

## COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

### MINUTES – PUBLIC (Unconfirmed)

Tuesday 14 December 2010

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

#### Present

Flora Gilkison (Chairman), Alex Ballantyne (Deputy Chairman), Mary Bourke and Peter Catt (Ex officio members), Karen Eagles and Ella Borrows (Board Members), Donna Leatherby, Tom Ryder, David Tamatea, Marion Wellington, Brian Mathieson, and Tony Waghorn (co-opted members).

#### In Attendance

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning Funding & Population Health), Ngawai Henare (Chief Advisor Māori Health), Ramon Tito (Kaumatua), Sue Carrington (Communications), Jean Rafferty (PA to GM, PF & PH)

#### 610.0 Declaration to Open the Meeting

The meeting was opened with a karakia at 10.05am.

The Chairman welcomed Mrs Ella Borrows, a new Board Member, to the meeting and invited her to introduce herself to the Committees. Mrs Borrows advised that she was a Hawera resident with a strong interest in Mental Health. She also expressed a keen interest in primary and secondary care and how these can best be streamlined.

#### 611.0 Apologies

##### Resolution

*That the apologies from Board Members Alison Rumball and Colleen Tuuta be received.*

*Ryder/Wellington  
Carried*

#### 612.0 Conflicts of Interest

The Register was circulated for updating by members.

- A new interest was declared by Mr Tamatea – Member Community Living Trust Board.
- Mr Tamatea advised he was no longer a member of the Pinnacle PHO Local Management Group, the Taranaki Disabled Persons Assembly or AccessAbility and requested that these be deleted from the Register.

- Mr Mathieson advised the Central & Coastal Management Group had been disbanded and asked that this be deleted from the Register.
- Mrs Wellington noted that the Advisory Committee – Disability & Community Advocate Taranaki Hauora PHO had been disbanded and asked that this be deleted from the Register.

The register will be updated accordingly.

### **613.0 Public Comment**

There was no public comment

### **614.0 Minutes of Previous Meeting**

#### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held 26 October 2010.*

Wellington/Ryder  
Carried

### **615.0 Matters Arising**

There were no matters arising.

### **616.0 Chairman's Report**

The Chairman advised she had requested three documents be forwarded to the co-opted members for information. These papers had previously been discussed by Board Members and were:

- Who Gets It – where the money goes
- Acute Care in Provincial Hospitals
- Trends in Service Design and New Models of Care

Dr Gilkison noted that there was still a view in the community that Taranaki DHB is a hospital board. However, it is very much a District Health Board as could be seen from the pie chart in the first paper and, while approximately half goes to the hospital provider, the rest goes to various areas of the community.

#### Discussion

- Mr Ryder commented that members of the public had no idea of the complexity of funding and Dr Gilkison noted there is a view that the DHB could be more proactive in putting this information out to the community.
- Dr Catt commented that funding had remained constant and that the larger District Health Boards were not taking funding away from smaller DHBs such as Taranaki.
- Mrs Wellington asked what amount of funding went into Disability Services and was advised funding services for people under the age of 65 with disabilities was the responsibility of the Ministry of Health.
- Mr Ryder discussed the Trends in Service Design and New Models of Care and expressed his concern at the comment around a shift from young people to older people. It was his opinion that a shift in attention from young people to older people would be anathema to elderly persons.
- Ms Leatherby expressed thanks for the documents, which she found very useful from a community perspective but voiced concern about the lack of

general practitioners and nurses. Dr Gilkison responded that there was a strong focus on workforce development.

## **617.0 Management Reports**

617.1 General Manager Planning Funding & Population Health, Mrs Boardman, took the report as read, highlighting:-

- A national policy is underway around rural premiums for general practitioners, which was looking to achieve consistent criteria around the country. Dr Catt asked for clarification around the timeframes and was advised the work was to be completed by 1 July 2011.

Dr Catt asked whether the DHBs had any discretion and Mrs Boardman responded that currently the DHBs were allowed to use their discretion for the allocation of up to 10 points. The Board had previously determined that these would be used for GPs who didn't quite have the points to receive the rural premium. In the future the total allocation of points was likely to be determined nationally.

When asked how rurality was currently determined, Mrs Boardman advised that it was where general practices were a long way from secondary care. It was important to recruit and retain GPs in the rural areas.

- Additional investment in eating disorder services. Taranaki is part of the Northern Region for this and increased resources mean an extra 0.5 FTE for Taranaki. This is good news for the service continuum.
- There were some issues within Elective Surgery. The DHB is below target with joint replacement, which is a consequence of staffing changes and it was expected the DHB would under-achieve in this area until Quarter 3. Cardiac Intervention Rate performance had been low for some time and a table was provided showing how additional outpatient and diagnostic activity had been purchased in an attempt to address this.

