

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 6 October 2009 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.02pm

### PRESENT:

Diane Anderson (Chair)  
 Dennis Emery (Deputy Chair)  
 Graeme Campbell  
 Barbara Robson  
 Ian Wilson (ex officio)  
 Charmaine Hamilton

*Unconfirmed Minutes*

### IN ATTENDANCE:

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

### OTHER:

Staff: (7)  
 Public: (0)  
 Media: (0)

### 1. APOLOGIES

Ann Chapman, Committee Member  
 Linda Gray, Committee Member

### 2. NOTIFICATION OF LATE ITEMS

There were none.

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

Barbara Robson outlined her details as recorded on the Register of Interests.

Barbara Robson declared her conflict regarding the InterRAI Business Case Development report and the Regional Clinical Services Plan update with regard to her involvement with Support Links and Enable New Zealand, and as a member of the Regional Clinical Services Plan Steering Group.

Murray Georgel requested that his name be removed from the Register of Interest in respect of his trusteeship for the Sport Manawatu Regional Trust.

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**4. MINUTES**

**4.1 MINUTES**

It was recommended:

*that the minutes of the previous meeting held on 1 September 2009 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**

There were none.

**5. STRATEGY REPORTS**

**5.1 CENTRAL ALLIANCE**

The purpose of this report is to provide the Committee with a high level overview of the centralAlliance formed between MidCentral and Whanganui DHBs. This formal alliance aims to seek improved health outcomes around clinical service provision, support services, planning and funding, and governance.

Under the Foundation Agreement it is intended to eventually amalgamate the Community and Public Health Advisory Committee with the Disability Support Advisory Committee. Work on this initiative has not yet commenced but the Committee was assured that they will receive regular updates on progress.

A member expressed concern around recent governance departures and funding responsibilities for both DHBs. Management advised that governance replacements are yet to be finalised and that each DHB will remain responsible for funding services for its own district.

Concern was also raised around what benefits will be created for iwi as a result of this collaboration between MidCentral and Whanganui DHBs. Management responded that the ministerial expectation is that priority is given to the centralAlliance and that a Road Map is to be fully developed which extracts maximum value for both DHBs. It is important to convert the drivers behind the centralAlliance into positive health outcomes for all ethnicities.

Ian Wilson left the meeting at 1.24pm.

A member queried the timing of the release of the centralAlliance Road Map. The Management Team is currently assessing this in terms of what has been achieved, the current position, identification of any blockages and identification of expected outcomes, and expects this information to be delivered at the next sub-committee meeting.

It was recommended:

*that this report be received*

**5.2 ANNUAL PRIORITISATION FRAMEWORK UPDATE**

This is an annual framework which largely introduces three new priorities: the Horn Report, affordability within the DHB and the macro-economic situation. This review is also applicable to the centralAlliance situation in that the DHB is moving towards a template which future-proofs the organisation.

A member commented there is no specific mention of what a new service might supercede and that it is important not to introduce new services without first reviewing existing services. Management responded that in February each year the DHB contract lines are reviewed in terms of investment and disinvestment, and that the contracts are also assessed for duplication, substitution and value for money.

It was recommended:

*that the prioritisation framework will be confirmed for use in the 2009/10 financial year or until reviewed as part of the Central Alliance Road Map outcomes*

**6. OPERATIONAL REPORTS**

**6.1 INTERRAI BUSINESS CASE DEVELOPMENT (DAP 26)**

Barbara Robson declared her conflict for this item in respect of her involvement with Support Links and Enable New Zealand. She remained but made no comment.

A member expressed concern around the cultural component of InterRAI in that Maori and Pacific Island ethnicities are not likely to present for rest home care. Management acknowledged this as a valid contribution although there is a focus on challenging this assumption and being proactive towards developing skills and competencies to work with Maori in a holistic and cultural manner.

