



## **COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES**

### **MINUTES – PUBLIC - unconfirmed**

**Tuesday 16 December 2008**

**10.00am**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present**

Flora Gilkison (Chairman), Alex Ballantyne, Karen Eagles, Jenny Nager, John Young (ex officio) (Board Members), Donna Leatherby, Brian Mathieson, David Tamatea, Tom Ryder, Tony Waghorn (from 10.25am), Marion Wellington (co-opted members)

#### **In Attendance**

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning Funding & Population Health), Christine Henare (Chief Advisor Maori Health), Joy Farley (General Manager Hospital and Specialist Services), Sue Carrington (Communication Advisor), Pamela Hikuroa (PA to Board), Ramon Tito (Kaumatua)

#### **493.0 Declaration to Open the Meeting**

The meeting was opened with a karakia at 10.00am

#### **494.0 Apologies**

Tony Ruakere (Board member)

#### **495.0 Conflicts of Interest**

The following new interests were declared:

D Leatherby	Trustee Health Promotion Forum of NZ Trustee Karangaora Inc
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M Wellington	Member Brain Injury Committee, Taranaki
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#### **496.1 Public Comment**

496.1 Andrea Corbett, Positive Aging Trust

Expressed concern at the \$326k underspend on care and services for elderly noting that the Board and Committee were focusing on Maori health, mental health as key areas for funding.

The Chairman thanked Ms Corbett for her comments and advised that the matter would be covered as part of the General Manager's report.

#### **497.0 Presentation**

Brian Gubb, Portfolio Manager, Senior Manager Performance and Contracts, and response for the Mental Health Portfolio in the absence of a Portfolio Manager.

##### Blueprint Funding 08/09

- Dedicated to NGO sector for 2008/09 to build capacity and sustainability
- Identified targets:
  - Child and Youth
  - Older Adult
  - Supported employment
  - Supported accommodation
  - Outreach rural/supporting families
- Currently contracting for those services and rolling out contracts

##### The Big Picture – Te Kokiri

- 10 leading challenges –
  - Promotion & prevention
  - Building mental health services
  - Responsiveness
  - Workforce and culture for recovery
  - Maori mental health
  - Primary health care
  - Addiction
  - Funding mechanisms for recovery
  - Transparency and trust
  - Working together
- Need to balance inputs and outcomes

##### Regional Work Toward meeting Te Kokiri and Te Tahuu Challenges

- As DHB we work with Midland DHBs to meet needs
  - Adult Forensic Services  
Provided across Midland Region  
Working towards development of Facility Business Case – being led by Regional Services Director  
Needs and what need doing reviewed
  - Youth Forensic Services  
Undertaken gap analysis across Midlands to help inform Ministry on way forward  
Have provided Ministry with some very interesting information which had not previously been considered when developing a service model
  - High and Complex Needs Facilities Proposal  
Being considered by General Managers

- Eating Disorders  
High profile nationally  
Midland region undertaking work on eating disorders and how use our own local clinicians and link into regional network and also tertiary services in Auckland  
Working through training support and development from the tertiary services and what services we need to purchase for inpatient services in Auckland when have severely ill patients  
Liaison roles locally to support local clinicians to gain greater understanding and management of the disorder.
- NGO Programme PRIMED  
Accumulation and collection of information in electronic format for reporting  
Significant when consider number of NGOs across Midland region and also a national issue
- Workforce Development  
Remains an area targeted  
Continue to struggle with employment of suitably qualified personnel

#### What Needs to Happen Locally

- Looking for movement from predominantly residential bed based NGO sector to a person-centred service based on the specific individual needs of the consumer
- Want to move forward for clients and identify education, employment opportunities
- Developing new understandings and relationships around provider arm and NGO, and NGO to NGO to work collaboratively.
- Developing new memoranda of understanding and service level agreements to reflect changes.
- Sustainable workforce – need to identify issues and address
- Know capabilities and what is expected from basic care giver, registered nurse or social worker so common understanding when provider arm discharges client and all have confidence that patient will be managed appropriately
- NGOs must have appropriate IT Technology support to roll out reporting requirements
- Use of innovations to drive practice change, eg using information gained from PRIMHD (programme for the integration of mental health data)

