

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 6 April 2010 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.01pm

### PRESENT:

Diane Anderson (Chair)  
Dennis Emery (Deputy Chair)  
Graeme Campbell  
Ann Chapman (ex officio)  
Phil Sunderland (ex officio)  
Linda Gray  
Charmaine Hamilton

### IN ATTENDANCE:

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

### OTHER:

Staff: (2)  
Public: (0)  
Media: (1)

### 1. APOLOGIES

There were none.

### 2. NOTIFICATION OF LATE ITEMS

There were none.

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

There were no declarations of conflict.

Ann Chapman requested that her name be removed from the Register of Interests in respect of Accident Compensation Corporation (ACC) as her daughter is no longer employed by this organisation.

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#### **4. MINUTES**

##### **4.1 MINUTES**

It was recommended:

*that the minutes of the previous meeting held on 2 March 2010 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. OPERATIONAL REPORTS**

##### **5.1 FUNDING DIVISION OPERATING REPORT – MARCH 2010**

###### *Item 3.1.1 interRAI*

Management confirmed that all costs associated with the implementation of interRAI had been budgeted for and that the revenue was forthcoming from the Ministry of Health.

A Member sought clarification around the number of Maori people involved with the NASC service. Management responded that 15% of the population in the district are aged 65 years and over, and that 15% of the population is of Maori ethnicity. However, Maori life expectancy is lower than the general population therefore the figure is likely to fall between 7-10%. It was agreed that older Maori need to be encouraged to make use of this service and that it could prove useful to set targets against which to monitor involvement.

A full progress report on the interRAI tool will be presented to the Committee in due course.

###### *3.1.2 Audit*

Reports from Designated Audit Agencies (DAAs) will be made available to both District Health Boards (DHBs) and the Ministry of Health in the future due to a realignment of audit functions.

It was acknowledged that there is an advantage to having one audit, rather than multiple audits, but that any integrated approach will need to be significantly improved upon current audit arrangements. Certification is for a period of three years with an interim surveillance audit held at 18 months, however shorter timeframes may be issued for certification.

###### *Item 3.4.2 Tangimoana Service Change*

A Member questioned the clinical risk issues that caused the service change from the Nurse Clinic to a service provided out of the Manawatu PHO. Management responded that the risk issues are largely around qualification and supervision of nursing staff. It was confirmed that the PHO service is to be a visiting service and that the Committee will be updated regarding outcomes in due course.

*Item 3.8.4 Maori Community Action Plan (MCAP) Fund*

The genre of applications that are funded under the Community Action Plan Fund typically include short-term programmes directed at mobilising whanau or hapu in terms of physical education or nutritional programmes.

*Item 3.9.2 Respiratory*

Emergency Department presentations are significantly higher in the Horowhenua region compared to size of population. The most obvious reason for this is due to an ageing demographic and morbidity within that population (largely due to diabetes, cardiovascular disease and respiratory illness). This is also linked to socio-economic aspects of this particular demographic.

*Item 5.1 Breast Reconstruction*

A response has been requested from Hutt Valley District Health Board to provide an explanation as to the timing of instigating this service in relation to the District Annual Plan process, especially given the high-cost nature of these procedures and the likely impact on other Elective areas. The Committee will be apprised of the response from Hutt Valley DHB in due course.

It was recommended:

*that this report be received*

## **5.2 FINANCE REPORT – MARCH 2010**

It was advised that the financial result for MidCentral is likely to fall between the current forecast and best-case scenario, however the final result is likely to be impacted by Electives income and forecasting of outflows.

A Member sought clarification around the expected \$1.4m reduction of inpatient IDF inflow from Whanganui District Health Board. This is mainly due to Whanganui DHB completing a larger number of procedures internally which leads to a reduction in inpatient inflows. However, there are some procedures that Whanganui DHB cannot perform internally, such as renal procedures and cancer treatment, and inflows are expected to be close to forecasted targets.

Discussion followed and Management advised that the major financial issue going forward is forecasted adverse Disability Support (Aged Residential Care) expenditure. Ideally, greater resources need to be invested into home-based support and resources need to be released from Aged Residential Care settings.

A Member then queried the percentage of personnel costs being attributed to outsourced locum costs. Management was unsure of the exact percentage figure but advised that the forecast for total year expenditure on locum costs was approximately \$2m. The overall escalation in total personnel costs is essentially due to increased staff numbers. It would be ideal to recruit staff directly but on occasion it was necessary to use locums on a short-term basis.

It was recommended:

*that this report be received*

**6. GOVERNANCE ISSUES****6.1 2009/10 WORK PROGRAMME**

There were no amendments to the 2009/10 Work Programme.

It was recommended:

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

**7. LATE ITEMS**

There were none.

**8. DATE OF NEXT MEETING**

4 May 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	
2010/11 District Annual Plan	Under negotiation	9(2)(j)
Clinical Workstation Project Update	Contains competitive pricing information	9(2)(j)

Meeting closed at 1.35pm

Confirmed Tuesday 4 May 2010

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Chairperson