

# MidCentral District Health Board

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## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 2 February 2010 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  
Ann Chapman (ex officio)  
Phil Sunderland (ex officio)  
Linda Gray  
Charmaine Hamilton

*Unconfirmed Minutes*

### IN ATTENDANCE:

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

### OTHER:

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

### 1. APOLOGIES

There were none.

### 2. NOTIFICATION OF LATE ITEMS

There were none.

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

Dennis Emery declared his conflict from an iwi perspective regarding the update on Better, Sooner, More Convenient Primary Health Care in respect of his attendance at Feilding Integrated Health Centre meetings and Whanau Ora workstream hui as a representative for Nga Kaitiaki O Ngati Kauwhata Inc.

He also declared his conflict regarding the Maori Cultural Responsiveness Framework in Primary Health Care and the Feilding Collocation Project with regard to his representation for Nga Kaitiaki O Ngati Kauwhata Inc.

**4. MINUTES**

**4.1 MINUTES**

It was recommended:

*that the minutes of the previous meeting held on 1 December 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.

The Committee noted that the agenda contained a large number of acronyms and asked that in future these acronyms be clearly explained or that a glossary be provided for reference.

**5. OPERATIONAL REPORTS**

**5.1 FUNDING ENVELOPE UPDATE**

Management advised the most notable aspect of this update is that the aggregate Future Funding Track (FFT), including the demographic adjuster, is 2.8% which is a significant decrease from last year.

The demographic adjuster is added to the funding pool which reflects the slight increase in population district-wide. It was also noted that the Palmerston North population has increased by approximately 3% but that populations in Horowhenua and Tararua are declining.

The challenges that this presents to the provider arm were discussed and debated at the Hospital Advisory Committee workshop earlier today.

Management also clarified that Herceptin funding has been withdrawn as this is now funded directly by the Ministry of Health.

It was recommended:

*that this report be received*

**5.2 2010/11 DISTRICT ANNUAL PLAN**

The District Annual Plan (DAP) for 2010/11 is more of an accountability document to the Ministry of Health rather than a narrative document for the district. It will feature more detail about value for money, health targets, allocation of revenue and expenditure, and the focus fundamentally remains in progressing the Minister of Health's priorities and the national health targets.

The Committee queried whether or not the delivery of agreed financial results would be achievable. Management responded that the Hospital Advisory Committee workshop held earlier that day had covered a number of initiatives to be introduced in order to meet agreed financial results and that such initiatives would be likely to include service exits or alternative configurations with the aim of delivering a surplus.

A Member then asked what mechanisms are being used to shorten stays in the Emergency Department. It was advised that a hospital-based taskforce is in place and working together with primary care providers to examine where referrals are coming from and what happens upon arrival. Sharing such information has led to confidence that there are good gains to be made in this area.

Discussion followed around shorter wait times for cancer treatment. As a predominant provider of cancer treatment services MidCentral DHB has the support of other DHBs within the region in developing better care pathways for cancer patients. It has not been proven that a reduction in wait time from six weeks to four weeks will clinically benefit many patients, but as this is a directive from the Ministry the DHB is therefore required to follow through. It was understood that the aim of the initiative is to give certainty to the population that there is a definitive treatment window for cancer patients.

It was recommended:

*that this report be received*

### **5.3 UPDATE ON BETTER, SOONER, MORE CONVENIENT PRIMARY HEALTH CARE**

This is a Ministry-driven process with tight timeframes. The Business Case is to be presented to the February Board meeting and then forwarded to the Ministry of Health by 28 February 2010.

The Business Case aligns well with DHB strategies and priorities, including the Primary Health Care Strategy, and also seeks to address areas of concern such as acute demand. The core of the Business Case is transformational change which is to be effected within current funding levels, covering 30% of the population with health services. The Business Case also outlines the way these health services are delivered, optimises patient care journeys, and helps develop the primary/secondary interface.

A Member queried the impact for mental health services and cited the example of unacceptable delays being faced by the Crisis Intervention Team. It was advised that there is a group specifically working on mental health to streamline connections with primary care in a community setting.

