



## COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

### MINUTES – PUBLIC (Unconfirmed)

Tuesday 22 February 2011  
12.30pm  
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), Ella Borrows and Alison Rumball (Board Members), Tom Ryder, David Tamatea, Marion Wellington, and Brian Mathieson (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)

#### 621.0 Declaration to Open the Meeting

The meeting was opened with a karakia at 10.05am. Matua Ramon Tito acknowledged the contribution to the Taranaki community of renowned Taranaki rangatira Matua Lindsay McLeod.

#### 622.0 Apologies

##### Resolution

*That the apologies from Karen Eagles, Colleen Tuuta, Donna Leatherby and Tony Waghorn be received, together with Mr Ryder's apologies for late arrival.*

*Wellington/Tamatea  
Carried*

#### 623.0 Conflicts of Interest

The Register was circulated for updating by members.

- A new interest was declared by Mr Ballantyne – Member E-town Steering Committee
- A new interest was declared by Mr Tamatea – Chair WRR Workforce.
- Mr Tamatea advised he was no longer a board member of Hauora Taranaki PHO Advisory Committee.

The register will be updated accordingly.

### 624.0 Public Comment

Dr Andrea Corbett raised two concerns:

- The care of the elderly is an issue that affects this DHB more than some as the people of Taranaki are ageing at a higher rate than the national average. She commented that discussion around service delivery to the increasing elderly population serviced by the DHB had been going on for at least six years and urged the Committee to keep more than an interested eye on what was happening with Project Splice and ensure that implementation of the first phase in July 2011 does occur.
- Dr Corbett questioned the statement on page 54 of the meeting package relating to the “Management of Sub-acute Medical needs in the Elderly”. She asked that in future this reference should be to ... *streamline the experience of older persons with sub-acute medical needs in the health system*, rather than medical system.

### 625.0 Presentation – Communicable Disease in Taranaki

Dr Gilkison welcomed Dr Greg Simmons to present on the Burden of Key Communicable Diseases in Taranaki. Dr Simmons advised that, as Medical Officer of Health, he has a broad mandate to protect the people of Taranaki. The presentation covered the subjects:

- What are Notifiable Diseases (ND)?
- What the ND surveillance system looks like?
- Why Notify and undertake ND surveillance?
- The epidemiology of some key communicable diseases in Taranaki and New Zealand

Notifiable Diseases are defined under the Health Act 1956 and there is a requirement for medical practitioners to notify (*section 74*) on diagnosis or *suspicion* cases to the Medical Officer of Health. Since 2007 laboratories are also required to notify (*section 74AA*) positive tests for ND.

Dr Gilkison thanked Dr Simmons for his informative presentation.

### 626.0 Presentation – Child & Youth Health Services in Taranaki

Mrs Boardman commented that, at the previous meeting, she had been requested to report on “Children and Young People – The Health and Wellbeing of the Taranaki Population”. The Portfolio Manager Child & Youth had prepared the presentation but was unable to attend the meeting.

- *Baker 2007* was quoted as saying “the health and wellbeing of children and young people reflects the outcomes of very complex and ecological interactions with their environment. Outcomes for our current generation of children and young people will determine the future success or failure of the community and society as a whole”
- There is considerable evidence that exposure to socioeconomic disadvantage during childhood impacts negatively on children’s health and wellbeing, particularly in three key categories: Health and Physical Development; Cognitive and Academic Attainment; and Socio-Emotional Development and Behaviour
- Infant mortality (neonatal and post neonatal) in Taranaki is consistent with the national average. Taranaki has a significantly higher rate of infant mortality among Non-Māori males than nationally.

- Statistics were provided around Antenatal and Neonatal Screening, Substance Use and Mental Health
- Mrs Boardman listed a number of Innovations and Future Directions that had been agreed

Mrs Boardman advised that the information provided had been extracted from reports prepared in association with the Paediatric Society New Zealand, which were available on the TDHB website :

- The Health of Children and Young People in Taranaki
- The Determinants of Child and Youth Health in Taranaki
- Website – [http://www.tdhb.org.nz/misc/document\\_library.shtml](http://www.tdhb.org.nz/misc/document_library.shtml)

Dr Gilkison thanked Mrs Boardman for arranging these two presentations and asked for comment.

### Discussion

- Mrs Rumball noted that there were current measles outbreaks in the Northern region and sought information on immunisation.  
Dr Simmons responded that there was a great deal of information available nationally, and measles particularly was brought into the country through air travel. He commented that, if there was no evidence of an outbreak in the community, it was very difficult to get people to consider immunisation.

