



## **COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES**

### **MINUTES – PUBLIC                    - Unconfirmed**

**Tuesday, 24 February 2009**

**12.30pm**

**Corporate Meeting Room 1**

**Base Hospital**

**David Street**

**New Plymouth**

#### **Present**

Flora Gilkison (Chairman), Alex Ballantyne, Jenny Nager, Tony Ruakere, John Young (ex officio) (Board Members), Donna Leatherby, Brian Mathieson, Tom Ryder, Marion Wellington (co-opted members)

#### **In Attendance**

Tony Foulkes (Chief Executive) from 1pm, Sandra Boardman (General Manager Planning Funding & Population Health), Christine Henare (Chief Advisor Maori Health), Joy Farley (General Manager Hospital and Specialist Services), Sue Carrington (Communication Advisor), Jenny McLennan (PA to General Manager Planning, Funding & Population Health), Ramon Tito (Kaumatua)

#### **504.0 Declaration to Open the Meeting**

The meeting was opened with a karakia at 12.30pm

#### **505.0 Apologies**

Karen Eagles (Board member), Tony Waghorn (co-opted member),

#### **506.0 Conflicts of Interest**

There were no new conflicts of interest declared.

#### **507.0 Additional Agenda Item**

The Chairman advised that an additional item was to be included on the agenda as part of the General Manager's report, and that this was to be a presentation to the committee by Assessment Treatment Rehabilitation/Elderly Service Coordinator – Wendy Langlands.

## **508.0 Public Comment**

508.1 Dr Andrea Corbett, Positive Aging Trust

Advised that at a following a recent Trust meeting she understood that the Chairman of Taranaki DHB was to provide the Trust with feedback on Board issues on a quarterly basis.

Mr Young, Chairman Taranaki DHB, clarified that the advice provided to the Trust was that co-opted Committee member; Brian Mathieson, would provide feedback on relevant issues.

It was also noted that Brenda Hall – Portfolio Manager Older People and Cancer had attended the last Trust meeting and would continue to do so on a monthly basis to provide a mechanism for feedback between the Trust and the Board.

The Chairman thanked Dr Corbett for providing a copy of her report 'Navigating Through a Rural Healthcare Service in New Zealand – An Action Research Study'.

## **509.0 Deputation**

Ms Margaret Millar – Manager At Home Care (AHC) Directory gave a deputation regarding the web directory which she had established as a result of a Massey project.

Ms Millar took the committee through the AHC web site which provided a directory of services that were available in Taranaki for older people. Flyers on the web site were made available for committee members.

The Chairman thanked Ms Millar for her presentation

Mr Tony Foulkes, Chief Executive, joined the meeting.

## **510.0 Minutes**

### Resolution

*That the Community and Public Health and Disability Support Advisory Committees resolve to accept the minutes of the meeting held 16 December 2008 as a true and correct record.*

*Wellington/Leatherby  
Carried*

## **511.0 Matters Arising**

511.1 Elective Services – Waikato District Health Board

Mr Ballantyne requested an update on the low rate of engagement for cardiology services for patients transferred from Taranaki Base Hospital.

Mrs Boardman advised that work was underway within the Provider Arm and the shortfall of service delivery from Waikato would inform the next year's plan which was to be completed at a regional level. It was noted that this was issue for all District Health Boards who utilise Waikato services.

Mrs Boardman further advised that additional information would be provided when available.

## 511.2 Home Based Support for Over 65s

Mrs Boardman undertook to circulate advice on the increase in demand for home base support for over 65s over the previous year and the level of assistance for aids.

## 512.0 Management Reports

### 512.1 General Manager Planning Funding & Population Health

Mrs Boardman took report as read, highlighting:

- Improving Mental Health Project underway to ensure better integration between three NGOs and the DHB Provider Arm personnel, with the Midland Regional Director Mental Health & Addiction Service Development leading this piece of work.
- Optimising the Patient Journey – Phase Two Pilot  
The joint proposal from Taranaki DHB and Hauora Taranaki PHO to pilot Phase Two of Optimising the Patient Journey had been successful with the launch scheduled for 2 March 2009. The remaining PHOs, although not participating in the pilot, were interested in and supported the concept with the door would be left open for future involvement. Chronic Care Management is the focus of the project.
- Public Health Strategic Plan  
The development of a Public Health Strategic Plan is a key piece of work currently underway and involves a range of stakeholders. The revised plan will guide the development of public health responses on the health issues and priorities that exist in Taranaki; and will have a role in informing the service plans of all public health activities in Taranaki. It was noted the plan will be presented to the committees in August.
- District Annual Plan 2009/10  
Mr Foulkes reported that the economic situation impacted on all levels - global, national and local with future challenges for the DHB likely to increase. How the DHB responds to these challenges is key for how progress will be made going forward. The expectation is that the same services or more services will be provided from lower levels of expenditure. Indications from the Government are that energies should be focused on provision and improvement of hospital services, particularly elective services, emergency departments, cancer treatment services and their associated waiting times. Taranaki DHB needs to deliver on these expectations and whilst there is an acknowledgement that its costs more to deliver services than the funding received the DHB needs to 'live within its means'. The 2009/10 DAP will provide an opportunity to revisit investment decisions as a funder and how these decisions align to the TDHB District Strategic Plan and Government expectations. Implementing the DAP will require significant consideration with tough conversations required on where and how future investments are made. The Chairman recognised that there were clear signals for a change in direction and acknowledged that the draft DAP was under reconsideration due to receipt of strategic information from the Minister and Ministry of Health.

