



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC

Unconfirmed

Tuesday 26 February 2008

12.30pm

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

Flora Gilkison (Chairman), Alex Ballantyne (Deputy Chairman), Karen Eagles, Jenny Nager, John Young (ex officio), (Board members), Andrew Brock, Merle Benedixen, Brian Mathieson, David Tamatea, Marion Wellington (co-opted members)

In Attendance

Peter Catt (Deputy Chairman)

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

452.0 Apologies

Barry Whakaruru, Kathy Glass, Tony Waghorn (co-opted members)

Tony Ruakere (Board member), Tony Foulkes (Chief Executive)

Mr Young, Chairman Taranaki District Health Board, advised that the Chief Executive was unable to attend the meeting due to a clash of dates with the National Chief Executives' meeting being held in Wellington and they were meeting with the Ministry of Health today. Due to the challenges facing the DHB the Chairman had requested that Mr Foulkes attend these meetings in preference to the advisory committee.

Resolution

That the apologies be sustained.

*Wellington/Nager
Carried*

The Chairman extended a welcome to those present, noting that this was the first meeting of the combined Committees. Ms Gilkison advised that when first established there were separate reasons for a separation of the committee but seven years on the position had progressed with more funding

being devolved through to the DHBs and therefore in situation of being able to merge the two committees to cover their roles as set out in the Act. Ms Gilkison advised that the decision had been discussed at length with the Chairman and Deputy Chairman of the Board and she was confident that by the two Committees combining there would be the ability to gain a better understanding of how the two areas worked together and would be able to provide improved advice through to the Board.

453.0 Conflicts of Interest

The following new interests were declared.

K Eagles	Husband senior partner Govett Quilliam, giving legal services to Taranaki DHB
J Nager	Daughter-in-law carer at Mary Ann Rest Home Stratford

454.0 Public Comment

Mr Cunningham, Positive Aging Trust.

Mr Cunningham gave an overview of the organisation which was the umbrella body for 33 separate organisations which had a focus on the welfare and interests of older people.

He advised that his organisation would be making a deputation to the Taranaki District Health Board on 11 March outlining the operations of Positive Aging and what the organisation would like to do in the future. In this respect the organisation was interested in the operations of the Committee and other committees within the DHB framework and was also interested in how his organisation could develop its relationship with the DHB and Committees. Positive Aging dealt with a number of officers of the DHB and had been involved in three reports undertaken by the DHB, one in particular being the AGEWell Strategy and they were very interested in knowing progress.

The aging population was going to be a big issue in the future and he felt it important for the DHB to have input from the older population. Members of the organisation were prepared to help and be involved in working with the DHB if the DHB wishes to make use of their experience and skills.

Mr Cunningham thanked the Chairman for the opportunity to speak.

The Chairman thanked Mr Cunningham and looked forward to the presentation to the Board.

455.0 Minutes

455.1 Community & Public Health Advisory Committee 18 December 2007

Resolution

That the Community and Public Health Advisory and Disability Support Advisory Committee resolve to accept the minutes of the Community and Public Health Advisory Committee meeting held 18 December 2007 as a true and correct record.

*Brock/Ballantyne
Carried*

455.2 Disability Support Advisory Committee 18 December 2007

Resolution

That the Community and Public Health Advisory and Disability Support Advisory Committee resolve to accept the minutes of the Disability Support Advisory Committee meeting held 18 December 2007 as a true and correct record.

*Mathieson/Wellington
Carried*

456.0 Management Reports

456.1 Funding Planning and Population Health Report

The Chairman referred to the work programme attached to the General Manager's report which outlined the programme which would be undertaken by the Committee over the coming year.

Mrs Boardman gave an overview of the programme.

Committee members agreed with the proposed programme and it was suggested that the advertisement for the meetings could detail the focus for each meeting.

Mrs Boardman spoke to her report explaining the reasons for the change in structure of the report which was in an endeavour to enable the various areas covered by the committees to be detailed under specific sections.

As this was the first report to the combined committee Mrs Boardman went through the report in detail –

National Policy Initiatives – National Review Carer & Respite Services

- In the Midland region no DHBs provide respite care. Therefore people who do not have a carer are unable to access respite care unless pay privately.
- Anticipate may at some point result in a change to our services locally to reflect whatever national recommendations come out of the review.