#### PRIMHD

- Data collected will assist in improvement of health outcomes
- Very large project being rolled out in phases
- Involves all NGOs

#### PRIMHD Benefits to the Sector

- Fully integrated system for mental health so can talk same language

- More transparency
- Will asst contract relationship enhancement through regulation evaluation and annual cost reviews
- Increased visibility of collaboration across the continuum of care
- Improved stability for the workforce and patient trust in the skills of the workforce

#### Sector Changes

- Need to enhance regional collaboration across Midland DHBs
- Taranaki DHB has lead roles in some services
- Involvement of Local NGOs and consumer groups providing input and advice to regional forums – should not understate
- Changes to service specifications with local input to provide more sensible monitoring/reporting templates to show outcomes rather than inputs or outputs
- Contracts reflecting that situation

#### Where to Next

- Appointment of Portfolio Manager essential to enhance the capacity and leadership of the sector into the future
- Redefine role/makeup of Local Advisory Group (LAG) to provide support for the Portfolio Manager
- Revisit model of care for Mental Health Services of Older People
- Ministry revising mental health services for older people and health of older peoples portfolio
- Looking at how aging clients with mental health illnesses and how best managed – mental health sector or older persons sector with dementia. Desire to manage client with wrap around services rather than put in to boxes and funding streams.
- PRIMED roll out for NGO sector
- Implementation of community supported living model - with leadership and support for portfolio and LAG. Has been put on hold until appointment of Portfolio Manager

#### Discussion

The Chairman thanked Mr Gubb for the presentation and noted that this was a very complex and diverse area. She also thanked him for outlining clearly what was happening, where going and how trying to improve the service.

General discussion took place around the presentation with clarification being sought on a number of areas.

In discussing the national review of mental health services for elderly with dementia the question was raised as to whether Taranaki had sufficient facilities to cope with the growing number of people. Mrs Boardman advised that in terms of residential facilities for dementia there were sufficient beds but not necessarily in the right place, with spare capacity in North Taranaki, no dementia beds in Central Taranaki and at full capacity in South Taranaki. Currently planning to initiate discussions with providers around willingness to increase the number of dementia beds in South Taranaki and potentially Central Taranaki.

Committee members referred to training and whether disability training was covered for people looking after patients with mental health and other disabilities and management was advised that it was understood the WITT course was being discontinued. Mrs Boardman undertook to provide feedback to the next meeting.

#### **498.0 Minutes**

##### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held 28 October 2008 as a true and correct record.*

*Mathieson/Nager  
Carried*

#### **499.0 Chairman's Report**

The Chairman referred to the Taranaki DHB's Annual Report and the media coverage of activity from Hauora Taranaki PHO and felt that it was opportunity for stop and reflect on what was being done, the diversity and innovative ways the work was undertaken and the collaboration with both the community locally and regionally and to see that a great deal has been achieved by the community as a whole and congratulate ourselves.

Highlighted the success of joining the Community and Public Health and Disability Support Advisory Committees but noted from the presentation on mental health that there was still considerable work to be undertaken.

The reports also clearly showed the level of funding received, where it was spent and who received the funding.

##### Discussion

Questions were raised around residential care and home support funding. Mrs Boardman advised that apart from palliative care these services were demand driven and in effect if a person met the criteria for access to the service then the DHB provided the funding. This therefore required an estimation of anticipated demand to be made at the time the budget was prepared. This estimate was based on population trends and the level of demand over the previous three years. To answer the concern raised during public comment, the underspend in this area was due to an over-estimate in the budget where we assumed growth in the use of the service would be greater than has actually been seen. The demand will continue to grow and if we look out 20 years the population over 65 and over 85 will increase significantly, but interestingly the increase in Taranaki will not be as great as in other areas of the country.

