

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 7 September 2010 at 1.00 pm in the Boardroom of Board Office , Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.00pm

### **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 Division  
Carole Chisholm, Committee Secretary

Three members of the Wanganui District Health Board's Community & Public Health Advisory Committee (CPHAC) - Kate Joblin; Philippa Baker-Hogan; and Kim Austin

### **OTHER:**

Staff: (7)  
Public: (4)  
Media: (0)

The Chair welcomed the three members of the Whanganui District Health Board to the meeting.

### **1. APOLOGIES**

Oriana Paewai

### **2. NOTIFICATION OF LATE ITEMS**

There were no late items.

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

#### **3.1 Amendment to the Register of Interests**

There were no amendments.

### **3.2 Declaration of Conflicts in Relation to Today's Business**

There were no conflicts.

## **4. MINUTES**

### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 3 August 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 no matters arising.

## **5. OPERATIONAL REPORTS**

### **5.1 Community Paediatric Service Review**

As the Service Level Agreement was due to expire on 30 September 2010 the Community Paediatric Service (CPS) had been collaboratively reviewed by the Funding Division with MidCentral Health clinician involvement. The process had included consideration of the Service's configuration, needs and requirements in terms of meeting the child health objectives.

The service had been successful in many ways but this had been fragmentary. It had not been embedded into secondary and primary care in the district. As a result the initial aim had been to set up a paediatric service which was autonomous and self linked between primary and secondary.

Adoption of the proposed changes would overcome the identified issues and the process was seen as a very positive way forward.

The committee questioned the one year contract in comparison to the normal term of two to three years. Management confirmed that funding was allocated to Child Health in the Board's medium term funding pathway. Progress will be closely monitored and regular progress reports provided to the Board.

The Committee congratulated the writers for their clear and informative report and the verbal commentary at the meeting.

It was recommended:

*that this report be received.*

### **5.2 Maori Community Action Plan (MCAP) Evaluation Training 2010**

This programme was initially instigated by the Ministry of Health three or four years ago. There were no criteria or significant parameters so it had been necessary for the Board to create their own.

An evaluation of MCAP was recently undertaken. The results of Rounds 2 and 3 gave some confidence that there will be greater degrees of health outcomes and participation in the programme. Learnings had been recognised and applied. At the present time there was a balance of approximately \$40,000 in the fund which was being considered for use in the areas of workforce or tobacco control.

The Committee conveyed their thanks to the report's authors.

It was recommended:

*that this report be received.*

### **5.3 Home Based Support Service Review**

Management noted that the report contained a significant amount of information and data which was a reflection of the recommendations. The amendments being sought were a natural progression from discussions held previously and were seen as the best specification available to the Board.

There was to be no change in the area of personal care. Approval was being sought to amend guidelines for the provision of Home Based Support Services. However, these would not take effect until 1 January 2011 and existing recipients would see no change in their current service allocations.

The issue of family carers in relation to Maori families was raised. Management considered that the Whanau ora policy would mitigate these anomalies.

The Committee commended the author of the report and the way in which he had managed the project.

It was recommended:

*that the following guidelines for provision of Home Based Support Services be approved:*

- *no change to existing HBSS personal care eligibility*
- *no change to existing recipients of HBSS home management services, ie current service allocations will be grand parented*
- *the eligibility threshold for new clients needing HBSS home management services be set at Level 3 on the SPA scale (or its successor) from 1 January 2011*
- *new SPA 3 clients who are eligible for home management services after 1 January 2011 will have maximum support allocations of one hour per week or two per fortnight*
- *new SPA 4 or 5 clients will be eligible for higher support allocations according to individual assessed need.*

### **5.4 Non-Financial Performance Indicators**

Management confirmed that these reports were received quarterly. During the course of management reporting much of the information around targets and indicators had already been received. However, it was noted that the Non-Financial Performance Indicators commentary provided an insight into trends.

It was recommended:

*that this report be received.*

## **5.5 DHB Hospital Benchmarking Information – January to March 2010**

While the Board compared favourably against total DHBs, the area around average length of stay, particularly in internal medicine, had been very successfully managed. This was due to the success of the Medical Assessment and Planning Unit. Currently underway was an evaluation of the unit and the outcome will be of interest to both the Hospital Advisory and Community & Public Health Advisory Committees. It was intended that a workshop be held in late 2010 or early 2011 with the committees to inform them of the results.

It was recommended:

*that this report be received.*

## **5.6 Funding Division Operating Report – August 2010**

### *Item 1.3.2 GP Registrar Pilot*

Management advised that the Future of General Practice Group had met over the last few months. Three people had come forward following advertising of the Registrar posts. Two of these were from within the hospital as junior doctors and the third had previously been at MidCentral Health. All three were regarded as good people. A small number of verbal enquiries had also been received. The Clinical Training Agency would allow the DHB to have up to six registrars and although it was not known at the present time whether that number would be achieved, the outlook was extremely positive.

Following an enquiry from the Chair, an update on the 'Better, Sooner More Convenient' business case would be provided to the Committee's October meeting.

It was recommended:

*that this report be received.*

## **5.7 Finance Report – August 2010**

Management confirmed that the three divisions were surplus to budget in the first month of the new financial year and a similar result was likely for August. The area requiring focus from the Funder's perspective was aged residential care/continuing care where a year end deficit was likely. It was noted that aged care funding was a nation-wide issue.

It was recommended:

*that this report be received.*

## **6. GOVERNANCE**

### **6.1 2010/11 Work Programme**

The Chief Executive Officer advised that as a result of today's meeting the Committee would like to see a paper around 'Better, Sooner, More Convenient' and this would be provided for the next meeting.

With respect to the Medical Assessment and Planning Unit, a workshop would be held for the Hospital Advisory Committee and members of this Committee would be invited.

A progress report on the Integrated Health Care project was also requested for the October meeting.

It was recommended:

*that the updated work programme for 2010/11 be noted.*

## 7. LATE ITEMS

There were no late items under 2 above.

## 8. DATE OF NEXT MEETING

Tuesday, 5 October 2010

## 9. EXCLUSION OF PUBLIC

Recommendation: 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.

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
"In Committee" Minutes of the Previous Meeting	For reasons stated in the Previous agenda	
Contracts Update	Contract Negotiations	9(2)(j)

The meeting closed at 1.50pm.

A 15 minute informal discussion over coffee with Wanganui DHB's CPHAC members then followed.

Confirmed this 5<sup>th</sup> day of October 2010

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Chairperson