Dr Waghorn asked whether the Cardiac Intervention Rate included cardiac surgery or if it was just the stages up to surgery and Mrs Boardman replied that it included surgery, which was part of that care pathway. There appeared to be a low conversion rate but it wasn't yet understood why this was occurring.

- Clinical Leadership – early in 2010 a group of clinicians from both primary and secondary sectors had met to look at allocation of resources which had previously been based on historical data and did not necessarily match health needs. The group had been asked to identify areas where the DHB could make changes. They had been provided with information on what was happening nationally and what was being funded and then tried to identify things in a way that coordinated with current strategies. As a result six business cases were being developed:
  - Transfer and coordination of care – osteoarthritis
  - Community pharmaceutical wastage
  - Immediate non-emergency care
  - Child and adolescent obesity
  - Management of older persons with sub-acute medical needs
  - (Primary) Mental health pathways

An implementation plan will be presented to the Committees in February.

- The Funder financial performance as at end October had shown a surplus of \$1.073M – a positive variance against budget. However, a forecast had been prepared which shows the planned surplus slightly below target. Plans were being put in place to ensure the Funder meets its budgeted surplus by the end of the financial year.

### Discussion

- Mrs Eagles sought more information on the work of the New Families/Whanau Centre Interim Governance Board. Mrs Boardman responded this was a group made up of midwives and staff from various agencies who were looking at providing a new service to families. The group was currently putting together a business case. The DHB is a partner in the initiative, which was considering how to integrate various services.
- Mrs Eagles sought a definition of sub-acute medical needs and Dr Catt advised this could be defined as someone who was quite ill but did not necessarily require hospitalisation. Mrs Boardman responded that the Group was looking to develop an intermediate care option that does not require hospitalisation.
- Dr Waghorn queried the next steps in the Child, Adolescent and Maternal Mental Health project and Mrs Boardman responded that the plan was to follow through the model and agree implementation, which would be undertaken in Phase 3.
- Ms Leatherby asked if it would be possible for representatives of the New Families/Whanau Centre Interim Governance Board to present to the Committees and was advised this might be appropriate if the model had been running for six months – possibly around mid 2012.  
Ms Leatherby queried the next steps for the Community profiles and was advised the intention was to start discussion with the communities around health needs to improve the health of these communities.
- Dr Catt discussed Integrated Family Health Centres and also the denominator used for Diabetes and Mrs Boardman advised that discussions were continuing on these issues.
- Mr Ryder spoke to public awareness of Emergency Department services and asked why staff did not advise those patients who did not have an emergency that they should visit a GP. Mrs Boardman stated that Emergency Department staff believed they had an ethical responsibility to treat patients who presented to the department.
- Mr Tamatea spoke of the Smoking targets and wondered whether the Maori Health Team could be more involved in trying to reach people from within the Maori community. Mrs Boardman confirmed that the Maori Health Team works closely with the Public Health Unit and Planning & Funding and the tobacco issue was being tackled on a number of fronts. The Maori Health Unit will continue to play an important role.
- Mrs Wellington advised she was a member of the New Families/Whanau Centre Interim Governance Board and the plan was to get the project up and running then to bring permanent members on board. She agreed that a presentation to the Committees would be useful.  
Mrs Wellington also acknowledged the work being done on Community profiles and, in noting that a number of groups deliver social services, wondered what opportunities there might be for collaboration. Mrs

Boardman commented that the work was being done with key communities and other agencies, and there were attempts being made to pull everything together and build on each community's strengths. This was a community development approach and was a positive piece of work.

#### 617.2 Presentation – Health of Older People

Mrs Boardman introduced Ms Channa Perry to present on progress relating to Project Splice. Ms Perry had recently taken over as Portfolio Manager for Health of Older People. Key points from the presentation were:

- Project Splice had reviewed current health services in the community being provided to older people and people living with long term conditions.
- The vision of the project was that people with complex needs will have an identified care manager who has an excellent relationship with their general practice and will ensure their care is coordinated.
- The project recommended development of up to six geographical “care clusters” across Taranaki, with alignment of District Nursing, Community Allied Health, NGO and Pharmacy provision to these clusters. The project further recommended establishing a District Support & Development Unit (DSDU), and that primary and community nursing be developed into practice/clinic based nursing and mobile nursing functions and navigation activity for people under 75 with long term conditions
- InterRAI will be introduced to support comprehensive assessment of older people.
- As part of the implementation process a number of groups had been established:
  - *Service Level Alliance Team (SLAT)* developing detailed model of service delivery (clinicians, service managers)
  - *Stakeholder Groups* (Staff teams, Positive Ageing Trusts, DHB Consumer Reference Group, kaumatua groups, community groups)
  - SLAT feeds formal recommendations to the *Alliance Leadership Teams*
- Implementation target is July 2011 for the following services:
  - Cluster locations defined and district nursing, allied health and NGO services aligned
  - Practice and mobile nursing roles clearly defined
  - Care managers employed and non-complex NASC model for region developed and staff in place
  - Opportunities for co-location and joint working identified
  - District Support & Development Unit (DSDU) model developed and staff in place.

#### Discussion

- Miss Bourke asked whether the agencies involved would be able to access the InterRAI tool to see what had been arranged. Ms Perry responded that there were different levels of InterRAI assessments and the project will be looking at this issue. However, the InterRAI was not expected to be implemented until 2011/12.
- Dr Catt commented on the need to establish where the over 75s were living and which General Practitioners would have over 75s in the cluster.

He suggested contact the Midlands Health Network as much of that information was available.

- Mrs Eagles noted a concern with the model was that the clinical overlay would affect how the service was delivered and those who were currently receiving support two or three times a week for mostly social reasons could lose out. Ms Perry responded that it was understood the InterRAI model looks at the social indicators, not just clinical needs. Mrs Boardman commented that the aim was to focus on the needs of the client and it was not just a medical model. It would focus resources on those with the greatest needs.
- Committee members suggested a number of useful contacts for the project and Ms Perry undertook to follow these up.
- Mr Ballantyne asked whether the InterRAI would be rolled out universally or just as new clients are identified and Mrs Boardman responded that the system would be rolled out in a phased way; it would be used for new clients and for existing clients when they were reassessed.

#### Resolution

*That the Community and Public Health and Disability Support Advisory Committees receive and note the report and attachments.*

*Eagles/Leatherby  
Carried*

#### **618.0 Chief Advisor Māori Health Report**

Ms Henare took report as read, highlighting:-

- Oranga Kai Oranga Pumau (OKOP) / Community Action projects are progressing well with the first OKOP steering group meeting scheduled for January 2011.
- Whakatipuranga Rima Rau (WRR) project coordinator has now commenced. This Maori Workforce project aims to create employment opportunities for 500 Maori over the next ten years and there are a number of projects supporting this goal.
  - A pledge of \$100K per annum for two years has been received from the TSB Community Trust and an additional \$30K has been pledged from the Kia Ora Hauora Midlands hub.
  - Planning is underway to implement the Incubator programme in five additional secondary schools in 2011, and 60 health professionals have been engaged as mentors for the programme.
- Te Whare Punanga Korero (TWPK) has created a forum to discuss Whanau Ora strategy principles and has reached a point where the work can now be closed
- The increase in presence of the Kaimahi Hauora at Hawera Hospital continues to have positive spin off and is supporting patients to make better use of primary care.

#### Discussion

- Mr Ballantyne asked for clarification on the pledge from Kia Ora Hauora Midlands hub. Ms Henare advised there had been a funding under-spend last year and it had been agreed this should be split between Taranaki and

Tairawhiti in view of the significant progress being made in workforce development in these regions.

- Ms Leatherby asked whether the community action projects would lead to improved nutrition and a reduction in obesity. Ms Henare responded that there were some shortcomings but the projects had not started out with that in mind.

Ms Leatherby commended the training provided at Whakaahurangi Marae and noted that participants would be able to attend further training leading to a NZQA qualification and asked how many participants had enrolled. Ms Henare was unable to provide numbers but there had been significant interest from the participants.

Mrs Wellington asked how people had reacted to the workshop and was advised it had gone very well and that people had responded well to being engaged. They will be able to utilise their training as Trainers to others in their areas.

### Resolution

*That the Community and Public Health and Disability Support Advisory Committees receive and note the report and attachments.*

Ryder/Leatherby  
Carried

## **619.0 Other Business**

### 619.1 Child and Adolescent

- Dr Catt spoke to this issue, noting that the DHB has a strong focus on the elderly population and asked whether the Planning and Funding team could be asked to look at the health of the young people in the community – where we are at, where there are gaps, and what we should be looking at moving forward. He suggested there was a need to discuss altering the spectrum, because children do not have a voice.
- Mrs Boardman advised that, over the last 5 or 6 years, Taranaki DHB, along with a number of DHBs, had commissioned the Paediatric Society to undertake a detailed health needs assessment of children and young people in the area. The latest report had recently been received and Mrs Boardman undertook to provide a summary of that report to the Committees at the next meeting.

