



COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

MINUTES – PUBLIC

Unconfirmed

Tuesday 28 August 2007

12.30pm

**Salvation Army Complex
Cnr Fenton & Juliet Streets
Stratford**

Present

Peter Catt (Chairman), Alex Ballantyne, Hayden Wano (Board members)

In Attendance

Sandra Boardman (General Manager Planning Funding & Population Health), Christine Henare (Chief Maori Health Advisor), Ramon Tito (Kaumatua Maori Health), Pamela Hikuroa (PA to Board)

Apologies

Tom Mulholland, Tony Ruakere (Board members), Andrew Brock, Tony Waghorn (Co-opted members)
Tony Foulkes (Chief Executive)

The Chairman noted that due to unfortunate circumstances the Committee did not have a quorum. The meeting would proceed but no resolutions could be passed.

434.0 Conflicts of Interest

The following new interests were declared:

Hayden Wano CEO Tui Ora/Hauora Taranaki PHO Ltd
 Director QHNZ
 National Capital Committee

435.0 Matters Arising Minutes 26 June 2007

Prioritisation Planning Panel

Clarification was sought on how this panel functioned.

Mrs Boardman advised that the Planning and Prioritisation Panel was responsible for operationalising the policy and direction set by the Board for key strategic areas. The work programme included reviewing new and existing contracts to check alignment with the strategic direction of the Board, assessing value for money; identifying any opportunities for further efficiencies, and assessment of the quality of services being provided. The panel was comprised of professional and managerial staff, namely:

General Manager Planning, Funding & Population Health
General Manager Hospital Services (due to hospital services being the provider of last resort if any contract failed)
General Manager Finance and Corporate Services
Chief Advisor Maori Health
Brenda Archer – to ensure alignment with population health issues
Portfolio Managers Planning and Funding for their particular areas of responsibility
Director of Nursing
Chief Medical Advisor
The panel meets every two to four weeks, depending on expiry or renewal date of contracts.

436.0 Chairman's Report

The Chairman advised that letter of resignation had been received from Brenda Rae effectively immediately. Brenda had served on the committee for the past five years and had resigned to take up a position in Australia. The Committee recorded their thanks for her service and wished her well in her new position.

437.0 Management Reports

437.1 General Manager Planning, Funding and Population Health

Mrs Boardman took report as read highlighting the following:

The report gave an overview of the year's operations in terms of what had been achieved as DHB with partners and also in terms of financial planning. Noted Appendix 1 of the report outlined achievements in each of the strategic focus areas in 2006/07 and made reference to major achievements in these areas.

Financial Position

- Commenced year with budgeted revenue of \$229m and over course of year received an additional \$4.7m for specific initiatives.
- Budgeted expenditure for the year was slightly above revenue at \$230m due to bringing forward \$800,000 of mental health ring fenced funding. However, at year end had spent less than budgeted at \$2.2m. Main reason for this was reduced inter-district flow expenditure.
- The budget for inter-district flows was allocated on a national basis and based on flows two years prior. TDHB had seen a significant drop in inter-district flows since that time as a consequence of investment in capacity and services at Base Hospital, which allowed more complex care to be provided locally. An example of this is maxillofacial surgery which was now undertaken locally since the recruitment of a maxillofacial surgeon.
- The final element contributing to the result was the funder reserve of \$1.9m which the Board had agreed should be held for the financial risks perceived at the commencement of the year.
- The summarised position of the funder was a surplus of \$6.1m.

Discussion

General discussion took place on the report with it being noted that the impact of inter-district flows was likely to be a 'one-off' occurrence as going forward the level would more closely reflect the actuals.

Committee members were pleased to note that due to the increased expenditure on facilities in Taranaki fewer people were required to go out of the province for treatment.

Committee members also congratulated management on the way in which the Healthy Action Health Promoting school project was being implemented which allowed for the Boards of Trustees to set their priorities and therefore there was greater buy-in by parents and communities.

In response to a question regarding Waves Trust and whether there was a duplication of services or transfer of services from one to another, Mrs Boardman advised that the DHB's view was that it already invests a considerable amount of money in providing services for youth and rather than fund a completely separate new service what should be happening is co-ordination of existing services on to Waves site. The formal alliance of WAVES with a PHO would enable better use of resources and the service would be more sustainable as outlined in the Primary Health Care Strategy. In many instances this co-ordination was occurring, for example the specialist paediatric clinic previously provided at Base Hospital was now being provided on the Waves site. By joining with a PHO the Trust would also have clear processes around clinical governance, managing clinical risk and also means the full range of services PHOs provide would be available to the young people. This would also enable claims to be made under Section 88 for services provided which they cannot do at present.

Mrs Boardman advised that the DHB was not in the fortunate position of being able to fund duplicate services and it was essential to make the best use of resources available.

It was acknowledged that Waves had been successful in getting young people to access health care.

In response to questions around how other DHBs had responded to this area, Mrs Boardman advised that the majority of one-stop Youth services commenced prior to DHBs being in place and were funded directly by the Health Funding Authority with the money then transferring to the DHBs. The current situation, particularly with the emergence of the Primary Health Strategy there were clear strategic directions and in discussions with the Ministry of Health we have been advised that they see these types of services coming within the Primary Healthcare strategic framework.

Committee members noted the increased utilisation of GP services, up approximately 10%, which was extremely good and indicative of reducing barriers for people to access medical services.

Committee members thanked the General Manager for the report which provided a very clear breakdown of activities undertaken over the year and a useful reminder of the progress made towards the Boards strategic goals..

438.2 Maori Health Report

Ms Henare took report as read and invited questions from Committee members.

Discussions took place around the proposed training programme with Ms Henare advising that the dates may require to be changed to ensure that any new Board members were known and able to attend the programme.

There was general discussion around workforce planning with Ms Henare advising that some of the objectives within the Maori Workforce Strategy were additional to the overall DHB workforce plan and that was the area where progress had been limited.

In response to a question around how the integration of the Maori Health team and Planning and Funding was progressing, the Committee was advised that the intent was clear and shared by both groups. It was the intention to hold a retreat for the teams in the near future to work through how the two groups would undertake the work.

439.0 Next Meeting

The next meeting is scheduled for Tuesday 30 October in New Plymouth.

The meeting closed at 1.10pm

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Chairman

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Date