



COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

MINUTES – PUBLIC

Unconfirmed

Tuesday 18 December 2007

2.30pm

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

Peter Catt (Chairman), Alex Ballantyne, (Board members), Andrew Brock, Tony Waghorn (co-opted members)

In Attendance

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning Funding & Population Health), Christine Henare (Chief Maori Health Advisor), Sue Carrington (Communication Advisor), Pamela Hikuroa (PA to Board)

446.0 Conflicts of Interest

No new interests were declared.

447.0 Minutes

Resolution

That the Community and Public Health Advisory Committee resolve to accept the minutes of the meeting held 30 October 2007 as a true and correct record.

Brock/Ballantyne

Carried

448.0 Chairman's Report

Dr Catt welcomed the new Chairman, John Young, to the meeting advising that he would be an ex officio member of the Committee, and also advised the committee that the Board had three new members, Jenny Nager, Karen Eagles and Grant Knuckey.

449.0 Management Reports

449.1 General Manager Planning Funding & Population Health

Mrs Boardman took report as read, highlighting

- Discussions being held with Ministry of Health and Allen and Clark around the provision of additional health services for people exposed to dioxin. PHOs also involved in discussions on range of services to be provided and how they will be provided. Range of services and eligibility will be determined by the Ministry, not the DHB, and these

matters are not yet finalised. Interim report suggests that the services will mainly be health education, chronic disease management, counselling services. Discussion had taken account Taranaki relatively small DHB and nature of the services provided locally. Discussions also noted that only 60% of people affected by dioxin from the Dow plant still live in Taranaki with 40% now living elsewhere in New Zealand who must also be able to access services in same way. Focus has been around primary care provision of services.

- Oral Health – Taranaki DHB used to co-ordinate regional adolescent oral health co-ordination service. As a result of discussions with Regional General Managers Planning and Funding this will no longer be the case and each DHB will have own arrangements for oral health from December. Intention of Taranaki DHB to retain current Taranaki providers with new agreements being developed.
- Oral Health Procurement Project – This project is being undertaken and led by DHB NZ. Unfortunately process has added at least four months to the initial project plan which has affected Taranaki DHB as we wanted the first mobile available through the national procurement process. It is unlikely that we will have a mobile before May 2008.
- NHS trainee working with Taranaki DHB around after hours project on provision of information about health services and a draft implementation plan has been provided. Will be reviewed in the New Year to take forward.
- RFP advertised for short term emergency placement for people with alcohol and drug problems but no proposals were received. Service currently being delivered by provider arm as provider of last resort. Provider arm sustaining a loss on the service and work is progressing to find a NGO provider to take over the contract.
- Taranaki Nutrition Fund – applications from 16 schools and early childhood education centres received for funding for nutrition activities. Prioritisation Panel has met to assess and prioritise applications.
- Financial position as at end of November 07 - funding position positive result \$2.38m against budgeted deficit of \$1.238, positive variance of \$3.618m for year to date. Mainly due to:
 - underspend in personal health arising from spend on pharmaceuticals being less than forecast.
 - variance in Mental Health which is mainly due to funding carried forward from previous years ring fence requirements.
 - Underspend in health of older people as result of additional spending for home based and residential care. This position is starting to reverse.
 - Maori Health significant underspend related to additional funding available for strategic development and is expected to be spent by end of year.
- Review of assumptions made during allocations for 2007/08 has been undertaken. Aim was to forecast level of uncommitted funding projected to year end. Projected level of uncommitted funding at 30 June 2008 to meet all demands is approximately \$4.5m

- Known demands on funding include potential strategic investments to address district strategic plan priorities, investment to address known risks in existing services, ie double crewing of ambulance, and provider arm deficit which is projected to worsen.
- Estimated funding required in 07/08 for the strategic investments and management of risk issues in the ambulance service is \$1.65m. Worsening financial position of the provider arm, and associated corporate departments, puts at risk delivery of planned activities of 2007/08 DAP.

Discussion

Committee members questioned why no proposals were received for the short term emergency placement for people with alcohol and drug problems with Mrs Boardman advising that in reality only a small number of providers would be able to provide the service. Discussions are taking place within the sector and the provider arm is required to take a proactive role in partnership with organisations as the organisation which takes over the contract will require an agreement with the provider arm to provide specialist aspects of mental health and addiction services and discussions on how the service could be configured are underway. Funding will be at an agreed level.

The Chairman noted that the Ministry was talking about improving GP access to diagnostics and questioned whether additional funding would be provided. Mrs Boardman advised that it was her understanding that no additional funding would be provided.

The Committee requested an update on the number of GPs who opting in to the Under 6s initiative and it was agreed that this would be provided to the next meeting.

The Chief Executive gave an update on the Judicial Review advising that the DHBs had requested a meeting with provider representatives prior to Christmas but this request had been declined. From the providers point of view there was no great imperative to resolve the issue given that they are receiving the funding and would not necessarily wish to see any restrictions imposed around the funds. The providers had confirmed that the funding was being passed on but the DHBs wished to be able to ensure that this was in fact the case.

Discussion took place on the implications of the hospital deficit position and whether this would have an effect on the ability of the DHB to meet the targets associated with the additional elective services. Mrs Boardman advised that she was confident the provider would be able to deliver the level of service required but further controls had been put in place around delivery particularly the services being provided by other DHBs, eg Waikato. Currently Waikato was well ahead of their targets and it had been made very clear that TDHB would only purchase what was planned and previously agreed.