### **627.0 Minutes of Previous Meeting**

The secretary was requested to amend Item 617.1 – bullet point one of the minutes to read ... *and Mrs Boardman responded that TDHB had been given approval by the Board to use its discretion for the allocation of up to 10 points.*

### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held 14 December 2010.*

*Mathieson/Wellington  
Carried*

### **628.0 Matters Arising**

There were no matters arising.

### **629.0 Management Reports**

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

- Health Targets:
  - HT1 – Shorter Stays in ED – access for Māori was met in both quarters for 2010/11.
  - HT4 – Increased Immunisation – the DHB was exceeding the national target with significant improvement in statistics for Māori, which was very pleasing.
  - HT5 – Better Help for Smokers to Quit – the DHB had fallen behind and would be focussing on this target over the next two quarters.
  - HT6 – Better diabetes and cardio-vascular services – the DHB did not achieve its target on diabetes management and will be focussing on improving this area in the future.

- Health Promoting Schools – Waitara Central achieved the Heart Foundation’s Heart Start Award for their healthy eating initiatives. Waitara Central is the first school in Taranaki to reach this status.
- Integrated Family Health Centres – the Midland Regional Health Network had signalled a change to their implementation plan for IFHCs. The Network had been looking at similar models of care in the USA and found that it was better to roll out on a locality basis rather than a Practice basis, consequently the roll out will now slip into next year.
- Whanau Ora Contracts – following a very productive meeting with the National Hauora Coalition and the Midlands Regional Health Network Trust, it had been agreed that Taranaki DHB will be the national lead on the Results Based Accountability framework for the integrated contract.
- Funder Financial Performance – current forecast projected a \$6.1 Million surplus for the year, which is below the budgeted surplus of \$6.4 Million.

### Discussion

- Mr Ryder asked whether HT5 – Better Help for Smokers to Quit – was just the DHB or if primary care was included. Mrs Boardman responded that primary care results would only be available in 2011/12.
- Dr Catt noted that the diabetes local target was 83% whereas he, as a General Practitioner within the Midland group, was only required to meet 60%. He commented that the results were a reflection that Taranaki is doing well in this area.
- Mr Ryder noted there had been a report in the media regarding the vision of health care facilities for the elderly, i.e. super services, and asked for clarification on the basic amount of money available per person and whether a person’s personal needs would be part of the payment.  
Mrs Boardman responded that, at present, there were national contracts for aged care services and these contracts state that all providers must be able to provide a basic level of service with no add-ons. If a provider has a contract they can offer extras but these have to be optional. The DHB must offer the basic standard of service but providers have the opportunity to differentiate within the market.  
Mr Ryder commented that this was a growth industry.  
Mrs Boardman advised that there had to be a balance of making it sufficiently attractive to providers but there are safeguards within the system so that there will not be a market at the top end of the spectrum without facilities for the basic services.
- Mrs Rumball commended the achievements in promoting breastfeeding, with both Māori and non-Māori being equal.
- Mrs Borrowes asked for further information on the Waverley Project.  
Mrs Boardman advised this had involved the Public Health Unit working with the Waverley community to identify barriers in access to fresh food, such as fruit and vegetables, in the area. The team was also working with the community to see how these barriers could be addressed.
- Dr Catt noted that Mental Health reported a deficit of \$286K and asked what was expected over the next five months.  
Mrs Boardman responded this could not be achieved for contractual reasons but that plans had been put in place and rigorous processes were being applied.

Mr Foulkes apologised to the Chair for having to leave the meeting early to go to the airport.

629.2 Chief Advisor Māori Health, Ms Henare, acknowledged the contribution of Matua Lindsay MacLeod, who had made a huge contribution to the Taranaki community. He was a respected Kaumatua who affiliated to Taranaki and Te Atiawa Iwi, and was a Director of Hauora Taranaki PHO.

Ms Henare took the report as read, highlighting:-

- Oranga Kai Oranga Pumau (OKOP) / Community Action projects – six applications had been considered by the OKOP Steering Group with two applications approved which were a response to the prevalence of obesity in Māori. Preparations were underway to release the seventh round of applications.
- Whakatipuranga Rima Rau (WRR) – the report summarised achievements of the project and noted that 20 new Māori had been appointed to positions in the Taranaki DHB since March 2010.
- The Ministry of Health's Operational Policy Framework for 2011/12 requires that all DHBs provide a Māori Health Plan to identify Māori health issues, describe what is being done about them and how the DHB will measure progress towards improving Māori health and reducing health inequalities.

