

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

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

The meeting commenced at 1.00pm

Unconfirmed Minutes

PRESENT:

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

IN ATTENDANCE:

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

OTHER:

Staff: (8)
 Public: (1)
 Media: (0)

1. APOLOGIES

There were none.

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS

Linda Gray registered a new interest in respect of her involvement with the Manawatu Community Housing Trust. The Register of Interests is to be updated accordingly.

Phil Sunderland reiterated his registered interest in respect of his senior partnership at Fitzherbert Rowe, and noted potential conflict may arise with regard to Manawatu/Horowhenua/Tararua Diabetes Trust matters.

Dennis Emery declared his conflict from an iwi perspective regarding Whanau Ora.

4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 1 June 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

Item 5.6 Health of Older Persons DAP 09/10 Update 2

Management clarified that there is nil cost to the DHB due to the withdrawal of ACC funding from the Otago Exercise Programme.

5. OPERATIONAL REPORTS

5.1 HEALTH NEEDS ASSESSMENT UPDATE

Essentially this report aims to illustrate yearly changes in the health status of the MidCentral district population. This is relatively difficult given the smaller population size of 160,000 as it generally takes many years for health patterns to collectively change and corresponding trends to be identified.

Health services need to be accessible, especially for those who are disadvantaged due to demographic factors such as ethnicity, age, physical distance from hospital, and socio-economic hardship.

A Committee Member queried whether Otaki residents are included in the Horowhenua area in terms of statistical purposes. It was advised that Otaki is considered separately however analysis may be grouped together to determine collective trends.

It was also advised that a period of 3-5 years would ideally capture more accurate health needs assessment information for the population size of MidCentral DHB.

It was recommended:

that this report be received

5.2 CLINICAL NETWORK UPDATE

Management described this report as a work in progress and referred the Committee to Dr Alistair Watson and Warwick Davenport to provide further expression on clinical networks and possible ways to progress implementation.

A definition was provided in that a clinical network essentially enables clinicians to participate in the planning and delivery of health services. In order to build a successful network a clear mandate needs to be provided and the structure needs to be supported by linkages to clinical and organisational governance.

Discussion followed, largely around The Broad Concept diagrammatical representation, and it was confirmed that collaborative networks are generally established as required.

It was recommended:

that this report be received

5.3 FALLS PREVENTION IN THE OLDER PERSON

It was advised that there is sufficient evidence to suggest that increased Vitamin D utilisation may prove beneficial in reducing the morbidity and mortality associated with falls and subsequent fractures, particularly for those older people in aged residential care settings.

A Member queried the cost of rolling out the Vitamin D Falls Prevention Programme as developed by ACC. It was confirmed that ACC are funding the cost of Vitamin D tablets whilst MidCentral DHB incurs the corresponding prescribing and dispensing costs.

It was noted that a Committee Member expressed discord with the possibility of the blanket approach to including community-dwelling older people within the test population without their permission. This was with regard to the estimated 2400 people currently receiving Home-Based Support Services (HBSS).

Another Member commented that Vitamin D utilisation may assist with enhanced mental acuity which essentially leads to the same end result, being a reduction in the number of falls due to improved focus.

A further paper is to be presented to the Committee by November 2010. This paper will address the issues raised by the Committee and will also include Ethics Committee considerations.

It was recommended:

that this report be received

5.4 FUNDING DIVISION OPERATING REPORT – JUNE 2010

Item 2.1.1 Interim Funding Pool (IFP)

Management clarified that there are significant risks around this process, including whether the Ministry of Health has adequate information, identification of changing population needs over time and the importance of gaining a corresponding understanding of these factors.

Graeme Campbell left the meeting at 1.51pm.

Graeme Campbell returned to the meeting at 1.53pm.

Item 2.9.3 Cancer

Management advised that there was no further information to suggest the Cancer health target may be changed from the 4-week 1 January 2011 target.

It was recommended:

that this report be received

5.5 FINANCE REPORT – JUNE 2010

Management advised that the Funder is on target to achieve breakeven (being \$2.9m surplus to budget). The final year-end position is to be confirmed within the next several days.

A Committee Member commented that a Debt & Equity covenant would be useful given the current position into negative working capital.

It was recommended:

that this report be received

5.6 FINANCIAL RECOVERY PROGRAMME

Recommendations regarding two of the four service reconfiguration projects have been presented to the Hospital Advisory Committee, together with a proposal for paid car parking.

The first recommendation being continuation of the district nursing services' night shift on the basis of financial support from Arohanui Hospice and other savings within the service.

The second recommendation being the continuation of the rehabilitation service for people aged under 65, with the service capacity being reduced from 12 to 8 beds to align to contract levels.

Management advised that the Hospital Advisory Committee unanimously supported each recommendation.

It was recommended:

that this report be received

5.7 DHB HOSPITAL BENCHMARKING INFORMATION REPORT – OCTOBER TO DECEMBER 2009 (for information only)

Management advised that the DHB Hospital Benchmarking information is submitted to the Ministry of Health and provides a comparative benchmark against other DHBs. The information is also used to identify trends and variations, as well as addressing potential areas in which performance may be improved.

It was recommended:

that this report be received

6. GOVERNANCE ISSUES

6.1 2010/11 REPORTING FRAMEWORK

The 2010/11 reporting framework covers all aspects of governance, including strategic and operational matters, audit, disability support, and remuneration. The framework has been approved by the Board and the resultant Work Programme for the Community and Public Health Advisory Committee has been developed accordingly.

It was recommended:

that the Committee's 2010/11 work programme be noted

7. LATE ITEMS

There were none.

8. DATE OF NEXT MEETING

3 August 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	

Meeting closed at 2.23pm

Confirmed Tuesday 3 August 2010

.....
Chairperson