



COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

MINUTES – OPEN

UNCONFIRMED

Tuesday 27 February 2007

12.30pm

Corporate Meeting Room 1
Base Hospital, David Street
New Plymouth

Present

Peter Catt (Chairman), Alex Ballantyne, Hayden Wano (Board members), Andrew Brock, Brenda Rae, (co-opted members)

In Attendance

Brian Gubb (Performance and Contracts Manager), Christine Henare (Chief Advisor Maori Health), Pamela Hikuroa (PA to Board)

Apologies

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning, Funding & Population Health)

421.0 Conflicts of Interest

The following new interests were declared.

Hayden Wano Te Pou Limited

422.0 Minutes 19 December 2006

Resolution

That the Community and Public Health Advisory Committee resolve to accept the minutes of the combined meeting of the Community and Public Health Advisory Committee held 19 December 2006 as a true and correct record.

*Ballantyne/Rea
Carried*

423.0 Management Reports

423.1 Funding, Planning & Population Health Report

Mr Gubb, in the absence of Mrs Boardman, took report as read and highlighted following:

- Interest District Flows – Access to national data bases and business objects now available and would be in position to provide further information to the committee in due course.

- Home Based Support Services – Additional funding of \$405,000 allocated to these contracts subject to the funding being applied to low paid workers wage rates, back dated to 1 July 2006. Engaged MoH Audit Compliance group to undertake an audit of providers to ensure that the funding has been applied appropriately.
- After Hours Strategy – Draft strategy completed and submitted to the Ministry and awaiting feedback.
- Funding Financial Position – \$340,000 positive variance to date compared with budgeted deficit of \$882,000, giving total variance of \$1.2 million. Much of additional revenue received is for targeted programmes eg personal health pharmaceutical co-payments.
- Pharmaceutical Spend – whilst anticipated an increase in costs because of the reduced co-payments by patients initial work by PHARAMC has indicated that the subsidy has generated greater accessibility and therefore greater uptake of prescriptions.
- Health Protection – a successful dump campaign for medications in the home took place.

Discussion

Committee noted the increasing spend on pharmaceuticals and suggested that the emphasis being placed on chronic care will also add pressures to this area, but had to be balanced against the positives which would accrue from the initiative.

Mr Gubb also highlight the pressures coming from high cost cancer treatment, eg the national initiative around Herceptin. Although PHARMAC is the funder for such drugs, in effect it falls on the DHB who provide the funding to PHARAMC through reduced rebates as an example.

Discussion took place on the review of pharmaceutical spend in the community with Mr Gubb advising that the intention was to ensure that medications were getting to the right people and a review and scoping of the pharmacy framework was underway. It was suggested that as this was a critical area for the primary sector that it may be prudent for that sector to be involved with the scoping and understanding of the project as they played a major role in the drivers.

Questions were raised on the approval to spend \$400,000 in mental health focusing on occupancy areas. Dr Catt advised that this matter had been discussed at the Hospital Advisory Committee and involved implementation of a scheme which had been piloted around home based management of patients. Feedback from mental health consumers was that they did not want to be in hospital but wanted to be treated at home. The DHB was looking at working with the NGO sector to produce robust proposals around community and home based care.

The Chairman reported that TDHB's cervical screening statistics were still the highest in the country and this was a credit to the service.

The Chairman referred to the financial position noting that the forecast budget although positive was considerably less than in previous years. This did not augur well in terms of finances for the future.

Resolution

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

*Brock/Ballantyne
Carried*

423.2 Maori Health Report

Ms Henare took report as read and highlighted:

- Input into the preparation of the DAP for 07/08 and confident that it provides a good platform for the DHB to focus on reducing health inequalities..
- Good things happening in relation to TWPK. Heartening to have received positive feedback from the Ministry.
- Good response received from Board and Committee members regarding participation in Treaty of Waitangi Awareness Training. Together with HR preparing a programme which would involve Board and Committee members together with senior management and senior clinicians.
- First meeting of Taranaki Ki Te Tonga group held. Enabled experiences with the health system to be discussed. General Manager Hospital Services in attendance. Very good exchange took place between community and members of the DHB.

Discussion

The Committee questioned progress with the Oral Health Strategy. They were advised that at this stage no response had been received from the Ministry.

Resolution

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

*Rea/Brock
Carried*

424.0 Other Business

424.1 Draft Funding Prioritisation Policy

The Chairman advised that the General Manager had given her apologies for not being able to present this paper.

Mr Gubb took report as read and noted it included a response from the General Manger to feedback received regarding the tool.

- The main point to be stressed was that the prioritisation tool is one of a suite of tools to assist General Manager Planning Funding and Population Health to make funding decisions.
- Important to note it is not the only tool.
- Health Impact Assessment would be used as evidence to support proposals
- Request is to present prioritisation policy which includes the tool to the Board with endorsement of the committee.

Discussion

Mr Wano in speaking to the document felt that this was a good start to the process in assisting the DHB to determine where to make investments but questioned whether the process would be used to review what was currently being undertaken by the DHB.

Mr Gubb advised that the Planning Prioritisation Policy Panel had agreed that as contracts came up for review the tool would be applied to reassess whether the contract was still valid and whether it was focusing on the strategic areas, but again highlighted that this was only one tool which would be available.

A question was raised as to whether key groups would be invited to give feedback on how they found the process.

The Chairman advised that it was the intention for the policy to be in place for a two year period and a review would be taken prior for the policy being resubmitted for approval after that time.

Mr Gubb advised that the DHB was endeavouring to make the process more transparent across all contracts, including Hospital and Specialist Services. The Panel also had the benefit of professional advice from Director of Nursing, and the Public health Advisor.

Mr Brock stated that he saw the policy as a critical document and one which would have a major impact. He wished to take up the point about the General Manager having the final say on funding and was uncomfortable that this document, in its current form, would be used in this decision-making process. He advised that a copy had been provided to the Pinnacle PHO board for comment but unfortunately a response had not been able to be provided in the timeframe given, although it supported the concept that particular PHO board did not feel the document was at the point where it was comfortable to support it.

Mr Wano, as Chairman of the DHB, felt that there was a confusion of the issues and highlighted that although many representatives 'wore different hats', it was important to remember that consideration of information was from a DHB viewpoint when sitting at the Committee table.

He also highlighted in relation to delegated authorities, that at the moment those delegations already existed through delegations from the Board to the Chief Executive who in turn delegates to management. The Board had determined that it would set the policy environment, but would not be involved in the day to day DHB operational funding and contract decisions.

Mr Ballantyne also commented that he felt the policy accurately reflected the feelings of the Board and the focus areas outlined in the District Strategic Plan and District Annual Plan and the policy would be refined over time.

Resolution

That the Community and Public Health Advisory Committee recommends the Funding Prioritisation Policy to the Board for approval.

*Ballantyne/Wano
Carried*

425.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 24 April 2007 in New Plymouth.

The meeting closed with a karakia at 1.25pm

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Chairman

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Date