



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC - unconfirmed

Tuesday 25 August 2009

12.30pm

Function Facility

War Memorial Hall

Miranda Street

Stratford

Present

Flora Gilkison (Chairman), Alex Ballantyne, Karen Eagles, Jenny Nager, Tony Ruakere (Board Members), Brian Mathieson, Tom Ryder, David Tamatea, Marion Wellington (co-opted members)

In Attendance

Peter Catt (Deputy Chairman Taranaki DHB)

Tony Foulkes (Chief Executive, Sandra Boardman (General Manager Planning Funding & Population Health), Christine Henare (Chief Advisor Maori Health), Brenda Hall (Portfolio Manager – Older People Services), Sue Carrington (Communication Advisor), Pamela Hikuroa (PA to Board),

536.0 Declaration to Open the Meeting

The meeting was opened with a karakia at 12.30pm

The Chairman welcomed members of the public to the meeting.

537.0 Apologies

John Young (Board member), Donna Leatherby, Tony Waghorn (co-opted members)

538.0 Conflicts of Interest

The Interests Register was circulated with no new interests being declared.

539.0 Public Comment

The Chairman opened the meeting for public comment advising that this section was not a question and answer session but where appropriate a response would be provided.

539.1 Dr Corbett, Trustee Positive Aging Trust

Dr Corbett congratulated the DHB on making the Consultant Aged Care position permanent.

DAP Activity – questioned whether the increased funding for aged related residential care was a result of an increase to service providers for existing residents or as a result of more people going into care.

Also noted the on-going underspend on health of Older People of \$212k, but noted that as the year progressed it was anticipated that the spend would move closer to budget and questioned whether this was due to an anticipated increase in older people entering care or an increase in costs for those already receiving care.

Immunisation – Questioned the level of uptake of the free flu vaccination. Advised that their organisation was happy to help the Public Health Care Unit and Primary Health Care team through their older peoples groups to highlight flu vaccinations etc.

Reducing Inequalities for Those with Poorest Health – Noted examples given were only for Maori, and noted that it was appropriate to focus on Maori, but wondered if TDHB also intended to focus on of other groups, ie Pacific people and those from lower socio-economic groups.

Community Nursing Services - The report on Effective Models to address health and disability support needs for people living in rural areas was to be presented to the GM Funding and Planning by 21 August and asked if an indication could be given as to when this report would be released for public comment.

The Chairman thanked Dr Corbett and advised that further clarification would come as Mrs Boardman would comment during her report.

539.2 John Cunningham – Chairman Positive Aging New Plymouth

Mr Cunningham provided positive feedback on Brenda Hall the Portfolio Manager for Older People Services and for the way in which she was undertaking her work.

Noted Ms Hall was working on the concept of a Reference Group which was supported by his organisation and they applauded the DHB's initiatives which would help to develop the relationship between the two parties.

540.0 Minutes

Resolution

That the Community and Public Health and Disability Support Advisory Committees resolve to accept the minutes of the meeting held on 30 June 2009 as a true and correct record of proceedings.

*Mathieson/Eagles
Carried*

541.0 Management Reports

541.1 General Manager Planning, Funding & Population Health

Mrs Boardman took report as read, highlighting:

- Report was presented in new format to outline what is in DAP for current year
- Report details targets for the DAP, what attempting to achieve in terms of outputs for older people and following that showing specific activities planned and whether we have already made some progress that is noted and where blank no progress to date.