Questions were also raised around the additional funding for Maori held and where this was shown in the accounts. Mrs Boardman advised that it could be seen in the pie-graph at \$2.2m, this was the total Maori specific health spend plus an additional \$500k planned for that year. The \$3m additional funding was to be made over a period of three years and the amount in this area will increase next year.

A question was raised around the demand for home care for people with disabilities and in particular whether there had been an increase in the aids required. Mrs Boardman advised that the DHB funded home based support

for over 65s and there had certainly been an increase in this area, however the Ministry was responsible for young people with disabilities and she was unable to advise whether funding had been increased in this area. Mrs Boardman undertook to provide advice on the increase in demand for home based support for over 65s over the previous year and the level of assistance for aids at the next meeting.

It was noted that over 4,000 people had used the bus between Hawera and New Plymouth over the financial year which was a pleasing figure.

Committee members noted that there were 13,000 call outs for ambulance services over the year and questioned whether this was considered 'normal'. Ms Farley advised that ambulance volumes were increasing in terms of number of call outs and there were many reasons for that and was one of the issues being considered as part of the after hours strategy which was being led through Planning and Funding. This work was looking at how to develop the ambulance service particularly in view of Ministerial Reports and Select Parliamentary Reports. The service was coping well with the demand but as part of the after hour strategy one of the questions identified was whether the ambulance service was the best provider for some of the calls particularly in relation to rural access. Ms Farley believed that the DHB could be very proud of the ambulance service but acknowledged constraints on the operating environment around after hours care and expectations of the community. Ms Farley also referred to the important voluntary workforce highlighting that the ambulance service, like the fire service, had a significant voluntary component and some of the work being undertaken around workforce development was looking at the role of voluntary workforce.

Discussion took place around the school dental programme with it being noted there were over 18,000 children enrolled and questions being raised over workforce issues. Ms Farley advised that the dental therapy workforce and dental workforce was struggling with the aging workforce with the number of people being trained and coming through the system not matching that required and focus moving forward was on how to attract people to this area. Clarification was also sought on whether the 18,800 children enrolled in the school dental service also included adolescents. Mrs Boardman advised that the enrolments related purely to the school dental service and advised that the number of adolescents enrolled would be advised at the next meeting.

## **500.0 Management Reports**

### **500.1 General Manager Planning Funding & Population Health**

Mrs Boardman took report as read, highlighting:

- Health support services for dioxin exposed people  
Final meeting of the advisory group convened to help with roll out very positive. 745 people processed by Ministry of health and of those 665 applications came from Taranaki. Vast majority came through one stop shops set up to enroll people in the programme. Anticipated that in June would be reviewing outcomes of the wellness checks and whether people satisfied with them, proportion of people actually had the checks and then assess whether there was a need to do anything more. Very good example of how to put support services in to place
- Embarking on work with the Ministry of Health around developing a Public Health Strategic Plan for Taranaki. Local public health funding is provided

directly by the Ministry and they collaborate and co-ordinate with the DHB around planning and funding activity to align agreed best way of ensuring everything knits together well and it is the intention to establish a Public Health Strategic Plan that will sit alongside the DHB's DSP to address population health initiatives and support delivery of strategic aims largely around chronic disease and reducing inequalities.

A meeting has been held with the Ministry, Chief Advisor Maori Health and GM Planning, Funding and Population Health to discuss how to move forward. Input from across the health sector, regional and local authorities and wider stakeholders will be sought.

It is planned to have the Public Health Strategic Plan completed so that when the new public health unit contract comes into force in June it is aligned with the DHB's plans. The plan will be evidence based and uses best delivery for population health initiatives.

- Funder Financial Performance

Figures relate to October due to timing of the December meeting

Funder position for 5 months to end of October shows surplus of \$2.276m against budgeted surplus of \$132k.

Positive variance of just over \$2m made up of:

Underspend personal health service \$1.6m

Mental health service \$158k compared to deficit, expected expenditure to remain close to budget over coming months.

Population Health small surplus.

