

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 7 July 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 Grant, General Manager, Funding
Mr S Wilson, General Manager, Corporate Services
Mrs R Bensemman, Committee Secretary

OTHER:

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

1. APOLOGIES

Dr C Campbell, Committee Member
Mr M Georgel, Chief Executive Officer

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS

Health Care Development

Dr C Hamilton declared her conflict regarding the above due to her employment at Massey University and due to her position as a Member of Ucol Council.

Dr C Hamilton requested that her name be removed from the Register of Interests in respect of Massey University as her employment ceases at end July 2009.

5.8
Mr I Wilson requested that his name be removed from the Register of Interests in respect of the Institute of Environmental Sciences & Research Limited (and associate and subsidiary) as his term has been completed.

4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 2 June 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 ANNUAL HEALTH NEEDS ASSESSMENT UPDATE

The Committee received the report with interest and noted the importance of identifying areas of improvement for health service access for those people within the district who are experiencing health status disadvantage.

The Committee discussed the reasoning behind the decision for Central Region's Technical Advisory Services to cease supplying its district health boards with health needs assessment data. Management responded that this decision was made in order to free up resources at Central Region's Technical Advisory Services in order to focus on implementation of the Regional Clinical Leadership plan. This decision was in line with other central region district health boards and that it may be possible in the future to reignite a regional collection of data under the auspices of the Regional Clinical Leadership plan.

The Committee acknowledged that health needs data interpretation was important to create an accurate understanding of the health status profile within the district and to use this information for future planning to identify and build on health programmes going forward.

It was recommended:

that this report be received

5.2 HEALTH CARE DEVELOPMENT

Dr C Hamilton declared her conflict regarding the above due to her employment at Massey University and due to her position as a Member of Ucol Council.

The Committee did not perceive the declared conflict to be significant in relation to this item.

Management provided the Committee with background and context to the establishment and work of the Health Care Development Team. The Committee sought assurance around the team's work programme being in line with our strategic direction and requested future briefings on certain strategic outcomes on a regular basis.

Discussion then ensued on the career pathway for Nurse Practitioners. Management updated the Committee on potential opportunities for Nurse Practitioners working in Primary Care in an integrated manner. Management reassured the Committee that ongoing work in this area would be the feature of regular updates by the Health Care Development Team.

A member (having heard a verbal submission on the quality of nursing care in MidCentral Health) enquired what levers the Funder had in relation to holding the provider responsible for quality of care. Management replied that it would seek assurance from MidCentral Health that appropriate follow up was in progress and would report back to the Committee in relation to the outcome. Further it would provide general advice to the Committee on its role as a Funder of services and the contractual accountabilities of the provider.

It was recommended:

that this report be received

5.3 PSYCHOGERIATRIC STRATEGY UPDATE

The Committee received this comprehensive report with interest and discussion ensued regarding dementia prevalence within MidCentral and the care service delivery options available to these people, especially those at each end of the dementia spectrum.

Management responded that by adopting a preventative approach which targets funding to lower levels may reduce the demand for higher-level services. Education and training for staff working in community care has the potential to reduce the prevalence and severity of dementia symptoms and the subsequent demand for more specialised (and more expensive) services.

It was recommended:

that this report be received

5.4 PRIMARY HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE RESIDENT IN CHILD YOUTH AND FAMILY'S LOWER NORTH YOUTH JUSTICE RESIDENCE

The Committee noted that MidCentral DHB will now be funding the primary health care services for children and young people in the local Lower North Youth Justice residence. These health care services were previously provided by CYFS and the funding stream has now shifted to MidCentral DHB.

The Committee sought clarification around the financial impact for MidCentral DHB. Management responded that funding is tracked per youth in the domiciled area and that the funding will be managed through a National IDF process.

It was recommended:

that this report be received

6. OPERATIONAL REPORTS

6.1 FUNDING DIVISION OPERATING REPORT – JUNE 2009

Item 2.4.2 After Hours Proposal

The Committee commented favourably on the Ministry’s response to this proposal to provide additional funding for after hours services.

Item 2.5.3 and Appendix 1

The Committee acknowledged the success of MidCentral DHB in achieving the B4SC targets and commented positively on this result in comparison to the performance of other DHBs around the country.

It was recommended:

that this report be received

6.2 FINANCE REPORT – JUNE 2009

Management advised a forecasted deficit of \$0.5m and confirmed that the Funder is working to achieve a break-even position. It was advised that the financial reporting is for May 2009 but that the June 2009 forecast is similar.

It was recommended:

that this report be received

7. GOVERNANCE ISSUES

7.1 2009/10 REPORTING FRAMEWORK

Management verified the approval of the new reporting structure and confirmed that this framework integrates all Committee reporting into a standardised format, which has greater transparency and visibility, together with a more strategic focus.

It was recommended:

that the 2009/10 work programme be noted

8. LATE ITEMS

There were none.

9. DATE OF NEXT MEETING

4 August 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	
General Approach to Contract Review and Renewal for 2009/10	Negotiating strategy	9(2)(j)

Meeting closed at 2.57pm

Confirmed Tuesday 4 August 2009

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Chairperson