



MINUTES Open - unconfirmed

TARANAKI DISTRICT HEALTH BOARD

5 November 2009
Theatre Lounge
Community Centre
Albion Street
Hawera

Present

John Young (Chairman), Peter Catt (Deputy Chairman), Alex Ballantyne, Mary Bourke, Kura Denness, Dan Devadhar, Karen Eagles, Flora Gilkison, Grant Knuckey and Jenny Nager

In Attendance

Tony Foulkes (Chief Executive), Joy Farley (General Manager Hospital Services), Sandra Boardman (General Manager Planning Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Simon Barrett (Group Financial Manager), Pamela Hikuroa (PA to Board), Sue Carrington (Media Advisor)

539.0 Declaration to Open Meeting

The meeting was opened with a karakia.

The Chairman welcomed Mary Bourke, newly appointed member, to the Board and hoped that she would enjoy her time on the Board.

540.0 Conflicts of Interest

The following new interests were declared:

Mary Bourke	Member TSB Community Trust. Grants sometimes to health related projects and bodies.
	Member Bishop's Action Foundation. Joint Ventures/Initiatives with DHB
	Chairman WITT Polytech. Tertiary Training Institution
	Former Chairman Southcare
	Former Mayor South Taranaki District Council

541.0 Public Comment

Mrs Charteris raised what in her view were concerns in a number of areas:

- The potential of bad patient behaviour moving from ED to Wards
- The ability to attract more voluntary ambulance staff
- The standard of care in some rest homes
- The importance of hand hygiene procedures.

The Chairman thanked Mrs Charteris for her comments which would be noted by management and where appropriate acted upon and assured her that the Board and staff were working hard to deliver to Taranaki people the best services possible.

542.0 Minutes

Resolution

That the Minutes of the Taranaki District Health Board meeting held 8 October 2009 be confirmed as a true and correct record.

*Catt/Denness
Carried*

543.1 Matters Arising

Health Targets

The Chief Executive advised that confirmation had been received from the Minister and Ministry on the changed reporting requirements for health targets and that introduction was likely to occur from end of November.

Targets would cover six key areas:

- Length of stay in Emergency Department
- Waits for Cancer Treatment
- Elective Surgery
- Immunisation
- Smoking Cessation
- Diabetes and cardio vascular services

Reporting was likely to be twofold: the local DHB performance perspective and also the relative performance across the country on a quarterly basis.

544.0 Board Committee Reports

544.1 Hospital Advisory Committee

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Hospital Advisory Committee meeting held on 27 October 2009 and notes recommendations contained therein.

*Nager/Catt
Carried*

Discussion took place around matters discussed at the Hospital Advisory Committee with clarification sought around the number of specials employed and the work being undertaken to review the standards of criteria and what this would mean for risk management. Ms Farley advised that work had not been completed in this matter.

ACC – implications for surgery in regional centres.

Ms Farley advised that she had participated in a teleconference and feedback issues raised at the meeting in terms of implications and effect on local services which was echoed by all provincial hospitals. ACC had noted the comments.

545.2 Community & Public Health and Disability Support Advisory Committees

It was noted that the Committees had recommended to the Board the adoption of the Public Health Strategy and this matter had also been noted in the Chief Executive's Report.

Resolution

That the Taranaki District Health Board receive the unconfirmed minutes of the Community and Public Health and Disability Support Advisory Committees meeting held on 27 October 2009, adopt the Public Health Strategy Plan October 2009, and note the recommendations contained in the minutes.

*Gilkison/Ruakere
Carried*

Mr Ballantyne referred to the Berl Report which had been presented to the Committee and also referred to in the Maori Health Strategy – Te Kawa Mara and questioned the accuracy of the statement made in the report that even though Maori had the same rate of visits to GPs as non-Maori they obtained fewer diagnostic tests. He advised that from his research he believed the first part of the statement was incorrect and had been disproved by other papers presented to the Board.

