



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

### **MINUTES – PUBLIC - unconfirmed**

**Tuesday 26 August 2008**

**12.30pm**

**TET Multi Sports Complex**

**Portia Street**

**Stratford**

#### **Present**

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

#### **In Attendance**

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)

#### **478.0 Declaration to Open the Meeting**

The meeting was opened with a karakia at 12.30pm

#### **479.0 Apologies**

Tony Ruakere (Board member), Donna Leatherby (co-opted member)

Tony Foulkes (Chief Executive)

#### Resolution

*That the apologies be sustained.*

*Eagles/Tamatea*

*Carried*

#### **480.0 Conflicts of Interest**

The following new interests were declared.

Karen Eagles – Trustee of Waves Young Peoples Health Trust

#### **481.0 Presentation**

481.1 Nutrition & Physical Activity

Ms Jill Nicolls, Public Health Dietician, gave a presentation to the Committee on Nutrition and Physical Activity with emphasis on the 'pink feet' campaign.

Outlined programmes being undertaken by Health Promotion noting that the 'pink feet' campaign was one small part of a nutrition and physical activity programme.

Objectives of the programmes were to improve nutrition, increase physical activity and reduce obesity.

Particular focus on children and their whanau, lower socio-economic groups, Maori and endeavouring to make sustainable environments.

Programmes were in line with the HEHA strategy, Cancer control strategy and aimed at reducing the burden of disease.

#### Pink Feet – Points to Healthy Living

Promotes healthy lifestyle choices in the low socio-economic community

Aimed to increase awareness of healthy lifestyle choices for people living and working in Bell Block

Lifestyle choices include:

- Healthier food choices
- Increased physical activity
- Smokefree
- Involvement in children's learning

Worked with Supervalu and Four Square Supermarkets to highlight healthier choices on the shelves which were highlighted by the 'pink feet' and pink shelf talkers.

Programme was successful with surveys indicating that the programme did change behaviours towards healthier food items in school lunches and buying behaviours of 26% of consumers

Received excellent media coverage

Developed relationships with retailers

Greater community involvement achieved through a wider number of retailers and involvement with local industry

Intention to continue with the Pink Feet brand in Bell Block

Looking at changing timeframe for school activities away from the first term.

Increase involvement with coalition partners

Continue to be creative and build on previous successes.

#### Discussion

Committee members congratulated Ms Nicolls on the programme which was part of an integrated process for changing eating habits and attitude to health and were pleased to see this programme being undertaken in a novel creative manner.

#### **482.0 Minutes**

##### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held 24 June 2008 as a true and correct record.*

*Mathieson/Ryder  
Carried*

## **483.0 Management Reports**

### **483.1 General Manager Planning, Funding & Population Health Report**

The Chairman noted that with the integrated committee the reports were very thorough and complex but gave the committee a good understanding of the work being undertaken.

The report was taken as read with Mrs Boardman highlighting the following:

- Health Services for people affected by dioxin were put in place 1 July. One-Stop shops set up to assist people in applying for those services had proven to be very successful. 470 applications submitted to the Ministry for processing and some people now starting to book first wellness check. Project was a credit to all stakeholders involved.
- Successful in securing additional funding from the Ministry for primary mental health initiative co-ordinated by PHOs. Increase one-third in funding to increase access for people locally who suffer from mild to moderate mental illness.
- Progress outlined around implementing new oral health service strategy.
- Work being undertaken through a national collaboration process with the first being the procurement of the mobile units.
- Faced considerable challenges in the national procurement process for mobiles. Taranaki DHB only DHB seeking drivable campervan as this was considered to be more appropriate for Taranaki. Have over 20 decile 1 to 3 primary schools and if used caravans a concrete pad would require to be provided at each school which would involve considerable expense. Also does not give the flexibility for use of the mobiles to provide access by other high needs groups to oral health services outside of school terms.
- Almost at the point of being permitted to undertake our own RFP for both mobile buses.
- National procurement process dental equipment for all of the new oral health facilities completed which has provided considerable cost savings.
- Fixed Facilities –
  - Plans being developed at a national level.
  - Have had opportunity for input into the process but not all our suggestions accepted.
  - Final draft plans with dental teams for final feedback.
  - Location of facilities has been considered.
  - Two in New Plymouth, one in Waitara, Inglewood, Stratford and Hawera with mobile services to cover the total province.
  - The largest hub, a 4 chair facility for West New Plymouth put forward two possible sites. One at Base Hospital and the other at Rangiatea, between Spotswood Primary and Spotswood Secondary.
  - Steering Group unable to reach agreement.
  - Those in favour of Base Hospital saw advantages of this site in terms of links to secondary services and the opportunity for greater collaboration with these services.
  - Those in favour of Rangiatea site saw greater potential for reducing health inequalities, which as supported by the Health