Collaboration Across National and Inter-DHB Level

- Taranaki Community Oral health Service Implementation Project
 - Hopeful that Taranaki DHB will receive first mobile unit
 - Competitive tendering process undertaken nationally
 - Although have funding available cannot proceed with purchase of equipment until national process completed.
 - Progressing with Ministry funding for Phases 2 and 3.
 - Ministry requested 10% reduction in overall project costs and recalculation of operational service capacity figures. The revised proposal had been forwarded but we have not yet received official response to the changes.
- Health Target Activities
 - Outlined details of the Government's Health Targets

- Improving Immunisation Coverage
 - Local DHB Target is 88% fully immunised.
 - National Immunisation Register currently has our position at 70%
 - Note of caution here as there are issues around the accuracy of the data on the National Register. Work being undertaken to reconcile the register with information contained on GPs Registers.
 - Believe that when this information is completed it will reveal that our coverage exceeds 70%.

- Improving Oral Health
 - Required to report to the Ministry in Quarter 3
 - Forms part of our DAP
 - Taranaki Community Oral Health Service Implementation Project progressing well and formal report on the consultation will be on web page in near future.
 - Very inclusive process
 - Funding approved to revitalize and change our school dental service. Intention is to not only address needs of children and young people but widen to communities particularly in areas of high need.
 - Consulted with Maori at the moment on the model of service delivery and proposed model
 - Continuing to work with Hospital Provider on how move from current service to new service while still delivering to all children
 - Delays in procurement process will mean time scales originally planned will not be achieved

- Improving Elective Services
 - Information provided for completeness. Performance against these targets reported through the Hospital Advisory Committee.

- Reducing Cancer Waiting Times
 - Refers to patients waiting for radiation oncology treatment
 - At time of reporting met targets for Category A (urgent) and Category B (curative). But was outside target waiting time for Category C (palliative treatment). This position has now corrected and all categories are within the required timeframes.
 - This area is monitored weekly and Provider arm has very good links with the provider – Palmerston North.

- Improving Ambulatory Sensitive Admissions
 - Refers to reducing number of patients admitted to hospital where could have been treated in primary care.
 - DHB meets target overall but continue to improve our performance by implementing new pathways and models of care.

- Improving Diabetes Services
 - Currently quarterly reporting on agreed diabetes indicators is not available across all PHOs due to systems and contractual issues.
 - Agreement on the provision of annual progress reports was agreed between the PHOs and the DHB for the 2007/08 DAP.
 - All Taranaki PHOs and the non-aligned GP have contract for diabetes annual review and is a core part of quality work by PHOs
 - Reassure committee that community working well in this area.

- Improving Mental Health
 - Relapse Prevention Plans
Partial achievement.
Have made progress towards target which is planned to be achieved June 2009
Work underway to address data capture issues and enable routine monitoring.
Discussions underway to refine criteria applied for this target as not all long term clients require a Relapse Prevention Plan.

 - Short Term Emergency Placement Programme
New facilities recently open which four beds funded but physical capacity available to extended as and when funding permits.
This service was transferred to the Provider Arm as NGO provider unable to sustain service due to staffing issues and concerns around financial viability.
As this is a community service it is the intention to move back to the NGO sector working in collaboration with the Provider.

 - Improve Nutrition, Increase Physical Activity and Reduce Obesity
Outlined initiatives being implemented by the DHB to increase physical activity and reduce obesity.
TDHB staff actively encouraged to participate in the programmes
Work in this area is being undertaken collaboratively with other agencies.

- Reduce the Harm Caused by Tobacco
 - TDHB submitted Draft Tobacco Action Plan to the Ministry
 - Plan proposes developing smoking cessation support in Taranaki as outlined.
 - Move nationally away from raising awareness of dangers of smoke to actual interventions in terms of people stopping smoking

- Local Priorities
 - Older people
 - Outlined 2005-2015 DSP aims, ie older people
 - Healthier and living longer in their own homes
 - Able to participate in family, whanau and community life
 - Fewer are hospitalized
 - Services are appropriate to the needs of older people

Report provided information on progress in this area

Single Point of Entry – key to the AGEWell Strategy.