546.0 Management Reports

546.1 Chief Executive's Report

Mr Foulkes took report as read, highlighting:

Large amount of activity nationally within sector, particularly focused on the significant challenges facing the sector from the financial point of view and change management associated with the recent Review Report.

Summary provided of Cabinet's response to Ministerial Review Group Report.

Key components – establishment National Health Board and three associated Boards sitting beneath.

Also establishment of a Shared Services Agency to undertake combination of work previously undertaken by the Ministry and DHBs.

Pace of change is rapid and intention is for all appointments to be made to key Boards prior to Christmas. Expectation that they will be fully operational within this financial year.

Important for TDHB to participate actively in all the work to ensure able to take advantage of opportunities, both from financial point of view and service flow, for the benefit of the Taranaki community.

Ministry planning to devolve funding up to \$2.5 billion to DHBs. Welcome appropriate change but will place pressure on resources as expectation is that this work will require to be undertaken within existing staffing resource.

During changeover phase important to continue with current plans but to undertake in a way which is flexible enough to link into changes occurring.

Collective work continuing within the sector and Director General is encouraging this work to continue but to ensure align with whatever happens with the Shared Agency.

Discussion

Board members sought clarification of the structure for the National Health Board.

Mr Foulkes advised that the National Health Board would be a 'branded business unit' within the MoH and would be an Advisory Board advising the Director General and Minister.

Other Boards also likely to be Advisory Board rather than Boards of Governance but responsibilities and authority of the committees will be substantial in their respective areas.

Will have greater responsibilities around planning for national services, approvals for capital investment, IT and some workforce planning with the expectation of greater involvement from the national level which could have significant benefits in terms of co-ordination and planning consistency.

Shared Services Agency has potential to have a greater impact on the DHB for a number of non-clinical areas that provide support to clinical services and potential for those to be done remotely from Taranaki and achieve greater economies of scale and standardisation of activity across the country.

Exact quantum and timing of impacts to be seen and part of the reason why must stay engaged in the process.

DHBs will continue work on shared procurement and also planning for national strategy around procurement and purchasing of products, consumables and medical devices and will no doubt be picked up by the shared services agency.

It was noted up to 300 jobs were expected to be lost from DHBs and 200 from the Ministry of Health over time.

The Board queried the devolution of funding from the Ministry in the context of up to 300 jobs from DHBs and 200 from the Ministry and what functions are to be devolved. This related to planning and funding of maternity services and disability support for under 65 care and potentially some public health and population health services. The expectation is that DHBs would not significantly, if at all, increase staffing to accommodate the increased workload but would be required to reprioritise resources and enhance links with other DHBs to undertake the work.

With respect to Maori health components Mr Foulkes advised that there were no specific proposals in this area however other activity was underway in the primary sector with Maori Health Innovations Funding and whanau ora approach which went beyond health and may well have implications in terms of the potential for some health funding to be top sliced and made available to be managed in a different way outside the direct responsibility of the DHB, however specific details were not known at this stage.

Report Contd

Proposal from the Ministerial Review Group that DHB Chairmen and Chief Executive have greater role and responsibilities around the planning for regional services was still to be defined by Cabinet.

Regional Clinical Services Plan progressing.

Continue to work on delivery this year's DAP and noted Minister had forwarded message to staff outlining the financial challenges facing the sector and economy in general.

Approach for 09/10 DAP will require us to look at both how manage internal systems/processes and how fund other agencies, which by necessity will require to be review again. This issue will require to be progressed in the months ahead in anticipation of the funding envelope. Fair to say this approach will become a feature of planning on an on-going basis as opposed to just this coming year.

Te Kawa Maro – Maori Health Strategy

Subject to Iwi and TWPK endorsement and expect to bring to the December Board meeting for approval. Positive step forward for Taranaki DHB and Maori Health sector.

