



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC - unconfirmed

Tuesday, 28 April 2009

12.30pm

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present

Alex Ballantyne (Chairman), Jenny Nager, John Young (ex officio) (Board Members), Donna Leatherby, Tom Ryder, David Tamatea, Tony Waghorn (co-opted members)

In Attendance

Peter Catt (Deputy Chairman Taranaki DHB)

Sandra Boardman (General Manager Planning Funding & Population Health),

Christine Henare (Chief Advisor Maori Health), Sue Carrington

(Communication Advisor), Pamela Hikuroa (PA to Board), Ramon Tito

(Kaumatua)

517.0 Declaration to Open the Meeting

The meeting was opened at 12.30pm

518.0 Apologies

Flora Gilkison (Chairman), Karen Eagles, Brian Mathieson, Tony Ruakere (Board member), Marion Wellington (co-opted member)

Tony Foulkes (Chief Executive)

519.0 Conflicts of Interest

There were no new interests declared.

520.0 Public Comment

520.1 Dr Andrea Corbett, Positive Aging Trust

Appreciated that the Committee could listen, advise and recommend but could not make any directions.

Noted an AgeWell meeting of the New Plymouth District Council where the afternoon session was hosted by Brenda Hall, Portfolio Manager Older People Taranaki DHB had been advised that a steering group was being set up to look at services for the elderly in the DHB area. Members of Positive Aging Trust hoped that they would be able to be part of that group.

Noted concern about health of older people budget which was \$540,000 underspent and acknowledged that had been advised by Planning and Funding that the home support expenditure was higher than budgeted but there was a continual underspend.

The Chairman thanked Dr Corbett for her comments and asked Mrs Boardman to respond.

Mrs Boardman advised that the expenditure in health of older people area was demand driven and if people met the criteria were able to access services. The budget was set each year based on an estimation of likely expenditure. Pleased to see that the expenditure on home based support services for older people was 21% higher than the previous year and there had been a reduction in demand for aged residential care. The DHB's view was that the two trends were linked, as home based support were enabling more people to stay in their own homes for longer. Therefore the anticipated increase in aged residential care had not occurred.

Mrs Boardman reassured the Committee and the Positive Aging Trust that services are in place for older people meeting the criteria and there was no need to be concerned.

With respect to representation on the focus group the request was noted.

520.2 Mr Gibson – Mental Health Services

Mr Gibson expressed concern that the position of Portfolio Manager Mental Health Services had not been filled and concern that funding for mental health services particularly in south Taranaki was not being spent as a result.

Mrs Boardman advised that an experienced Portfolio Manager, Jenny James, had been appointed to the position and was confident that progress would be made particularly in developing a community supported living continuum.

521.0 Presentation

521.1 Update on HPV Immunisation Programme

Mrs Boardman introduced Ngaio Crook, Project Manager, to the Committee and also advised that unfortunately Dr Hutchinson was unable to attend due to commitments with influenza planning.

Ms Crook gave a presentation on the HPV programme outlining activities at national and local level.

A DVD was also shown which was being used to promote the programme through the high school system.

- Most cervical cancer is linked to infection with the HPV virus and the vaccine protected against the four types of HPV which are responsible for 70% of cervical cancer.
- Smear tests would continue to be encouraged, even for the people who had been vaccinated.
- Aim of the programme was to prevent HPV infections which in the longer term should reduce the incidence cervical cancer
- Programme conducted through two streams, through high schools and GPs.

- In 2009 girls born after 1 January 1990 would be eligible for free vaccine
- On-going from 2009 vaccine free for Year 8 girls as part of the National Immunisation Schedule
- Anticipated majority would be vaccinated through the school programme
- Key priority is for high coverage of Maori due to the higher incidence of cervical cancer in Maori women
- Vaccine Safety – most tested vaccine with clinical trials on 20,000 girls and young women around the world.
- Vaccine licensed in over 100 countries with a number of countries running programmes similar to New Zealand
- Taranaki Programme
- Approximately 5,000 girls eligible for vaccination in 2009 with 578 schools eligible to participate
- On-going cohort year 8 girls – 750 girls eligible
- Current Status – completed dose 1 within school system

Discussion

The Chairman noted that the vaccine provided protection for 5 years and possible more, and asked whether a booster would be required when the girls reach 17-18 years.