Another member also noted that older people are not necessarily disabled and questioned at what point does this overlap. Management agreed this is a challenge within a variety of settings and that examining the environment early on is a key factor in linking this tool.

It was confirmed that the next update will be provided to the Committee in June 2010.

It was recommended:

*that this report be received*

**6.2 FUNDING DIVISION OPERATING REPORT – SEPTEMBER 2009**

*Item 2.1.1 Dementia Consultation and Advice Service*

It was advised that regular meetings for the six central DHBs took place to collaborate on the Dementia Behavioural Advisory Service.

*Item 2.1.2 Audits*

A member questioned whether complaints are processed via the Health & Disability Commissioner or a local advocacy service. Management responded that the DHB receives formal correspondence from the Commissioner to investigate any complaints received.

Management also clarified that where there is a situation of staff disenfranchisement that this is advocated through staff themselves or the representative union.

*Item 2.4.2 Ministry of Health Awards to Local Rural Innovators*

It was advised that an Expression of Interest (EOI) pertaining to primary health care has been out for four weeks now and that the four PHOs are currently working on their response.

The Horn Report states that numbers of approximately 500,000 would be the optimum population per PHO. In this respect, management asked whether the Committee would favour a regional or district-wide approach. Discussion ensued regarding PHO funding and investment.

The Committee endorsed a MidCentral only approach to the Expression of Interest.

*Item 2.5.1.1 Care Guides*

A member suggested adding breast screening and involvement of hospice to the clinical care guide list.

Another member also commented that the expectation is that a Registered Nurse would already have a level of competency in each of these areas, with the exception of Enduring Power of Attorney & Advanced Care Planning. Management agreed and stated that the clinical care guide list was developed outside of the district and that this is a national issue. The Knowledge and Skills framework has been developed for aged and elderly care and that these areas are understood within the Aged Residential Care setting. It was also suggested that proprietors of such institutions should be held accountable for the training and development of their own staff.

*Item 2.5.1.3 Integrated Model of Care*

The Committee positively acknowledged the secondment of the Nurse Practitioner Older Adult to HCD to work within the Tararua area for one year.

*Item 2.7.1 Medicines Use Review (MUR) Pilots*

It was acknowledged that 90 minutes is a long period of time for an initial consultation but that this is largely due to an unstructured interview format and the fact that all outcomes are documented.

*Appendix 1 Update for Central Region DHB CEOs and Boards – October 2009*

Barbara Robson declared her conflict for this item in respect of her membership of the Regional Clinical Services Plan Steering Group. She remained but made no comment.

Management explained that the Regional Clinical Services Plan is a process that commenced over two years ago and which is now starting to deliver outcomes.

It was recommended:

*that this report be received*

**6.3 FINANCE REPORT – SEPTEMBER 2009**

It was confirmed that \$486k funding for Herceptin was for a 12 month period and that this funding has been top sliced and will be managed directly by the Ministry.

A member queried After Hours funding from the Ministry and when would a contract be entered into. Management agreed to update the Committee at the November meeting.

Management verified that MidCentral Health had surpassed its target for surgical services and that this had led to a significant financial improvement for the month of September.

It was recommended:

*that this report be received*

**7. GOVERNANCE ISSUES**

**7.1 2009/10 WORK PROGRAMME**

Management advised that of variations against the Work Programme.

In respect of the draft 2010/11 Price : Volume Schedule update for MidCentral Health to be put forward at the November meeting, a member suggested that key drivers and identification of changes between 2009/10 and 2010/11 be mentioned in the report. Management confirmed that an explanation is already included in the report around such areas of interest.

It was recommended:  
*that the updated work programme for 2009/10 be noted*

**8. LATE ITEMS**

There were none.

**9. DATE OF NEXT MEETING**

3 November 2009

**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	
National Pharmacy Services Agreement Negotiations	Negotiating strategy	9(2)(j)

Meeting closed at 2.34pm

Confirmed Tuesday 3 November 2009

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Chairperson