#### Discussion

- Mr Ballantyne sought clarification on the confusion around the various whanau ora approaches and asked for details of the problems.  
Ms Henare responded that these related to the number of projects that had been ticked and being unable to understand how they would fit into the whanau ora outcomes.
- Mr Ballantyne asked for clarification of the South Taranaki project that Jackie Broughton will be working on.
- Mrs Boardman responded that the DHB was working with the South Taranaki community around health services, how they were perceived and what would be important in services for the future. It was hoped the project would be completed by end June 2011. This was the first time the DHB had engaged at that level with the community. The DHB would be engaging with groups with expertise, such as clinicians, all community groups within South Taranaki and would engage with older peoples groups, youth groups and Māori.
- Mr Ryder commended Ms Henare on providing statistics of the people being represented in the workforce.
- Miss Bourke commented on the Whakatipuranga Rima Rau (WRR) initiatives and the example of two Government departments working together to strengthen the breadth of perspective and influence around the project moving forward. She saw this as an important example for Whanau Ora and of people achieving good outcomes.
- Ms Henare commented that this was seen as a good development in Taranaki of how the resources coming into Taranaki can be leveraged to get the best outcomes for our people. Feedback received had been that this was an innovative approach in Taranaki.

- Dr Gilkison commented that these initiatives had started off well and commended the project.

Resolution

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

*Mathieson/Rumball  
Carried*

**630.0 Other Business**

630.1 Clinical Project Group – General Manager Planning Funding & Population Health, Mrs Boardman, took the report as read, highlighting:-

- The Planning & Funding Clinical Project Group had been established to change the way in which funding was allocated. This vote health funding had previously been allocated based on historical decisions to ensure stability in the sector, rather than what should be spent for the needs of the population.
- The Group members were all clinicians with the exception of the Facilitator and the General Manager, Planning Funding & Population Health. However, the Group could not grasp conceptual ideas so had focused on six areas. The business cases had been commissioned and were presented back to the Group for approval. The Group had accepted the recommendations, and these were then put forward to Planning & Funding.
- The work streams identified were:
  - Reducing Pharmaceutical Wastage
  - Access to Immediate Non-Emergency Care
  - Management of Osteoarthritis
  - Management of Sub-acute Medical Needs in the Elderly
  - Mental Health access to primary care counselling
  - Child and Adolescent Obesity
- The recommendations had been built into the planning for 2011/12 and the Group was keen to regroup later in the year to consider further changes for next year.

Discussion

- Dr Gilkison commented that was an excellent piece of work and commended the Planning & Funding Clinical Project Group for its work.
- Mrs Wellington spoke to the Child and Adolescent Obesity work stream and asked whether it would be easier for patients to access, for example as a one stop shop?  
Mrs Boardman responded that it would and that there was a link that would make access easier, with a coordinator to work with obese children.
- Dr Catt noted that mention had been made of the Group being unable to look at the overall perspective and asked whether the DHB would be considering leadership training for the clinicians.  
Mrs Boardman replied that this would be looked at next year. Clinicians did not know how the bigger system worked and some specific leadership training would be required.

630.2 Māori Health Plan – Chief Advisor Māori Health, Ms Henare, took the report as read, highlighting:-

- District Health Boards are required to have a Māori Health Plan (MHP) for 2011/12. The Ministry of Health's Operational Policy Framework requires that all DHBs provide a MHP to identify Māori health issues, describe what is being done about them and how the DHB will measure progress towards improving Māori health and reducing health inequalities
- Bay of Plenty and Lakes DHBs have been pilot sites for MHP development over the past six months and many useful tools and frameworks have been developed that can and will be adapted for Taranaki, with their approval.
- The MHP template consists of a number of national indicators, regional indicators and local indicators.
- Te Whare Punanga Korero has an important role in the process and will be asked to endorse the Plan before going to the Board for approval.

#### Resolution

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

*Mathieson/Rumball  
Carried*

#### 630.3 General business

- Mrs Rumball sought clarification on the community members of the Committees and Dr Gilkison advised these appointments were being discussed by the Board.  
Miss Bourke advised that the Board would be discussing a paper on the appointment of community members at its next meeting on 10 March 2011.
- Mrs Rumball noted that many people did not know who were the community representatives on the Committees. Nor did they understand the calibre and breadth of knowledge in the community and she wished to state how impressed she was.
- Mr Ryder asked whether the Stratford Health Centre was running and was advised that it was, with three General Practitioners already there and official opening was now awaited.

#### 630.4 Outgoing Members

- Dr Gilkison took the opportunity to thank the members of the Committees for the work they had done and the knowledge they had brought to the Committees over the last three years. She noted that a number of people had also come from the public to give their views. Dr Gilkison commented that the presentations at the meeting had been excellent and there was a need to consider how these could be made available to more people.
- Dr Gilkison thanked the members for their generosity in devoting their time to the Committees.

#### **631.0 Next Meeting**

The next meeting was scheduled to be held on Tuesday, 26 April 2011 –  
New Plymouth.

The meeting closed at 2.15pm with a karakia.

.....  
Chairman

.....  
Date