Mrs Boardman advised that she had attended a meeting at the Ministry the previous week where key information had been provided about planning requirements and expectations. The revised focus was also to include rest home nursing supervision and the provision of respite care. The next draft of the 2009/10 DAP will consequently be different to the document tabled in the agenda with aspects traditionally included e.g. population and demographic information no longer included. The draft DAP is to be submitted to the Ministry of Health Friday 6 March with the final document due Friday 8 May 2009. The expectation is that DAPs will provide a 'performance story' with the first draft to the Ministry providing a coherent framework for the document with additional information provided for the final document. The requirement that the DAP align with the District Strategic Plan, Government priorities and Minister's expectations remain.

- Overall funder position for 7 months to January 09  
Mrs Boardman reported that the overall funder position for 7 months to January 09 is a surplus of \$3,581k against a budget surplus of \$390k resulting in a positive variance of \$3,191k.

### **513.0 Presentation – Assessment Treatment Rehabilitation/Elderly Service Co-ordinator, Wendy Langlands**

An invitation had been extended to Wendy Langlands and Dr Lorraine Taylor to attend the meeting.

Ms Langlands gave the presentation:

- Assessment Treatment Rehabilitation/Elderly Service Coordinator:  
Purpose of the role.
  - Key Points of Difference
  - Service Implementation
- Dayward Service Review:
  - Why Review?
  - Developing A Revised Model
  - Key Components of Revised model
- Older People Services
  - Specialist Hospital Based
    - Inpatient AT&R service Ward 1 TBH and Hawera Inpatients
    - Outpatient and Community Services
    - Dayward
    - Mental Health Services for the Older Person
    - Allied Health Services
  - Primary Community Based
    - Needs Assessment and Coordination
    - Residential Rehabilitation
    - Rest home and Hospital based care
    - GP
    - NGO sector

- Purpose of the Position
  - Manage strategic and operational planning for the AT&R and Elderly services within the hospital specialist provider linking to wider sector eg :*redesign community teams* and InterRAI
  - Oversee service delivery eg:-
    - *Develop plans/documents eg AT&R service plan*
    - *Development of policies and procedures with key personnel,*
    - *Be key contact for service.*
  - Lead agreed projects within the service followed by ongoing management of service eg: *Dayward review*
  
- Day Ward Service Review - What happens now? Why do it?
  - Guiding principle - “For older people to participate to their fullest ability in decisions about their health and wealth being, and in family, whanau and community life, and to be supported in this by coordinated and responsive health and disability support programmes”
  - Key Operational Imperatives
    - Improves the health and social outcomes, which are measurable for older people.
    - Ensure an effective and relevant service, guided by nationally and internationally accepted best practice that can be delivered flexibly.
    - Reduce barriers to access for patients who would benefit from ongoing rehabilitation as an outpatient.
  
- Developing A Revised Model
  - Review began in April 2008
  - A project team was formed, reviewed data, client and organisational processes, and other working models/trends from throughout the country and internationally
  - Key issues:
    - Not entirely client focused
    - One service delivery option: Dayward
    - Barriers to Access eg transport
  
- Key Components of Revised model
  - A model that sets a direction for the key elements that need to be in place to enable the older person to be appropriately supported from the time of initial contact with the service, or from time of discharge from hospital back to their place of residence, to the point at which they have reached their optimal level of function.
  - The proposal takes features of the existing service delivery model that are working well, and adds/changes features where there is recognition that there is a need for improved service delivery.

- Key Points of Difference between the current and proposed model
  - Renaming the service – from AT&R Dayward to Intermediate Care Assessment and Treatment Team (ICATT) – to better reflect the service delivery model.
  - Referrals: Initial Assessment by IDT
    - Review at Case review meeting
    - Key worker assigned, decision made on best option for care based on client need.
    - Initial Assessment findings are discussed with client/family and option of care agreed with the client.
- Options for care
  - Current
    - Dayward
  - Revised Model
    - A persons home/residence of choice
    - Rehabilitation Day Clinic
    - Outpatient Clinic
- Service Implementation
  - The revised service is due to be implemented March 2 .
  - A 3, 6 and 12 months post implementation review will be carried out.
  - Next piece of work: Stroke Patient Journey

Following the presentation Ms Langlands advised the committee that the proposal had come directly from the AgeWELL strategy and was to become effective from 2 March 2009. The project will be reviewed at three, six and twelve months. The next piece of work will be focused on 'Stroke Patient Journey'.