Option appraisal now being developed for discussion at the next Steering Group meeting

Workforce Development - Director of Nursing has been successful in a bid to workforce development fund for a nurse consultant post which will provide collegial support to nurses in the sector, training, supporting policies procedures, share best practice. Overall aim being to remove perception that nurses working in the aged care sector are isolated. It is hoped that this will make this sector a more attractive to place to work.

Home Based Support Service Provision – DHB's Planning and Prioritisation Panel approved funding for home based support services to be provided by Aged Residential Care Providers in their retirement complexes.

The Ministry used to manage contracts for this type of service but had ceased due to concerns that residents might feel compelled to use the support services offered by the ARC providers which could then result in services only being able to be accessed in urban areas.

View of the DHB is that there are a number of advantages in contracting with ARC providers of residential complexes and the contracts would be such that choice must be made available to any clients. Major advantages include the familiarity of the residential staff and residents and the ability to contract with the residential providers on a quarter hour basis, they know the requirements of their residents and have registered nurse cover which provides help for oversight for home based support services.

Envisaged that this type of initiative will result in increased capacity within the sector.

➤ Children and Young People

Aims within the DSP outlined

Number of meetings held with PHOs and the Taranaki Youth Health Trust Waves, around provision of health services

Funding has been approved through the PHOs.

The three PHOs have collaborated with each providing support, with Te Tihi Hauora O Taranaki PHO overall focus around nursing.

DHB providing support through the PHO to Waves to enable a long term sustainable service to be provided which is integrated in the overall health care provision in line with the Child and Youth Health Strategy

➤ Disability Strategy

DSP aims outlined

Disability Action Plan

Intention to establish a Disability Steering Group to provide recommendations and hope that the group will have wide variety of people on it including, but not exclusively, representatives of various organisations to inform the Action Plan.

- Medicines into Future Project
 - Aim is to make sure that our investment in medicines represents good value for money so people who need medicines have access and there are no barriers to those in need.
 - Not solely about pharmacy, but looking at the health needs of people in our province and how they access medicines and if a problem exists how it can be addressed.
 - Three parts to the project
 1. Analysis of medicine distribution – how does that compare with known health needs
 2. Consumer Survey – looking at patients, pharmacists, doctors view of access to medicines, what is good, what is bad and what could be improved
 3. Potential funding Mechanisms as move forward.
 - Project at national level split into three separate groups.
 - Have been delays in terms of assessing potential funding mechanisms but community pharmacies have indicated happy that the work is undertaken as first envisaged.

- Provision of Services to High Needs Population
 - Key part of the DHB's priorities
 - Agreed to fund proposal by Hauora Taranaki to pilot alternative model of care to provide access to primary care services for high needs populations
 - Expect to be making investments in this area across the three PHOs in the future.

- Public Health

- Gave overview of environmental health issues.

- Patea Fire

- Medical officer of Health and Health Protection Unit involved in the multi-agency response to the fire.

- Medical Officer of Health confirmed safe for residents to return to home, schools and businesses.

- Site under continued monitoring while clean-up process planned and delivered.

Funder Financial Performance

- Funder overall position to date is positive result of \$3.314m under committed against budgeted deficit of \$1.5m
- Year end position forecast to be \$3.8m underspend

Discussion

The Chairman thanked Mrs Boardman for the very thorough report which enabled the Committee to gain a very good understanding of the work undertaken.

Clarification was sought around the immunisation rate and whether the numbers of parents who did not allow their children to be immunised was

available. Mrs Boardman advised that a report is available on the number of parents who opted off the National Register and she advised that this number was relatively low within Taranaki. Further information would be provided to the next meeting.

Further information was requested regarding the oral health bus. Mrs Boardman advised that the TDHB business case was predicated around replacing the current school dental service however with a resource that is not used in school holidays there was obviously potential to increase coverage. It was therefore the intention to look at using this facility for communities which for geographical or financial reasons did not have access to dental services.

With respect to the requested reduction for phases 2 and 3, Mrs Boardman advised that if there was a shortfall between what the Ministry funded and what the service needed, then the additional funding required would go through the normal prioritisation process and weighed up against other strategic priorities.

Discussion took place around the capacity of the Palmerston North cancer treatment facility with the Committee being advised that the DHBs who used this service were involved in discussions on additional investment and capacity issues and very good relations existed.

