



COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

MINUTES – OPEN

UNCONFIRMED

Tuesday 24 April 2007

12.30pm

Corporate Meeting Room 1

Base Hospital, David Street

New Plymouth

Present

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

In Attendance

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

Apologies

Tom Mulholland, Tony Ruakere, Hayden Wano (Board members)

426.0 Conflicts of Interest

The Chairman reminded Members that when attending the Advisory Committee meetings must act in best interests of the DHB and leave any outside interests behind.

No new interests were declared.

427.0 Minutes 27 February 2007

Mr Brock advised that he felt that he comments regarding the Prioritisation Policy did not reflect that a key point in his comments was that he did not believe that the tool had been developed enough to be passed on to the Taranaki District Health Board.

The Chairman noted his comment.

Resolution

That the Community and Public Health Advisory Committee resolve to accept the minutes of the combined meeting of the Community and Public Health Advisory Committee held 27 February 2007 as a true and correct record.

*Rea/Brock
Carried*

428.0 Management Reports

428.1 Funding, Planning & Population Health Report

Mrs Boardman took report as read, highlighting:

Taranaki Community Oral Health Services

- TDHB's business case had been submitted to the Ministry in November. There were three cases received and as this was a new development there was considerable discussion with the Ministry on the process etc. The DHB has now received an indication of the amount of capital that the Ministry is proposing to allocate. The capital amount is considered to be sufficient but operational funding is considerably less than requested. The Planning and Funding team are looking at how the proposal could be implemented and the timeframe. The team was hopeful that phase one will be able to be implemented as outlined in the plan. Phase one related to the school dental service and the provision of mobile clinics.
- It was noted that considerable discussion would require to be held with communities around siting of the clinics etc.
- The Chief Executive noted that although disappointed that a slower approach would require to be adopted it was pleasing that the DHB was able to be one of the first to achieve approval of its business case.
- Committee members acknowledged the work undertaken by the management and staff in progressing this issue.

Inter-district Flows

- Relates to people from other regions being treated by our Hospital Services and outflows from Taranaki to tertiary centres. There is a problem with information in that an accurate position had not yet been received from the Ministry. It was anticipated that this information would be available in June. This created an issue for the DHB as we had signalled in our 2006.07 district annual plan that we would be looking at improving the secondary services able to be provided at Base. As far as we are aware this initiative has been successful but will only be confirmed when the accurate figures are received.

Close Control

- This national initiative was introduced as cost saving measure. National average for close control was 16% but in Taranaki was 21%. We are well above average and have four pharmacies above 50% in terms of close control.
- Considerable savings could be achieved, eg if Taranaki reduced to 21% nominal saving of \$630,000-\$670,000. If Taranaki was to achieve the National average, the nominal saving would be between \$890,000-\$910,000. This highlights why the DHB puts lot of importance on this issue.
- Also highlights the need for continuing education targeting the three players, ie patient/general practitioner/pharmacist.
- The Department was also looking for more accountability through the PHO Agreement.

Elective Services

- Indication from Ministry of desire to deliver 10% elective volumes for next year and the in discussions with Hospital Services a draft plan had been prepared outlining the surgical services to be targeted. These services had been identified within the DHB's strategic plan.
- A number of these services would require to be undertaken at tertiary centres.

Funding Position

- Overall position to date positive variance of \$2 million against budgeted deficit \$705,000. \$2.75m better than budgeted position to date. Results largely due to additional revenue received offset by repayment of the aged residential care which was expected.
- Year to date position if anything expect to improve as consequence of the reduction in IDF outflows.

Ministry Feedback on Annual Plan

- Feedback had been received in the form of red and green issues. Red issues required the DHB to comply.
- Did not expect any problem in complying with the issues raised.