The Chairman referred to issues in regard to health of older people and the problems being faced by rest homes in recruiting registered nurses and queried whether the DHB was undertaking any work in this area. Mrs Boardman advised that this was an area being addressed through the workforce development fund with the recruitment of a nurse educator specifically to look at registered and unqualified nurses working in that sector

and to provide support. Further information would be provided to the next meeting.

Resolution

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

*Brock/Ballantyne
Carried*

449.2 Chief Advisor Maori Health

Mrs Henare took report as read highlighting

- Maori Health Investment Plan Outline
 - Peter Moeahu from Te Whare Punanga Korero was present and noted that TWPK taking a keen interest in the roll out of this strategy
 - There are two priorities that have been discussed and agreed with TWPK relating to building of Maori capacity and developing our own Taranaki version of Kaupapa Maori Service Delivery.
 - In terms of building capacity three key outcomes:
 1. Strong range, quality and cost effectiveness of management support available to entire sector to enable them to participate
 2. More resources targeted to a strong Maori provider network
 3. Increase capacity of hapu and iwi to be involved across much broader spectrum of activities
 - Spoke at previous meetings about the Kaiawhina pilot and lot of work being put in currently to getting pilot off ground
 - The plan outlined the areas for investment, and in practice more detail would be developed before implementation.

The Chairman invited Mr Moeahu to address the meeting.

Mr Moeahu thanked the Chairman for the opportunity to speak. He advised that TWPK did endorse the Maori Health Investment Plan and asked the Committee to also do likewise. Mr Moeahu advised that TWPK was aware that the DHB had limited resources. In particular he drew the Committee's attention to item 3.3A2 which referred to the Maori Health Team taking a leading role in the strategic planning and funding agenda of Taranaki Maori health services aimed at reducing inequalities which was a key strategic aspect that needed to be focused on. TWPK was also very supportive of the proposal for a more holistic approach to health and the inequalities that arise from poor housing, education, economic development and those aspects. He referred to comments made at the Disability Advisory Committee meeting by the Chief Executive regarding the work of the Future Taranaki group which was a positive development. The plan gave a clear indication of how we can work together to reduce inequalities.

Dr Ruakere expressed frustration being experienced by clinicians in the Maori health sector with respect to the time taken in the overall sector planning processes. The Chairman noted the frustrations but felt that this was also affected by the capacity constraints within the Maori sector and there was a need to work together to allow the sector to respond in a way which ensures sustainability of the services.

Ms Henare also stated that her team had given serious consideration to the issues and in fact sees the strategy working hand in hand with other activities and projects being put in place through other initiatives, eg the workforce development project which would enable the sector to build capacity and gain greater traction in areas of need.

Resolution

That the Community and Public Health Advisory committee

1. *Endorse the Maori health investment plan as outlined*
2. *Note and accept this report as tabled.*

*Catt/Ruakere
Carried*

450.0 Other Business

450.1 Indicators Quarter 1 2007/08

Mrs Boardman advised that the report provided feedback on Quarter 1 non-financial indicator report. TDHB had received two outstanding achievements, both related to elective service indicators and 16 achieved, 9 partials and 1 not achieved. The partial or not achieved indicators related to data quality issues.

General discussion took place on the report with Committee members noting that the radiation, oncology and treatment indicator was beyond the 8 weeks and queried whether the DHB had any influence over this matter.

Mrs Boardman advised that TDHB had limited influence as the service was provided by MidCentral and advised that the service had been affected by industrial action which had taken place earlier in the year.

Committee members felt that the matter should be highlighted to the Board as an area of concern.

Resolution

That the report be noted and received.

*Ruakere/Ballantyne
Carried*

450.2 Draft District Annual Plan 2008/09

Mrs Boardman spoke to report advising

- Work as commenced on the 2008/09 DAP and preliminary draft had been presented to the Board for support around the approach being taken.
- As last year's DAP was well received decision taken to maintain same approach and update for the activities and targets for the next three years
- Guidance from the Ministry around DAP changed from last year and as a consequence DAP will be less prescriptive.
- Final version of the planning package has now been received and an early version of the Minister's letter of expectation. A further letter from the Minister is anticipated to be received early in the New Year. The letter of will outlined the areas which the Ministers wish DHBs to focus upon. Have assumed that the Minister will continue with focus on chronic disease, children young people, primary health care, health of

older people, infrastructure. If this is not the case the draft will be updated in the light of the letter of expectations.

- Draft DAP has been discussed at the PHO forum and discussions held with Maori provider network on reducing inequalities and activities in this area.
- Hope to be able to have some input from stakeholders around the setting of targets and measuring outputs.
- Feedback from committee members would also be appreciated. If committee members have any feedback to email to PA to the Board by end of January.

General discussion took place on the draft plan with committee members highlighting:

Important to involve clinicians in the implementation of access criteria and concern that this did not appear to be evident in the plan. Mrs Boardman advised that the prioritisation diagram outlined in the plan was produced by the clinicians and acknowledged the comments.

Targets for caries rate appeared to be over-optimistic. Mrs Boardman advised that the draft contained the updated targets from last year's DAP which had been set by the Ministry, but comment will be taken into account when DHB sets its own targets.

Resolution

That the committee provide feedback on the activities identified in the draft District Annual Plan (version 1.0) and appropriate targets to measure success of the planned activities.

*Brock/Ruakere
Carried*

451.0 Next Meeting

The next meeting of the Committee was scheduled to be held on Tuesday 26 February in New Plymouth.

The Chairman extended compliments of the season to committee members and staff.

The meeting closed with a karakia at 3.25pm

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Chairman

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Date