With respect to the Patea fire, it was noted that the responsibility for the clean-up was not yet clarified and discussions were taking place between Local and Central Government with the possibility that a decision may take some time. Mrs Boardman advised that Dr Hoskins had a statutory role as Medical Officer of Health, along with the Taranaki Regional Council, and that monitoring would continue until such time as the clean-up was complete.

In clarification the Committee was advised that Dr Hoskins had been on site and was leading the Public health response, but unfortunately the DHB did not have any control over press coverage.

Committee members queried the funding provided for Maori Health and whether this was sufficient given the inequalities being experienced. The Chairman advised that the figures provided did not include the total amount of funding for services used by Maori and efforts were underway to provide additional information around the actual total spend.

A request was also made by the Committee to ensure that when initiatives were put in place that the Coastal area was not forgotten for such services.

Mrs Boardman advised that this issue was not lost sight of as in fact the after hours service project had as a key priority services to these areas.

Questions were raised around the standardised disability information. In response Mrs Boardman advised that the proposal was for a standardised set of information around services for people with disabilities to be established to ensure that when a patient was referred to any health service, the needs of that person were clear. This would then ensure that if say an advocate for a person who could sign was required, that these requirements were known and in place at the time the patient arrived for the appointment and therefore access to health services should be easier.

The Deputy Chairman noted the funding made available for youth services in conjunction with Waves and was pleased to see that there was the possibility of this service being extended to South Taranaki.

Resolution

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

*Mathieson/Eagles
Carried*

456.2 Maori Health Report

Ms Henare advised that the Maori Health team was generally an advisory team across all activities of the DHB and in charge of the delivery of a number of projects for which funding had been allocated.

Ms Henare took report as read highlighting

- Additional funding provided for strategic priorities \$500,000 was unlikely to be spent by year end. Assurance had been received that this funding would be rolled over to the next financial year.
- Maori Workforce project – capacity has been an issue in making progress in this area.
- Workforce Development champion commenced work mid January is in process reviewing strategy and will be seeking agreement from the Maori sector to the revised plan in the near future.
- Maori health spend – undertaking an analysis of the DHB spend on Maori Health projects which will be available in the near future. This will relate to spend on Maori projects specifically as opposed to funding for services accessed by Maori and allocated through capitated funds which is much greater.
- Oranga Kai, Oranga Pumau – Healthy Eating Healthy Action – Key priority area for Maori health developing in Taranaki.
- Maori reference group convened to strategise around how assist Maori communities to develop and implement their own initiatives

Discussion

General discussion took place on the report.

Clarification was sought around the Kaiawhina project with the Committee being advised that the project was underway with 2 in South Taranaki one with Ngati Ruanui and one in Manaia and two in North Taranaki, one with Tui Ora and the other at the DHB. Ngati Ruanui had indicated a desire to cover the Patea area in particular.

Questions were raised regarding the locum support. Ms Henare advised that this initiative was due to the difficulties Maori providers, particularly clinicians, had in participating in steering groups, eg HEHA, chronic disease management, due to the need to deliver services. The initiative was for the provision of locum support to enable participation in planning.

Resolution

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

*Wellington/Nager
Carried*

457.0 Other Business

457.1 New Issues

The Chairman asked members if there were any new issues which should be brought to the attention of the Board.

Ms Wellington reported on the Taranaki Regional Council's Total Mobil Scheme initiative for half priced taxi fares to come into effect in April and would require identification cards.

Quarterly Forums are held in Waitara with forum next Monday to be on Home Personnel and Community Safety. All committee members were welcome to attend.

458.0 Date of Next Meeting

The next meeting was scheduled to be held on Tuesday 29 April in New Plymouth.

The Chairman asked Mr Young, Chairman of the Board, to advise around the appointments to advisory committees and the rational for the combining of the committees.

Mr Young advised the rational behind the decision to combine and co-ordinate the meetings of the two committees which would assist with efficiency as much of the business of the two committees overlapped. It was also the intention, if considered necessary, to hold a forum type meeting to discuss disability issues.

Mr Young also advised that a decision on the appointment of the co-opted meetings would be taken following discussions with the Chairmen of the advisory committees and the Chairman and Deputy Chairman of the Board. It was the intention to approach with the skills and interests in areas required. On behalf of the Board the Chairman thanked the co-opted members for their contribution over the past three years and looked forward to working with them all in the Taranaki health sector in the future.

The meeting closed with a karakia at 2.25pm

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Chairman

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Date