Ms Crook advised that the 5 years was indicated as this was where the trial data was at present, but the immune response at the 5 year mark was high and therefore it was not believed that a booster would be required after 5 years.

With respect to uptake of the vaccine, the Committee was advised that numbers had not been finalised at this stage and the biggest challenge was getting the consent form home and then returned.

The Chairman thanked Ms Crook for the presentation.

522.0 Minutes

Resolution

That the Community and Public Health and Disability Support Advisory Committees resolve to accept the minutes of the meeting held 24 February 2009 as a true and correct record.

*Ryder/Nager
Carried*

522.1 Matters Arising

Mrs Boardman referred to the rate of engagement for cardiothoracic services advising that Waikato DHB had engaged external consultants to review referral pathways and patient flows across the whole of the Midland region and the outcome will be reported back to the Committee when completed.

Expenditure on Home Based Support had increased 21% year to date.

There had been no major increase in requests for assistance for aids in the home.

523.0 Management Reports

523.1 General Manager Planning, Funding & Population Health

Mrs Boardman took report as read highlighting:

- Health Advice and Implementation Planning Project – work on enhanced version of Health Line pilot to go live 31 May. This project formed a major part of the DHB's afterhours access and planning strategy and the pilot was the only one of its kind in New Zealand.
- Primary Health Care Development Service Models Family Health Centres – meeting with PHOs to discuss devolution of service from secondary to primary which is one of the Government's priorities for DHBs next year. Agreed to look at increased access to diagnostic imaging, minor surgery, chronic care management, different ways of delivering specialist assessment, mental health follow up for stabilised patients, centralised booking. Very positive meeting.
- Funder Financial Performance – overall funder position for 9 months to end of March surplus \$5m against budgeted surplus of \$1m resulting in positive variance of nearly \$4m.

Discussion

Questions were raised around the Health Targets:

Diabetes - Mrs Boardman advised that further information was contained in the body of the report, but noted that the indicator for the year had been changed. The new measure was "Proportion of priority groups who have had their five year absolute CVD risk recorded in the last five years". Previously the measure related to retinal screening.

Meeting to be held with the Ministry to discuss the actual definition and how it was measured as our PHOs through their GPs have high engagement with patients with diabetes and were very proactive in this area. We believe doing well in this area but it is not being reflected in the indicator and may be that the appropriate data is not being entered at a PHO level.

Oral Health – noted that the indicator for Oral Health was about to change to percentage of enrolments of 13-18 year olds. The Ministry objective was for 85% enrolment, with the DHB currently below that level.

Discussion took place around the devolution of services to GPs and whether GPs had been involved in discussions. Mrs Boardman advised that the initial meeting with PHOs which involved members of the Planning and Funding Team, Maori Health and Hospital Services teams had been positive and mechanisms had been agreed for future clinical engagement in the planning. It was the intention to work through suggestions and details around these areas and potentially consider other issues through the Clinical Reference Group made up of primary and secondary clinicians. This year would see planning being undertaken to enable roll out by July 2010. Significant change management would be required to ensure monitoring arrangements, recording standards, quality and safety requirements are in place. The DHB funder and hospital service provider would be working collaboratively with the PHOs on these matters.

Concern was expressed over the ABC Smoking Cessation Guidelines with GPs being of the view that greater emphasis should be placed on cessation.

It had also been suggested that GPs be required to record when they speak to patients about ceasing smoking.

Mrs Boardman advised that the ABC guidelines reflect the fact that it takes between 14-15 interventions to quit smoking and was about all health professionals when they come in contact with a patient to repeat the message. Funding would continue to be invested in nicotine replacement and cessation programmes

Mrs Boardman also advised that she was unaware of any proposal that GPs should be required to report every time they suggested that a patient should stop smoking, however it has been proposed that the smoking status of patients admitted to hospital should be recorded.

Questions were raised around the public health strategic plan and representation on the steering group.