Surplus in health of older people a result of growth not being at the level we had anticipated it would be. Budget is forecast in January for the year based on previous years and also taking into account demographics.

Surplus of \$99,000 in Maori Health compared to budgeted deficit of \$330k.

NGO sector positive variance \$433K as expenditure had not reach anticipated level

## Discussion

Clarification was sought around the planning for the Older People Workshop with Mrs Boardman advising that the workshop was planned to be held in March 2009. This was a key piece of work and invitations would be sent to a wide range of stakeholders around the province.

Discussion took place around the Public Health Strategic plan and questioned whether the plan would also include the NGO sector. Mrs Boardman advised that the Ministry wished the plan to apply to all providers of services including NGOs.

With respect to future reporting on public health work Mrs Boardman advised that her report covered DHB activity.

Mr Waghorn referred to a lecture given at the Thursday Grandround by Dr Pat Bolton who reported a sudden and alarming increase in rates of gonorrhoea and advised his concern that there was no preventative programme in place to try and reduce the incidence.

Mrs Boardman advised that discussions had been held with Dr Bolton and advised that the DHB funded the sexual health service of the provider arm through the service level agreement, with the PHOs having sexual health programmes in place. She agreed that this was an issue which required further discussion on how to move forward and how prioritise for example

increased efforts around gonorrhoea as opposed to or alongside increasing efforts to reduce the rate of chlamydia which was also increasing. This needs to form part of the discussion we have moving forward around what we can do within the funding available.

Clarification was sought around additional elective activity and the concern outlined in the report on under delivery of cardiothoracic surgery.

Mrs Boardman advised that part of the additional elective activity planned included cardiothoracic activity at Waikato, however at the moment the number of Taranaki patients on the waiting list was quite low so work was underway to determine why and also how to get more people on to the waiting list. This involved ensuring people were comfortable about seeing their GP so the GP was aware they had a problem, GPs refer to DHB, and DHB refer on to Waikato. It was clear at the moment that the pathway from the DHB provider services to Waikato was pushing people through but the question remained as to whether sufficient people were coming into the system.

One possible explanation was that the level of prescribing of statins in Taranaki, which has an influence on cardiothoracic disease, was high and this may be having an impact on the numbers.

Delivery of our elective services plan was a risk because if cardiothoracic surgery was not required and therefore not delivered, the DHB must look at another way of meeting elective targets. This matter was being investigated with the provider arm and other providers.

Ms Farley advised that the provider arm had been requested by Planning and Funding to look at clinical issues around this matter. A cardiologist was engaged with low access practices particularly to investigate this, as it was known from a hospital perspective through acute demand levels that people with unstable angina or factors requiring cardiothoracic intervention were not presenting. Ms Farley also advised that in discussions with Te Whare Punanga Korero around this phenomenon no feedback had been received of overt unmet need in the Maori sector.

Dr Catt advised that one of the things being done by GPs in Taranaki were the diabetes annual reviews and from figures he had seen there was definitely an increase in the prescribing of statins. Concern had been expressed nationally that the diabetes annual reviews had not been delivered but this was certainly not the case in Taranaki which may be one of the factors involved.

#### Resolution

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

*Gilkison/Nager  
Carried*

#### 500.2 Chief Advisor Maori Health Report

Ms Henare took report as read highlighting

- Report undertaken by Berl completed and will be released early in the new year.
- Support earlier comments in terms of Public Health Strategic Development and would be an area the Maori health team would be giving focus to in the coming months.

- Clinical Training Agency reviewed Hauora Maori funding and for first time made significant funding available for non-regulated Maori workforce. Applications went out for first time towards end of November but a disappointing response possibly due to the short timeframe. Working hard to lift participation in the future.
- Whyora website released which provided information about health careers with particular focus on priorities in the Maori Health workforce in Taranaki.

#### Discussion

Discussion took place around the Kaiawhina project with Ms Henare advising that the project was showing considerable promise and the concerns expressed when put in place on the possibility of overload had indeed proven to be the case. As a result the range of support had been refined. There was considerable demand for the service and feedback from the community was very positive.

