested that this information be made publicly available. It was advised that a copy of the Aged Residential Care Special Audits in the MidCentral DHB (2008-09) report is available for on the MidCentral DHB website under Publications.

*Item 2.1.6 Future Combined Complaints Process*

A Member asked what assurances can be given that an individual complaint will not be overlooked in this process. It was advised that there is an element of detail which is not reflected in the chart 'Inter-Agency Complaints Management Process' and that people will need to have confidence that there is a lead agency taking responsibility in order to make this complaints process practicable.

*Item 2.6.2 Before School Check (B4SC) Programme Continuation*

It was verified that the amount of shortfall in funding will not be prohibitive to continuation of the programme.

*Item 3.1 Deaf Mental Health Service*

Management explained that if a service is provided for the region which is reliant on Inter District Flow funding but demand for this particular service is low then funding is not accruing to support the service accordingly. This can be difficult to manage and can lead to concerns around value for money and sustainability.

It was recommended:

*that this report be received*

**6.3 FINANCE REPORT – APRIL 2010**

There are a number of financial updates to note including downward trending of Pharmacy expenditure and achievement of Electives which facilitates revenue accruals.

A Member asked for clarification as to the composition of the task force set up to review Home Based Support Services, and also an indicative timeframe for when the recommended actions or policies are likely to be released. Management advised that the task force comprised of representatives from the Funding Division and that the recommendations will be enacted as soon as possible into the new financial year, which is likely to coincide with the rollout of interRAI.

*MidCentral Health Financials*

Total personnel costs (including outsourced) are now \$6.5m adverse to budget, mainly driven by \$4.8m planned savings from restructuring not being achieved to date. A Member queried the reasons behind this. Management advised that the details of the Financial Recovery Plan are more apparent at Board level and reassured the Committee that progress against the recovery programme is trending in a positive direction.

Management then reminded the Committee that delays on programmed expenditure include Child & Youth Health programmes and Health Promotion programmes, although some areas have been supplemented by Ministry of Health contracts.

It was recommended:

*that this report be received*

**6.4 FINANCIAL RECOVERY PROGRAMME**

Management confirmed that the Funding Division's contribution to the Financial Recovery Programme is in line with target.

The Committee positively acknowledged the inclusion of the Financial Recovery Programme details in the public Part 1 section of the agenda.

It was recommended:

*that this report be received*

**7. GOVERNANCE ISSUES**

**7.1 2009/10 WORK PROGRAMME**

A new item has been added to the work programme being "Financial Recovery Programme". For the period May to July inclusive an update will be provided to the Committee on MidCentral DHB's financial recovery as it affects CPHAC.

Management advised that a letter of invitation has been sent to Whanganui DHB to welcome reciprocal attendance at CPHAC Committee meetings in order to gain awareness and understanding of each DHB's processes especially with regard to centralAlliance.

It was recommended:

*that the updated work programme for 2009/10 be noted*

**8. LATE ITEMS**

There were none.

**9. DATE OF NEXT MEETING**

1 June 2010

**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 reasons stated:*

Item	Reason	Reference
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous agenda	
Contracts Update	Competitive pricing information	9(2)(j)

Meeting closed at 2.05pm

Confirmed Tuesday 1 June 2010

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Chairperson