Mrs Boardman advised that the Steering Group was made up of Medical Officer of Health, GM Planning & Funding, Chief Advisor Maori Health, Ministry of Health, Manager of Public Health Services for the Midland region, representative of TWPK, and a representative of Tui Ora. It was also the intention to engage other involve key stakeholders through individual structured interviews.

Resolution

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

*Leatherby/Nager
Carried*

523.2 Maori Health Report

Ms Henare took report as read highlighting

- Update provided around progress in relation to Maori Health Investment projects
- Clarify issue in relation to section in Planning and Funding Report relating to the under-spend. This related to Maori Health Investment Projects, two-thirds of which had an even 12 month split whereas the Investment Plan was phased differently. A review had been undertaken of projects and in terms of the update at end of March the under-spend was \$42,000 which was made up of Kaiawhina Establishment Project and IT Infrastructure Project, both of which were fully committed.
- Community Action Project – meetings with the Maori Reference Group to be held on Wednesday 29 April and number of recommendations will be presented on different ways of delivering services to achieve better outcomes for the whole of Taranaki. A report on outcome of that meeting will be provided to the Committee.
- Pleased to report on an exciting workforce development between the DHB and Ministry of Social Development on a potential inter-sectoral approach to addressing Maori health and disability workforce issue. MSD has indicated funding is available to contribute to the project along with funding from the DHB and it is hoped that other partners will also be able to contribute.

- Kaiawhina project underway extended until end of August have asked for interim evaluation to be undertaken. Maree Young, Public Health Research Evaluator for the DHB, has taken over leadership of this project due to capacity issues with Ngati Ruanui. Ms Henare was confident that the evaluation will demonstrate the need and effectiveness of the role.
- Ministry of Health signaled intention to put effort in to Maori Provider development. We have signaled our support as fits with plans of building capacity within the Maori sector to improve performance and strengthen sustainability
- Picked up opportunity for Pacific community to develop a workforce to participate in the health sector. Funding available for 3 years but now at a point of discussing and negotiating a contract with a group in Taranaki that has signaled strong interest in entering the provider landscape. Pacific population in Taranaki is approximately 1% 1,600 people but growing.

Discussion

Committee members discussed the effectiveness of the DHB smokefree policy and questioned whether it would be more effective if a timeframe was put in place for the DHB sites to be smokefree.

Mrs Boardman noted that the direction from the Board was the DHB aspire to be smokefree but no timeframe had been put in place. She undertook to discuss this further with the Chief Executive.

Discussion took place around the dental service and questions over the need to change the current model of care. Ms Henare advised that there was that the current service was not 'Maori' friendly and could be remedied by some simple changes. This was not a criticism of the school dental therapist but the manner in which services have been delivered are not entirely appropriate for Maori children. There was a need to influence parents and caregivers on how they teach children on the importance of looking after their teeth.

It was noted, however, that the school dental service in Taranaki had an excellent level of coverage.

The Chairman noted that in many cases improvements to health could be achieved by some quite simple changes and referred to a programme in Northland around the prescribing of statins which had had a tremendous result.

This was some thing to keep in mind when the time comes to prioritise spending and how best to use the dollars available to achieve the greatest quality of life for the dollar spend.

Resolution

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

*Leatherby/Waghorn
Carried*

524.0 General

Ms Leatherby referred to concerns over cars parking on grassed areas in the hospital grounds and the possibility of accidents, particularly for children and the elderly.

Mrs Boardman advised that this was an on-going issue and the DHB made every endeavour to manage the problem. In her view she felt that the DHB was well served with carparks but suspected many people did not wish to walk to various areas of the hospital.

Emergency Preparedness

Mrs Boardman advised that currently at Code Yellow planning phase for emerging infectious diseases.

An update was provided on the situation in Taranaki noting that at this stage there were no confirmed cases although four people from NZ1 and their families were in voluntary isolation.

The emergency plan had been put into effect by the DHB and meetings were being held regularly.

525.0 Date of Next Meeting

The next meeting is scheduled to be held on Tuesday 30 June 12.30pm in Hawera.

The meeting closed with a karakia at 2.00pm

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Chairman

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Date