Discussion

Considerable discussion ensued on close control with a view being expressed that many rural pharmacists believed that this system would result in financial difficulties for the pharmacy particularly in rural areas. Mrs Boardman agreed that this was the perception but if additional funding was required to survive it was not the correct methodology. A rural premium for pharmacies was available and the pharmacies in question were not all rural. The rural premium was based on similar criteria as for GP rural ranking who struggled with the same isolation factors. The DHB had provided a commitment to six rural pharmacies over the next five month period.

Questions were raised cervical screening with Mrs Boardman advising that the results achieved for Taranaki were appropriate for the area. The number of smears taken depends on the population served.

In response to a query regarding the costs of this service Mrs Boardman undertook to provide the information to the next meeting.

Discussions took place around the National Immunisation Register and whether the system was functional. Mrs Boardman advised that the system had had a number of problems but these were now overcome and there were no problems with the quality of the data or the ability to retrieve the information.

General discussion took place around mental health and the proposed changes to Community Support Living Services.

Discussion took place around the budgeting difficulties facing the DHB and the necessity to keep some funds in reserve due to the provider arm deficit which affected investment in other areas. Mrs Boardman advised that these issues were considered by the Board at the commencement of the financial year when the funding package was allocated to the various areas. This also included provision for pharmaceuticals and the provider arm was also the provider of last resort. Previously the DHB received transitional funding but from the 07/08 financial year this will not apply and inflationary increases across the sector, but until the provider arm is on a financially stable footing

the DHB must cover the risk as we are a single organisation. The provider arm continuous to be very active in reducing costs wherever possible.

Resolution

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

*Brock/Waghorn
Carried*

428.2 Maori Health Report

Ms Henare took report as read and highlighted the following:

- Memorandum of Understanding with Te Whare Punanga Korero due to be reviewed. Not anticipating many changes.
- Workforce Development – small but significant things being undertaken. Currently raising people's awareness of vacancies existing in the DHB and encouraging Maori people to consider the DHB as a career opportunity. There has been some success in this area.
- Reviewing DHB service training programmes and taking the opportunity to share the Maori Health Plan with staff around the DHB.
- Health Audit Framework (He Ritenga) – this tool will guide the sector in terms of Maori responsiveness and we are seeking assistance from the Bay of Plenty District Health Board who developed the tool. The tool is to be implemented in the DHB as part of the Maori health group's quality improvement objectives.

Discussion

General discussion around the collection of ethnicity data with the Committee being informed that data collection had commenced and information would be able to be generated for the next planning round.

It was the intention to roll-out the DHB's protocols through the NGO sector and work was progressing on this matter.

The Health Needs Assessment was to be completed by November so as to inform the 08/09 District Annual Plan. It was the intention for this document to be prepared in such a manner that it was able to be updated easily and therefore becoming a 'living' document.

Considerable discussion took place around what constituted Maori Health Spend with concern that a clear directive had not been received from the Ministry.

Ms Henare advised that for the next DAP she was confident about the way the Maori Health Plan to reduce inequalities had been incorporated. With the actual spend significant progress was being made in determining the 'grey' areas.

Mrs Boardman advised that the debate on Maori Health Spend was a philosophical one and when talking about Maori Health spend whether you should include purely services provided by Maori providers or the totality of money spent on health care for Maori.

The DHB had adopted the definition espoused in He Korowai organa, the national Maori Health Strategy which related to Maori services providers. It was to be noted that these services were not exclusively for Maori.

The Chief Executive noted that when reading or hearing statistics around the spend on Maori Health it must be noted that the amount does not reflect the proportion of spend in the health sector which Maori people benefit from. Interpretation of such statistics and related comments on them should therefore be made with caution. There is a desire from the Ministry and the DHBs for the basis for the spend to be on a consistent basis and is more about funding a particular type of service that can be accessed rather than funding exclusively for Maori.

Resolution

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

*Rea/Ballantyne
Carried*

429.0 Date of Next Meeting

The next meeting is scheduled to be held on Tuesday 26 June in Hawera.

The meeting closed with a karakia at 1.25pm

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Chairman

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Date