#### Discussion

In response to a number of questions Ms Langlands advised that a community based project was also to proceed and that once the project had proceeded as a pilot Hawera and Stratford would be considered for later implementation. Transport had been identified as an issue for some clients needing to access the service and a hospital based transport service had been put in place for patients who required assistance and met agreed criteria.

In response to a query from Mr Young, Mrs Boardman advised that the revised service provision was undertaken from within current funding and that no additional funds had been required. The service change was an example of a new and more effective model of care being implemented from existing resources.

The Chairman thanked Ms Langlands for the presentation and invited her attend a committee meeting in six months to provide an update.

## **514.0 Management Reports cont'd**

### **514.1 General Manager Planning Funding & Population Health**

- Workplan

Workplan for the year was received.

#### Discussion

Mr Ryder advised that he had discussed the provision of health support services for people exposed to dioxin with a local General Practitioner who had advised that they were coping well with the service demand. People who had received a health check had commented that they were grateful for the additional care.

Mr Ryder asked about the capping of numbers in the PHO contracts for Diabetes Annual Review. Mrs Boardman advised that diabetes registered patients levels were above expectations and in response to this the contract team was working on increasing the capped numbers as required.

The impact of new Government directives regarding the provision of Tuck Shop food at schools was questioned. Mrs Boardman reported that with the change in Government the mandatory provision was removed and although this did alter the school guidelines it was hoped that the development of healthy eating in the education sector had already taken effect and would continue.

Ms Leatherby raised the issue of smokers around hospital main entrances as an area of concern and questioned whether there were other options available. The extent of the problem was recognised with Mr Foulkes advising the DHB had a pragmatic and positive approach to the situation rather than punitive. Mrs Boardman also advised that the DHB had a responsibility as a good employer to ensure that a 'smokefree area' was provided to its employees.

Mr Ballantyne asked when the Ministerial Health Advisory Commission report would be received and Mrs Boardman responded, in July 2009.

#### Resolution

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

*Mathieson/Wellington  
Carried*

### **514.2 Chief Advisor Maori Health Report**

Ms Henare took report as read highlighting:

- Smokefree areas

Ms Henare advised that the Maori Health team had recent discussions about how to assist in implementing the DHB's smokefree policy and had taken onboard a pro-active stance. It was hoped that their efforts would have positive results.

- Maori Health Investment

In response to the financial situation and the reviewing of the draft DAP Ms Henare advised that the Maori Health Investment priorities were to be reviewed.

- **Maori Workforce Development Projects**

As noted in the report Ms Henare advised that the position of Maori Workforce Development Management position was not to be filled at this time and that other options of addressing this area were to be considered.

- **Community Action Project, Oranga Kai, Oranga Pumau**

Ms Henare reported that \$71.5k had been distributed so far through two rounds of the Community Action Fund. The Maori Health Senior Advisor, Jackie Broughton, along with Coordinator, Marcia Reid, had recently visited another DHB to compare the application of models. Their investigations were positive with feedback to be provided to the Maori Reference Group.

#### **Discussion**

Mr Young queried the relationship between TWPK and the Maori Reference Group. Ms Henare advised that there was a representative from TWPK on the Reference Group and that the group provided advice from a 'grass roots' level as to the requirements of the community.

#### **"Whyora? Maori Workforce Recruitment Tool**

The original development of a DVD as a recruitment tool was raised and it was questioned where this project was currently at. Ms Henare reported that the web based tool does more than a DVD was able to provide and had noted that the development of this project further remained a high priority for growing the Maori health workforce. In response to a question from Mr Ballantyne, Mr Foulkes advised that the Maori Workforce Development Plan activity would still proceed, but how it would be delivered was being reviewed.

#### **Resolution**

*That the Community and Public Health Advisory Committees receive and note the report.*

*Ryder/Ruakere  
Carried*

### **515.0 Other Business**

#### **515.1 New Government Health Policies**

Ms Wellington question how the government would be placed for measuring the new focus areas eg decrease in ED waiting times etc.

Mrs Boardman advised that District Health Boards throughout the country would be initiating benchmark exercises to enable comparisons to be made.

#### **515.2 Bonding of Specialist Trained Staff**

Mr Ballantyne noted for the interest of the committee, that Taranaki was not included in the geographical areas that would participate in the Bonding of Employees initiative.

#### **515.3 TDHB Quality of Services**

The Chairman and committee members recognised that Taranaki DHB was consistently performing well with results above the line. The Chairman advised that this reflected the transparent nature of the Board and the positive

underlining culture that TDHB employees have. Mr Young supported this also noting the calibre of staff employed.

**516.0 Next Meeting**

The next meeting is scheduled to be held on Tuesday 28 April 2009 12.30pm.

The meeting closed with a karakia at 2.00pm

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Chairman

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Date