- Summary also provided in a separate report this month on the achievements against last year's DAP.
- DAP includes proposed significant service changes
 1. Proposal around Community Pharmacy Alternative Funding Mechanism – full report in closed section
 2. Service change identified in the DAP Community Nursing Services
 Looking at all nursing services delivered to older people and people with chronic disease who have services delivered to them in the community or in their own home. This includes services provided by the DHB's Hospital and Specialist Services, by Primary Health Organisations and by other primary and community providers
 The plan is review current service delivery against evidence of effectiveness and develop an implementation plan to transition to the most effective service delivery for our population
 A proposal has been received for consideration. It is not intended for public release since it concerns how to undertake the review not how services might change.
 Any proposal to significantly change service delivery would undergo consultation as required under the Operational Policy Framework.
 3. Community Mental Health and Addiction Services
 Child Adolescent and Maternal Mental Health Continuum Project commenced.
 Project will develop an agreed 'One Service in Joint Venture' model of care involving the DHB Provider Arm and NGO providers with clearly defined lines of accountability and responsibility, including governance arrangements and duty of care advocated across the group.
- Other pieces of work progressing are identified in the DAP.
- Measures – new health targets outlined
- Targets reported quarterly to the Ministry of Health and an update will be provided quarterly to the Board
- Financials
- Overview of funder position at end of first month.
- Result shows a surplus of \$299K against a budgeted deficit of \$6K positive variance of \$305K.
- Health and Older people expenditure – currently reporting surplus against budgeted breakeven position. The budget is our best 'guesstimate' of demand for services. If people are assessed as meeting the criteria they are eligible to receive subsidised services. Each year an estimate is made of the likely uptake of aged residential care, home based support etc based on known changes within the population and level of uptake in previous years. As a result the budgeted amount is never exactly right but is expected to track close to budget this year.
- Due to the financial challenges facing the DHB, the Funder must meet the target of \$4m surplus at year end.

Discussion

During discussion on the increased range of post natal stays Mrs Boardman confirmed that the project was specifically aimed at women identified as

requiring additional support for example mothers with medical problems or mothers needing more time to establish breast feeding.

Questions were raised around funding for rest homes and whether the recent increase was to enable the level of wages to be raised for people working in this area.

Mrs Boardman advised that the increase was partly due to increased demand but also to increase remuneration for workers of aged care providers but the DHB is not able to require the Aged Care Providers to pass the money on to employees.

The review of community nursing services and particularly for rural areas was noted with the question being raised as to whether the AgeWELL Committee would be involved.

Mrs Boardman advised that it was anticipated that the final recommendations coming from the review would be discussed with the wider community at that time.

The question was also raised on whether the new models of care would take into account the increased need for disability support and service co-ordination and if so how it would happen.

Mrs Boardman advised that the review was wide ranging and involved looking at how services were currently provided, review evidence based models of service delivery both in New Zealand and overseas and comparing with evidence of best practice, and if we need to consider doing things differently. It was known that older people wished to deal with one person and models have been trialled elsewhere for example where needs assessment and service co-ordination is undertaken by contracted providers of services. A single assessment approach links to the implementation of the Inter-RAI assessment tool, however it was essential that the most effective model of care was implemented before the assessment tool was put into place otherwise any change would be impeded.

Committee members referred to the New Plymouth District Council's review of rules around gaming machines and asked whether the DHB would be having input. Mrs Boardman advised that this issue was not covered in the DAP but was part of programmes within Public Health which look at the social economic determinants of health. The Public Health Unit provides submissions around this type of legislation and would consider whether or not to provide a submission on this matter.

The Chairman referred to the Health Targets noting that oral health was no longer included and expressed the view that this was an important health determinant for young people and hoped that this area would continue to be monitored by Taranaki DHB.

Mrs Boardman advised that oral health had been removed from the first level health indicators of but was included in the second level indicators of DHB performance. The second level indicators would be reported on either six monthly or yearly and copies provided through to the Board.

Committee members referred to the Stratford Health Trusts proposal for an enlarged health centre attached to the DHB Health Centre and noted the unfortunate death of John Edwards, Mayor Stratford, who had been a key driver for this development, and questioned whether any feedback would be provided to the Committee.

Mr Foulkes advised that this issue was reported through the Hospital Advisory Committee, and confirmed that the DHB was working with the Stratford Health Trust to progress this initiative.

The Committee questioned how members of the public who were considering rest home care were able to obtain information about the quality of care and the various types of service available.

Ms Hall, Portfolio Manager Older People, advised that the NASC Agency assessed people to determine eligibility for subsidised care and the type of service required to meet the individuals specific needs.

In terms of information around the quality of Rest Homes a new initiative had been put in place by the Ministry of Health to enable audit reports for certification of rest home facilities to be access through a direct link on the Ministry of Health's website.