### 619.2 Committee Feedback

At the October meeting the Chairman had asked that members consider whether the combined Community and Public Health and Disability Support Advisory Committees was effective and whether the combination was assisting with engagement of the Maori and Disability communities. Dr Gilkison was now seeking member feedback on this issue and noted there were strong reasons for combining the two committees and that Taranaki was not the only DHB to have done so.

- Mrs Boardman was asked to provide background and responded by advising that, under the New Zealand Public Health and Disability Act there is a requirement for two committees: one with a focus on public health, health needs and funding of services for the population; and the other with a focus on services for people with disabilities for whom the

DHB was responsible. These were people with severe mental illness and those over the age of 65 years with disabilities. There is a considerable overlap between the reports to the two committees and, in the past, there was a tendency for duplication in the papers brought before each committee. In particular, there was not much to report to the Disability Support Advisory Committee and, as a result, a decision was made by the previous Chairman to combine them. This was felt to be a good move as members would develop a better understanding of the funding requirements, which affected service provision for people with disabilities..

- Mr Mathieson supported the combined committees and felt this provided the members with a regional view of health. He commented that the reports received were comprehensive and easy to understand.
- Mrs Wellington stated she believed the combined meetings were excellent and allowed members to hear both sides. However, she felt there was a gap where people with disabilities did not have a voice and wanted to ensure that provision is made for this in future meetings.
- Mr Tamatea agreed and commented that, if the meetings were well run there would be time and opportunity to put disability issues before the committees. He felt that Project Splice would assist with this.
- Mr Ryder commented that he was pleased with and enjoyed the holistic view. He noted that public health was being well handled and there was an opportunity for committee members to question delivery of the data and for members of the public to put their views forward.
- Ms Leatherby supported Mrs Wellington's comments and felt there could be an opportunity for something more to be put on the agenda for those with disabilities. She commented that the reports were easy to understand and felt that the combined committees worked well together.
- Dr Waghorn advised he had given this issue some thought and had decided to be guided by other members. However, he would support meeting together but that a time should be set aside in the meetings to concentrate on and give greater emphasis to disability support.
- Mr Gibson, a member of the public, was asked if he wished to comment on this issue. He responded that, as a member of the public, his view was that mental health for disabled people was not discussed at these meetings. There had been more discussion on mental health issues prior to the amalgamation of the committees.

Mr Gibson stated there was a large population with mental health issues and people who suffer mental health do not feel they have a voice. In particular, he felt South Taranaki was losing out. Over the years there had been a dearth of people who were interested in mental health. People, especially older people, tended to be more concerned with their health than with anything else and he was happy to continue being a voice for those who suffer with mental health issues.

Dr Gilkison assured Mr Gibson that his comments would be taken back to the DHB to reflect on these issues.

### 619.3 General business

- Mr Ballantyne sought further clarification around the denominator for Diabetes Annual Review and Dr Catt advised that the measurement denominator did not actually reflect the true number of people with

diabetes in Taranaki. As a result the DHB was well over target but, overall, Taranaki is doing very well and there had been good support from the Primary Health Organisations.

- Ms Leatherby asked for clarification regarding continued membership of the committees and Dr Gilkison responded that the current members would meet again in February and asked Mr Foulkes to provide further information.

Mr Foulkes advised that the non-Board members would continue in place until March 2011 and that the new Board would be considering the process and how best to engage the skills that would be required beyond those of the Board members of the committees.

- Ms Leatherby raised the issue of sewerage in Waitara and advised there was a march planned from Waitara to New Plymouth to raise the issue with the New Plymouth District Council. Dr Gilkison advised that the Medical Officer of Health, Dr Greg Simmons had been asked to present to the Committees at a later date and his presentation would incorporate these issues.

Mrs Boardman confirmed that quality of water was known to have a negative impact on public health and the Public Health Unit had a role in monitoring water quality.

- Ms Leatherby put forward her apology for raising an issue at a previous meeting which had been taken up and out of context by the media and asked whether the media attended every meeting. Dr Gilkison responded that the meetings were open to the public and also to the media and could be reported on.

Miss Bourke commented that this was an interesting point and had been discussed by the Board. The media will always attend the meetings and will sometimes misconstrue the discussion but there was nothing that could be done to avoid that.

### **620.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday, 22 February 2011 – New Plymouth.

The meeting closed at 12.00noon with a karakia.

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Chairman

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Date