- Impact Assessment which had been undertaken and reviewed by the Ministry.
- Based on the information available, decision made in favour of the Rangiatea site as preferred site, subject to being able to agree an acceptable long term agreement for use of the site.
  - Final decision, subject to Ministerial approval, made by General Manager Planning and Funding in favour of Rangiatea site. This decision was discussed with the Chief Oral Health Advisor to the Ministry who agreed with this option.
- Highlighted proposal to change managed bed approach or aged residential care.
  - Current policy operating since 2004, which was a managed bed policy to control the introduction of new capacity and minimise any oversupply of contracted bed capacity. If overall annual occupancy rate for subsidised beds in any of the four categories exceeded 95% then DHB would increase capacity within the sector according to needs ensuring that overall occupancy did not fall below 80%.
  - In reality Taranaki has always been over supplied with aged residential care beds and overall occupancy has never reached 80%.
  - Currently Taranaki has overall occupancy of 75.7%, rest homes 77%, dementia care 78.7%, hospital care 71% and specialised continuing care 67.8%.
  - Due to changes to the Social Security Amendment Act which in effect allows existing contractors to increase their number of beds without having to have approval from the DHB, the managed bed policy in effect gives current providers an unfair competitive advantage. Therefore propose to amend the policy to enable new accredited providers to enter the market and let market forces prevail.
  - Change is not expected to impact on DHB expenditure as in order to access aged residential care clients are assessed against the eligibility criteria.
  - The Committee is asked to note and support the proposed change.

#### Discussion

Discussion took place around the extension of the \$3 co-payment for patients attending GPs who were part of PHOs with it being noted that it did not cover patients of a GP who for philosophical reasons did not belong to a PHO.

Mrs Boardman advised that the DHB had written to the Ministry of Health highlighting that a small proportion of the population in Taranaki would be unable to benefit from this extension. Committee members noted that on the whole this was a very good initiative which allowed the majority of people to participate.

Clarification was sought around the additional funding for mental health services of \$110,000. Mrs Boardman advised that this funding was to improve access for patients with mild or moderate mental illness to access counselling services through primary care services provided by GPs

Discussion took place around the mobile dental buses with Mrs Boardman advising that one of the reasons why other DHBs had not put forward the option for a bus rather than caravan may be due to the fact that they were not as far down the process as Taranaki. It is possible that when the cost of

parking areas for the mobiles is taken into account other DHBs will decide on the bus option.

Discussion also took place around access to dental services for older people and whether the mobile service would be able to be used for this purpose.

Mrs Boardman advised that the immediate focus was on improving oral health inequalities in school aged children 0-18 years. Currently there was excellent coverage with 98-99% of primary and intermediate aged children being seen by the oral health service and it was important that this coverage was maintained. High School students are also able to access free dental care via private dentists. Although there is insufficient capacity for all students to be seen. The community oral health plans therefore include capacity for up to 40% of high school students whom it is estimated are not currently accessing services from a private dentist. It was the intention to ensure that the new service was working appropriately and then it may be possible to move the service out to other groups.

It was noted that there was not a good understanding of why adolescents did not avail themselves of dental services. Research undertaken by Otago University found that some adolescents did not seek dental care as they were not interested. One of the things highlighted in work with Midland DHBs was that if a mobile service was placed at a secondary school uptake rose and therefore taking the mobiles to the secondary schools could prove to be beneficial for this group.

Mrs Boardman in response to a query on whether the mobiles would be accessible for disabled children and advised that would be her intention. Mrs Boardman agreed to clarify the national specification for mobile dental clinics and provide feedback at the next meeting.

Further clarification was sought around the change in the managed bed approach for rest homes and whether increased occupancy would be achieved if the policy was relaxed.

Mrs Boardman advised that Taranaki had always been in the position of having excess capacity and that it was not the intention to relax the assessment process. The change in managed bed policy would ensure that existing providers did not have an unfair competitive advantage. A number of rest homes over the last three years have decided to exit and it may well be that by removing barriers to entry by other providers that further changes will occur in the sector as a consequence.

In response to a question regarding the recent incident at an Auckland Resthome as to whether the DHB was happy that accreditation and contract checking processes were sufficiently robust to avoid such an incident in Taranaki, Mrs Boardman advised that she was confident that the quality of service in rest homes was appropriate. All rest homes were audited every three years by HealthShare and issue based audits were also conducted with the results followed up with providers. All rest homes were required to be accredited which ensured quality services for the residents. A rigorous process is also in place to investigate any complaints made against rest homes.

Resolution

*That the Community and Public Health and Disability Support Advisory committee*

1. *Receive the report*
2. *Note the change to the managed bed approach in the Aged Residential Care Sector, enabling new contracts to be issued*
3. *Note the preferred location of the Oral Health Facility in West New Plymouth.*

*Mathieson/Ryder  
Carried*

Ms Eagles left the meeting at 1.30pm

483.2 Maori Health Report

Ms Henare took report as read highlighting

- Report gave overview of activities of team over past months
- Outlined progress on projects
- Kaiawhina pilot proving to be very successful with demands exceeding capacity of the people on the ground.
- Two Kaiawhina had left to take up positions in other parts of the health sector in Taranaki. One had been replaced and currently working to fill the other position.
- Oranga Kai, Oranga Pumau Project was enthusiastically received by the Maori community. Programme provided funding to support marae and communities to do things to address their own health status. 23 applications received in the first round with 17 being funded, covering a wide range of community activity.

