

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 1 September 2009 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.03pm

PRESENT:

- Mrs D Anderson (Chair)
- Mr D Emery
- Mrs L Gray
- Mr O Stock
- Dr C Hamilton
- Mr I Wilson (ex officio)
- Mrs A Chapman (ex officio)

IN ATTENDANCE:

- Mr M Georgel, Chief Executive Officer
- Mr M Grant, General Manager, Funding
- Mr S Wilson, General Manager, Corporate Services
- Mrs R Bensemman, Committee Secretary

OTHER:

- Staff: (6)
- Public: (0)
- Media: (0)

1. APOLOGIES

Dr C Campbell, Committee Member (leave of absence)

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS

Mrs L Gray declared her conflict regarding the recent special issues audit carried out at Woodlands Rest Home with regard to Woodlands Resort Limited being a client of Naylor Lawrence and Associates Limited.

The Committee endorsed Richard Orzecki (DHB Committee member) participating in contract negotiations with the Funding Division on behalf of a provider, Te Runanga O Raukawa.

5.6

4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 4 August 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 MANAGING ACUTE DEMAND - OVERVIEW

MidCentral DHB has a number of challenges, which include an ageing population, inequalities in health status and access to service, challenges in promoting integrated care, continued implementation of service plans and further developing primary care. MidCentral is faced with an issue of increasing acute demand for services and associated pressure on the ability to provide routine services.

Management confirmed that chronic care management is also of major concern in that focus is currently placed on managing acute demand, rather than chronic disease.

The Committee sought clarification around available funding to manage acute demand. Management advised that limited funding is available to assist project management, however full funding has not yet been identified to support transitional costs.

A member queried the timing of this particular paper with regard to the fact there are more important issues at hand, especially pertaining to DHB forecasted deficit. Management responded that the information presented in the paper is not talked about within a New Zealand context and that there needs to be conscientious integration between primary and secondary care. The central focus is on creating an infrastructure so as to overcome such issues as identified in this report.

Discussion ensued further on presenting the ideas behind this paper as part of the forthcoming Board 'Blue Ocean Strategy' workshop. It was largely acknowledged that adventurous thinking was required to push recommendations forward and that the issues identified in the paper needed to be looked at more broadly as part of a wider format.

The Committee was appraised that a follow-up paper as described would be presented to the December meeting.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 HEALTH CARE DEVELOPMENT

It was recommended:

that this report be received

6.2 MAORI SCHOLARSHIPS AND INTERNSHIPS - UPDATE

It was acknowledged that funding for Maori health scholarships and internships will be accessed from other agencies, including the Hauora Training Fund.

It was recommended:

that this report be received

6.3 WORKFORCE REPORTS

Management advised that these five separate reports identify the need for a nationally co-ordinated approach across workforce training and funding.

A member questioned the reality of this approach in a time of DHB deficit and global recession. Management responded that a national model of employment needs to be viewed in light of possible opportunities rather than risks. It is also important to recognise that a centralised approach, together with individual DHB input, has a number of benefits, such as the co-ordination of employment arrangements and a consistent approach to workforce training.

It was recommended:

that this report be received

6.4 NON-FINANCIAL PERFORMANCE INDICATOR REPORT INCLUDING HEALTH TARGETS AND CONFIRMATION REPORTING FOR QUARTER 4, 2008/09

It was recommended:

that this report be received

6.5 FUNDING DIVISION OPERATING REPORT – AUGUST 2009

Item 3.1.2 Central Alliance

Management advised that the intention is to establish a better structure rather than achieve significantly different outcomes.

Item 3.1.4 Falls Prevention

Clinical trials and evidence support the benefits of Vitamin D supplements for older adults in Residential Care. ACC is looking to fund the cost of Vitamin D over a two-year pilot, however the cost of dispensing for MidCentral DHB is approximately 4-5 times the cost of medication.

Concern was raised by a Committee member as to the level of consumer choice regarding the supplements.

Item 3.3.6 Regional Forensics Step Down Facility

A member queried the nature of such a facility which was subsequently clarified by management.

Item 3.4.4 Health and Disability Commissioner Report

A member sought assurance that the PHOs have addressed the concerns in this report. Management advised that the provider in question has since achieved cornerstone accreditation, which was encouraged across the district.

It was recommended:

that this report be received

6.6 FINANCE REPORT – AUGUST 2009

The forecast for 2009/10 is a \$3.6m negative impact if current demands on the Funder remain unchanged. Accordingly, this is a situation that will be closely monitored.

The Committee queried their responsibility in this instance. Management responded that their concern has been noted but if arrangements are to be changed then this concern needs to be escalated upwards to Board level. In view of this, a range of options, recommendations and suggested solutions may need to be put forward to resolve this.

It was generally acknowledged that there will be an opportunity at the October Board meeting to gain an overall indication of financial position from first quarter results.

A member requested an explanation of the Top slice Child Youth and Family residences Service result reported under Funder Financial Performance, Personal Health. Management will clarify this in the October update.

It was recommended:

that this report be received

7. GOVERNANCE ISSUES

7.1 2009/10 WORK PROGRAMME

Management advised that in fact there had been no reporting on Central Alliance and that this would be reported at next month's meeting.

It was recommended:

that the updated work programme for 2009/10 be noted

8. LATE ITEMS

There were none.

9. DATE OF NEXT MEETING

6 October 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	
Dispensing Options	Subject to negotiation	9(2)(j)

Meeting closed at 2.45pm

Confirmed Tuesday 6 October 2009

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Chairperson