Another Member queried the relevance for the over-65 age group as European New Zealanders are independently minded but many decisions are being made on their behalf. Decisions that are based on overseas data will not necessarily be appropriate for over-65 European New Zealanders and planners should be mindful of this.

A Member then asked that the Committee considers changing the wording 'evidence based practice' to read 'evidence informed practice' as this is a better approach to consider.

A query was also made as to the meaning of 'Te Pou roll out'. Management will investigate and respond to the Committee at its next meeting.

Discussion followed and it was acknowledged that the Business Case ideas align extremely well with what the DHB has been trying to achieve but that the initiatives also need to marry in with what the direct MidCentral population actually needs.

As a result of this, it was asked whether or not there will be significant measures in place to assess the success of the Business Case as it is executed over a three year period.

The Committee acknowledged that further information is required, particularly in the areas of risk identification and mitigation, proposed methodology, timeframe expectations, measurement of success, and communication plans (including form and frequency). Management responded that a more substantive update will be provided to the Committee in March.

The Committee agreed a high level of support for the initial Business Case. It was understood that the DHB will need to appreciate the overarching picture and to recognise how individual business cases will contribute overall. Delivery of services is to be achieved within the current funding level to achieve financial neutrality.

It was recommended:

*that this report be received*

#### **5.4 REFERRED SERVICES MANAGEMENT UPDATE**

The Committee sought clarification around Close Control Rates and an explanation was provided accordingly.

It was recommended:

*that this report be received*

#### **5.5 REGIONAL CLINICAL SERVICES PLAN**

Management iterated that there are a number of services which are vulnerable due to a smaller population and insufficient support services in certain areas. To address this there needs to be improved regional collaboration and service delivery. This is likely to lead to service changes but the Committee will be kept informed accordingly.

It was recommended:

*that this report be received*

#### **5.6 FUNDING DIVISION OPERATING REPORT – DECEMBER 2009 & JANUARY 2010**

##### *Item 2.1.2 Audits*

The Committee commended Mike Grant on his management of the recent situation at Rose a Lea Rest Home.

Murray Georgel left the meeting at 2.06pm.

##### *Item 2.2.3 Whanau Ora Taskforce*

It was advised that various contributions to the EOI Business Case will lead to a whanau centred approach for Maori wellbeing. Such contributions include new service configuration and defining health outputs and health outcomes that are appropriate for whanau.

Murray Georgel returned to the meeting at 2.11pm.

##### *Item 2.9.2 Chronic Care in relationship to Ambulatory Sensitive Hospitalisations ASH, Table 2: Use of PHO Chronic Care Services*

Management advised that there is disproportionate resource allocated to Otaki to reflect the level of chronic conditions in that particular area. This is considered to be a modest investment in terms of the gains being achieved.

Graeme Campbell left the meeting at 2.20pm.

It was recommended:

*that this report be received*

## **5.7 FINANCE REPORT – JANUARY 2010**

Management explained that a plateau in outflows to Capital and Coast is to be expected but that this is not occurring yet. It was also advised that there is a break-even expectation for IDFs. Accordingly, the Funder continues to manage for a forecasted positive out-turn of a \$1m surplus.

Graeme Campbell returned to the meeting at 2.25pm.

The Committee requested that minor amendments be made to the format for future financial reporting in that information be presented on an exception basis. Management confirmed that the adjusted reporting format would be implemented for the next Committee meeting in March.

It was recommended:

*that this report be received*

## **5.8 CONTRACTS UPDATE**

The Committee were surprised at the lack of information presented and requested that detailed reporting be provided for the next update.

It was recommended:

*that this report be received*

## **6. GOVERNANCE ISSUES**

### **6.1 2009/10 WORK PROGRAMME**

Management advised that the draft District Annual Plan, together with the Price:Volume Schedule 2010/11, will be key agenda items at the next Committee meeting to be held in March.

It was recommended:

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

## **7. LATE ITEMS**

There were none.

## **8. DATE OF NEXT MEETING**

2 March 2010

**9. 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 Division Operating Report – December 2009 & January 2010 (2.1.3)	Subject to negotiation	9(2)(j)
2010/11 District Annual Plan	Subject to negotiation	9(2)(j)

Meeting closed at 2.29pm

Confirmed Tuesday 2 March 2010

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Chairperson