Mrs Boardman in response to the query raised in public comment, advised that the uptake of flu vaccinations was higher this year than in previous years, which may have been influenced by the publicity around swine flu.

Resolution

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

*Mathieson/Tamatea
Carried*

541.2 Chief Advisory Maori Health

Ms Henare took report as read highlighting:

- Maori Health activities included in the DAP were reported through the General Manager's report.
- Workforce Development Activity – working with the Ministry of Social Development to increase the Maori health workforce over the next 10 years.
- Continuing to progress the establishment of Maori cadetships. These are training positions which provide on-the-job training in particular roles over a period of at least 12 months.
- Continuing with the development of the “Whyora?” website.
- Maori Health Spend – pleasing to note significant increase in Maori Health spend last year on the previous year, up 28% which is really indicative of the emphasis on Maori health improvement.
- TWPK recently met with Chairman and Chief Executive of the DHB and have expressed desired to meet again with the DHB Board.
- Iwi Relationship Boards from the Midland Region met for the first time recently to explore the current climate. Associate Minister of Health, Tariana Turia, was present and gave her thoughts on the future of the Maori health environment noting challenging times ahead and advising that we should prepare for significant changes to occur.

Discussion

Mr Tamatea referred to the relationship between TWPK and the Board which he felt was positive. He also advised that the meeting held with the Midland Region Iwi Relationship Boards was positive and gave the opportunity to bounce ideas off other providers.

Discussion took place around the Kaiawhina Pilot with Ms Henare advising that the evaluation report had been completed but the Steering Group had yet to review and formulate a final recommendation. The interim evaluation was positive but one of the issues identified was the capacity of providers to undertake the work, support systems and appropriate definition around scopes of practice.

The Committee questioned whether the Associate Minister of Health had indicated any changes with respect to PHOs.

Ms Henare advised that she had hinted at possible amalgamations of a particular regions PHOs and indicated that there was a national coalition of Maori PHOs doing some work together with a number of options being considered.

Resolution

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

*Ruakere/Wellington
Carried*

542.0 Other Business

542.1 Year In Review DAP 2008/09

Mrs Boardman took report as read, which gave a summary of the progress made during the year against DAP targets.

Discussion

General discussion took place with the Committee noting the progress being made in all areas.

Resolution

That the Community and Public Health and Disability Support Advisory Committee receive the report and note the progress that has been made against the planned activities.

*Eagles/Nager
Carried*

543.0 General

The Chairman and Committee members acknowledged the passing of John Edwards, Mayor of Stratford District Council, noting that John was particularly supportive of the proposal for a Community Health Centre attached to the DHB's health centre and had worked in the interests of the Stratford district over many years.

The Committee extended condolences to Mr Edwards's family.

Mr Foulkes also noted the work undertaken by Mr Edwards and stated that the DHB was very appreciative of the work that John and the Community Health Trust had done in terms of improving and developing health services not only recently but over many years.

544.0 Next Meeting

The next meeting of the committees was scheduled to be held on 27 October 2009 in New Plymouth.

545.0 Exclusion of the Public

Resolution

That the Community and Public Health and Disability Support Advisory Committees resolve to make this resolution in reliance on Schedule 4, clauses 34 and 35 of the New Zealand Public Health and Disability Act 2000 and the particular interest or interests protected by clause 34 Schedule 4 of that Act or section 5 or section 7 or section 9 of the Official Information Act 1982, as the case may require which would be prejudiced by the holding of the whole of the proceedings of the meeting in public are as follows:

- 1. To present Community & Public Health and Disability Support Advisory Committees Minutes pursuant to an earlier resolution publicly excluding the item.*
- 2. To present Management Report on consultation on Funding Model and Contracting Options for Community Pharmacist Services:
That the public conduct of the whole or the relevant part of the proceedings of the meeting would likely to result in the disclosure of information where the withholding of the information is necessary to:
(h) enable the DHB, Board or Board Committee holding the information to carry out, without prejudice or disadvantage, negotiations (including commercial and industrial relations).*

*Mathieson/Nager
Carried*

The meeting adjourned at 1.25pm to reconvene at 1.30pm

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Chairman

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Date