

MidCentral District Health Board

6-5

Community & Public Health Advisory Committee Meeting

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

The meeting commenced at 1.04pm

PRESENT:

Mr D Emery (Chair)
Mrs L Gray
Dr G Campbell
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 Bensemann, Committee Secretary

OTHER:

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

1. APOLOGIES

Mrs D Anderson

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS**Kaupapa Tuatahi Reviews Update (DAP 50 & 59)**

Mr D Emery declared his conflict regarding the above due to his contribution to the writing of the Kaupapa Tuatahi policy document.

Mr I Wilson requested that his name be removed from the Register of Interests in respect of Polybatics Limited and Polybatics Trading Limited.

4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 5 May 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 RURAL HEALTH STRATEGY (DAP 19 - 07/08, DAP 18 - 08/09)

The Committee was reminded about the withdrawal of clinics from Dannevirke and that within this context it was appropriate to consider a single purchasing plan for the Tararua district, in partnership with the local service providers.

There was also comment regarding suspension of the mobile surgical bus visits. Management advised that the Managing Director of the bus service had received the MidCentral DHB proposal and relevant information, and that dialogue would continue in due course.

A member asked how much funding was allocated to the promotion of a HealthLine / PlunketLine type of service. Management responded that this service was provided by PHOs and that funding was a nominal amount.

It was recommended:

that this report be received

that the Rural Health Strategy be approved

5.2 UPDATE: KAUPAPA TUATAHI REVIEWS (DAP 50 & 59)

Mr D Emery declared his conflict of interest for this report due to his contribution to the writing of the Kaupapa Tuatahi policy document. He remained but made no comment.

The Committee received the report with interest and noted the overall effectiveness of the PHO services throughout the MidCentral district, although it was acknowledged that barriers exist for lower socio-economic groups (largely Maori) to accessing GPs in Tararua and Horowhenua.

It was recommended:

that this report be received

5.3 funding division deliverables: update

The Committee received the report and noted that progress is generally in line with expectations with regard to work programme achievements.

Discussion ensued around funding for the Healthy Eating Healthy Action initiative. Management advised that the programme is funded by the Ministry until February 2010 and that the programme of work is sufficient until that time.

A member suggested that it might be prudent from 2009/10 financial year to measure actual outcomes for current targets, for example reduction in obesity rates.

It was recommended:

that this report be received

5.4 primary health care strategy update (dap 15, 63 & 76)

A member queried whether MidCentral could access the new GP development funding. Management responded in the affirmative and stated that PHOs are specifically picking up this funding in Tararua and Horowhenua. It was also noted that internships available within MCH are fully subscribed and that this programme is funded through the college and MidCentral DHB.

A member noted that it was difficult to obtain comparative reviews of PHOs between districts and suggested that better comparisons across the country were needed. Management responded that clinically-led PHOs are now emerging as movement into the second phase occurs.

Discussion also ensued on how to purge GP waiting lists, and how to engage those people who are not currently on a waiting list. Management responded that it is difficult to capture the full population and that a high percentage of people in the district are enrolled with a PHO and that this figure is above national standards in three of the four PHOs.

It was recommended:

that this report be received

5.5 youth health update (dap 16)

The Committee received the report and commented positively on the outcomes.

It was recommended:

that this report be received

5.6 CARDIOVASCULAR SERVICE PLAN IMPLEMENTATION UPDATE (DAP 6)

The Committee noted the benefit of a long lead-in time and positively acknowledged the progress on implementation.

A member questioned the reason for a spike occurring in September for CVD Patient Assessments. Management advised that new patients entered the programme in September causing the spike upwards to 375, whereas the current average is 330 and the ideal target is 500 per month.

It was recommended:

that this report be received

5.7 LIVERPOOL CARE PATHWAY FOR THE DYING PATIENT (LCP) UPDATE

It was acknowledged that this investment has been worthwhile and that MidCentral is on target to capture all Aged Residential Care settings by 31 March 2010. Support from the Ministry is strong, together with the relationship with Liverpool Care Centre in the United Kingdom, and MidCentral is currently preparing a business proposal to base a National office out of Arohanui Hospice.

It was recommended:

that this report be received

5.8 AGED RESIDENTIAL CARE SITE VISIT REPORT

The Committee noted with interest that MidCentral had endeavoured to visit every contracted provider in the district to gain an understanding of contemporary challenges within the sector. It was noted that the sector has a largely ageing workforce and that succession planning, including recruitment and retention of staff, has been identified as a significant challenge.

It was recommended:

that this report be received for information

5.9 SECONDARY CARE SERVICES STRATEGY UPDATE

The Committee noted that this update is an independent view as to progress made against the strategy which was written in 2004.

It was recommended:

that this report be received

5.10 WORKFORCE DEVELOPMENT STRATEGY - SIX MONTHLY UPDATE

The Committee positively acknowledged the initiatives in place to ensure a healthy workplace for MidCentral employees.

It was recommended:

that this report be received

5.11 NON-FINANCIAL PERFORMANCE INDICATOR REPORT INCLUDING HEALTH TARGETS AND CONFIRMATION REPORTING FOR QUARTER 3, 2008/09

The Committee noted that of the 38 reporting items in the third quarter, 34 have received an initial rating following assessment by the Ministry. Of these measures, 50% were achieved and 50% were not achieved or partially achieved. It was acknowledged that these National Health Target percentages needed to improve.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 FUNDING DIVISION OPERATING REPORT – MAY 2009

Item 4 Maternity Services Funding

The Committee positively noted the additional Government funding of \$103.5 million over four years to boost maternity services including longer stays for new mothers in birthing facilities. Management also confirmed Government funding of PlunketLine services is \$14 million over four years.

Item 5.7.1 The Cost of Dispensing

It was confirmed that Whanganui DHB would be included in discussions around the cost of dispensing.

It was recommended:

that this report be received

6.2 FINANCE REPORT – may 2009

Management advised that MidCentral is on target to deliver the revised forecast and will provide to the consolidated position within the organisation, however concern has been forecasted within the Electives area. MidCentral is currently holding discussions with the Ministry in relation to current levels of production and an early indication is required so that the Ministry is cognisant when the end of year wash-up is finalised.

It was recommended:

that this report be received

6.3 ELECTIVE INITIATIVE FUNDING

Management explained that MidCentral DHB has not met the Elective Initiative targets at all times during the year and has therefore lost \$1.4m of available initiative funding.

It was recommended:

that this report be received

7. GOVERNANCE ISSUES

7.1 2008/09 work PROGRAMME

Management confirmed that the work programme for 2009/10 is virtually completed.

Management also advised that the reporting framework to guide the Committee will be decided by the Board by mid June.

It was recommended:

that the updated work programme for 2008/09 be noted

6.10

8. LATE ITEMS

There were none.

9. DATE OF NEXT MEETING

7 July 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	
Funding MidCentral Health Price Volume Schedule (2009/10)	Under negotiation	9(2)(j)

Meeting closed at 2.30pm

Confirmed Tuesday 7 July 2009

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Chairperson