Discussion

Mr Young referred to BERL report "Maori in the Taranaki Region: an Economic Profile" which provided a very good analysis of where Maori sat today in the Taranaki economy. The statistics provided in the report posed a challenge to the DHB in that 25%, one in every 4 children, at our primary schools were of Maori descent now and one in 5 people in Taranaki under the age of 29 were of Maori descent. The trend was towards a greater proportion of Maori in the community and for the health system and health providers the challenge was to try and create equality in health and to have the right environment and focus on the right areas to attract Maori into the health workforce in Taranaki.

Copies of the report would be provided to the Board and Committee members in the near future.

Resolution

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

*Ryder/Mathieson  
Carried*

## **484.0 Other Business**

### 484.1 Year End Review 2007/08

The Chairman thanked Mrs Boardman for the report which gave a full overview of the year's activities.

Mrs Boardman took report as read highlighting

- Report provided details on progress made over the past 12 months
- Health Targets – generally the DHB performed well against the health targets
- District Annual Plan – Covers all projects undertaken by the DHB including community.
- In general progress made across the sector has been good.
- Financial Performance – Report provided details of funder financial performance for year ended 30 June 2008.
- Positive year end result of \$5.5m against a budgeted deficit of approximately \$2m
- Personal health – underspend in this area mainly due to underspend on pharmaceuticals of \$3.5m due to anticipated growth not eventuating and PHARMAC rebates being higher than originally estimated.
- Mental Health – Underspend \$108,000. Analysis of this result disclosed that assumptions made around use of community residential beds were over estimated by \$400,000.
- Health of Older People – underspend \$2m due to budget assumptions for home based support and residential care being overestimated.
- Underspend in Maori health was due to slower than anticipated spend on strategic development funding. This funding has been held over to the 2008/09 year.

### Resolution

*That the Community and Public Health and Disability Support Advisory Committee note:*

1. *The progress made against the 2007/08 District Annual Plan Objectives*
2. *The progress made against the Health Targets*
3. *The year end Funder Financial Position*

*Nager/Wellington  
Carried*

### 484.2 Process for Allocation of Strategic Investment Reserve

Mrs Boardman took report as read highlighting:

- Notified the Board had approved a strategic investment reserve of \$3.8m in the 2008/09 funding allocation to enable new investment in strategic priority areas.
- Investment to take place during the year subject to the DHB's overall financial position
- Planning and Funding required to manage to a budgeted surplus to offset the budgeted deficit of the Hospital Provider

- Board agreed Chief Executive would detail process to be followed for allocation of the reserve
- Agreed Process –
  - Planning and Funding to notify Chief Executive on quarterly basis amount of uncommitted strategic investment reserve
  - Chief Executive notify the GM Planning and Funding whether new investments can be made from the fund
  - Level of investment to take into account DHB's overall financial position
  - Planning and Funding to then plan appropriate investments in line with the District Annual Plan
  - All new investment proposals will be considered by the planning and prioritisation panel according to the DHB's procedures.
- Emphasise that new investment is dependent on the overall financial position of the DHB.

#### Discussion

Committee members agreed that the system proposed was appropriate and looked forward to possible investment in new areas.

#### Resolution

*That the Community and Public Health and Disability Support Advisory Committee note the agreed process for allocation of the Strategic Investment Plan.*

*Ryder/Wellington  
Carried*

### **485.0 General Business**

#### 485.1 Treaty Training

The Chairman reminded Committee members of the Treaty Training Workshop to be held on Friday 5 September commencing 9am and concluding approximately 4pm.

#### 485.2 General Comment

The Chairman gave Committee members the opportunity to raise any other issues. No issues were raised.

Ms Andrea Corbett, member of the public, questioned whether the Board had undertaken any work on the estimated growth in the home based support sector and whether the funding level was appropriate and also expressed concern over delays in implementing the ageWELL Strategy and particularly the 'one stop shop' and questioned why further reports were required.

Mrs Boardman advised that the budget was based on estimated growth. There had been a significant growth in home based support sector in the previous two years, but this appeared to have leveled out.

With respect to the ageWELL strategy and the single point of access acknowledged that unfortunately the progress had not been made in this area. A Portfolio Manager was to be appointed in the near future with the key focus to be on driving forward the ageWELL Strategy.

Noted that the strategy required providers to deliver in a different way which required a great deal of change management.  
Intention going forward to have changed steering group arrangements for ageWELL, with older people providing leadership and vision to the strategy; and Planning and Funding working with providers separately to effect changes in delivery.

The meeting closed with a karakia at 2.pm.

.....  
Chairman

.....  
Date