#### Resolution

*That the Community and Public Health Advisory Committee receive and note the report.*

*Wellington/Leatherby  
Carried*

### **501.0 Other Business**

#### 501.1 Review of District Strategic Plan 2005-2015

- Mrs Boardman spoke to report.
- DHB required to review DSP every 3 years. Purpose of paper is to consider the degree to which current strategic plan is 'fit for purpose'
- Had been awaiting guidance from the Ministry around the review process and this had now been received.
- A meeting had been held with the Ministry and they had clearly advised that the DSP must be aligned with work around the long term sector framework and also have considerable regional focus, which has not been the case in the past with the current DSP being entirely local in its focus.
- In order to have a regional focus considerable work was required to formulate a Regional Clinical Services Plan. Midland region, where bulk of Taranaki hospital services linked for tertiary care, have in the past not had regional plans, but had single service plans, eg cardiac, diabetes plans.
- A Regional Clinical Services Plan would be a requirement in order to go on and produce a DSP with a regional element. It is envisaged that a regional clinical services plan could be produced by June 2010.
- Reviewed the current DSP and note that a health needs assessment was undertaken last year and produced a document called 'Taranaki DHB Health Profile 2007'. This document was consistent with the priorities in the current DSP and in fact from a health needs basis nothing has changed since the DSP was produced, therefore recommend that given the consistency with the current DSP and the health needs of the population, the Committee recommend to the Taranaki District Health Board the current strategic plan be considered to be 'fit for purpose' and they adopt it for period 2009 – 2011.

## Discussion

General discussion with the Committee agreeing with the recommendations. A query was raised around whether the increased birth rate would require any changes with management advising that although the birth rate had increased the effect on services was not material.

## Resolution

*That the Community and Public Health and Disability Support Advisory Committee recommend to the Board that the District Annual Plan 2005-2015 be agreed to be 'fit for purpose' and adopted for the period 2009-2011.*

*Waghorn/Leatherby  
Carried*

## **502.0 General**

Mr Young, Chairman of the Board informed the Committee that along with the other DHB Chairmen he had met with the new Minister of Health who had challenged the DHBs over the deficit in the health sector. Prior to the meeting the Minister had asked all DHBs to provide an indication of their financial position against the DAP. What was disclosed to us all from that communication was that in spite of the Health Sector's DAPs being \$110m over its planned allocation of funds, the deficits amongst all health Boards when they accrued disclosed a deficit increase of \$40m in health sector, amounting to something in excess of \$150m for the current year.

He advised that he was pleased to note that the TDHB position had not changed dramatically and wished to impress on the Committee, together with the Hospital Advisory Committee and the Board itself, the need to support executives in endeavouring to live within our means. It is not going to be easy and certainly the Minister indicated that it will be more difficult in years to come, and had advised that no further allocation of funding would be forthcoming. He had confirmed that the commitments made by the previous Government would be honoured.

As indicated by the Chairman earlier in the meeting, the amount of health funding provided to the province was substantial and it was over to all involved to be prudent and careful in the way we contribute to ensure that our executives can deliver to us a budget that falls within the funding provided.

Tom Gibson

Mr Gibson requested permission for a late public comment and the Chairman agreed in this instance.

Made Reference to the presentation and advised that mental health consumers wanted two things:

- Freedom of movement
- Wanted to be able to grow through the various stages on their road to recovery.

Felt that it was essential for a full time person to be appointed.

Local Advisory Group important to drive initiatives forward. Was pleased to see this matter was being addressed.

He did not believe that services had slipped back over the past 12-18 months but looked forward to seeing progress made in the near future.

The Chairman thanked Mr Gibson for his comments noting that mental health was a very complex and diverse area with Taranaki, like other regions, being faced with workforce shortages.

**503.0 Next Meeting**

The next meeting is scheduled to be held on Tuesday 24 February 2009 12.30pm.

The meeting closed with a karakia at 11.35am

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Chairman

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Date