Provided information on range of activities and initiatives already underway which are consistent with supporting the priority areas identified through the Strategy and our DAP.

Financial

Forecast broadly in line with plan. Will continue to be a challenge to maintain this position as the financial year progresses.

Discussion

Ms Denness, Chairman of the Finance, Audit and Compliance Committee, referred to the Unqualified Audit Report and on behalf of the Board thanked the Management Team and particularly the General Manager Finance and Corporate Services, Group Financial Accountant and team for their hard work in achieving the unqualified report and also noted the Auditors very positive comments about the management of the DHB.

Reference was made to the Maori Health Update and questioned the monitoring process for the NGO sector and the DHB.

Mr Foulkes advised that the whole issue of the Strategy and how it was delivered should be considered as how 'we' undertake the work. All are aware of the challenges and that there was no simple answer and all had to play their part in delivering on the priority areas.

Concern expressed over the comment in the DHB NZ report re Health Procurement that Taranaki Hospice along with two others, were intending to use a different type of syringe driver than those used by the DHBs and questioned whether this was appropriate in view of the aim for standardisation across the sector.

Mr Ballantyne referred to his comments earlier with respect to the discrepancy between Maori and Non-Maori in referrals from GPs etc and noted from his reading of articles that it was felt that an unconscious bias may be the reason and felt that if this matter was communicated widely that the position may be able to be reversed and asked whether the DHB had any figures which would indicate the position in Taranaki.

Dr Catt advised that a lot of information had been provided through a study in the Waikato and felt that the situation in Taranaki would be similar. He advised however that considerable education was occurring in General Practice in an endeavour to improve the health outcomes for Maori and audits were also being undertaken which highlighted any outliers to enable changes in practices to be undertaken.

Dr Ruakere referred to his published research some years ago which had clearly indicated the discrepancies but which at the time had not been accepted by the Ministry.

An area which would assist in developing momentum in this area would be ensuring a greater participation of Maori in the health workforce.

Ms Henare, Chief Maori Health Advisor, noted the points raised and undertook to check the accuracy of the information contained in the Berl Report. She also clarified that the information in the Berl report had come from published research and assumptions had been made in relation to the Taranaki situation.

Ms Henare noted that work was commencing on identifying the indicators to be used to monitor the impact of the strategy on Maori Health and discussions were underway with the Hospital Provider in relation to a cultural competency framework for clinicians.

Discussion also took place around the 2009/10 DAP and whether the proportion of spend in the primary sector would increase due to the indicated focus in this area. Mr Foulkes advised that the Minister had indicated the focus next year was to be on primary health care but whether this would see changes in funding proportion remained to be seen.

546.2 General Manager Finance & Corporate Services Report

Mr Barrett took report as read, noting:

- Year to date favourable result compared to budget
- Forecast very close to budget

Discussion

The comments in the report around future financial sustainability were noted.

Resolution

That the Taranaki District Health Board notes and receives the Chief Executive and Management's reports and attachments.

*Gilkison/Nager
Carried*

547.0 Date of Next Meeting

The next meeting is scheduled to be held on 10 December in New Plymouth.

548.0 General

The Board was informed of the recent passing of Tom Ngatai, a long standing former employee of the DHB and Kaumatua in the region. The Boards' condolences were extended to Mr Ngatai's whanau.

549.0 Exclusion of Public

Resolution

That the Taranaki District Health Board exclude the public from the meeting on the basis of the following matters:

1. *To present Taranaki District Health Board Minutes pursuant to an earlier resolution publicly excluding the item.*

2. *To present Chief Executive's Report in that the public conduct of the meeting would be likely to result in the disclosure of information where the withholding of the information is necessary to:*
- (g) Enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, commercial activities.*
 - (h) Enable the DHB, Board or Board Committee holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).*

*Denness/Bourke
Carried*

The meeting adjourned at 3.20pm to reconvene at 3.40pm

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Chairman

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Date