

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 21 AUGUST 2007 AT 9AM
IN THE DHB BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,
BLAIR STREET, MASTERTON**

Present:

Mr Bob Francis (Chairman), Ms Trish Taylor, Mr Perry Cameron and Ms Janine Vollebregt

In Attendance:

Ms Stephanie Turner (Director Maori Health), Ms Joy Cooper (Director Planning and Funding), Mr David Meates (Chief Executive), Mr Eric Sinclair (Chief Financial Officer)

1. Apologies

Ms Cheryl-Ann Broughton-Kurei and Mr Rob Tuckett

2. Conflicts of Interest

Nil

3. Confirmation of Minutes – Meeting of 17 July 2007

Ms Trish Taylor did not attend the meeting on 17 July 2007.

Resolved:

THAT WITH THIS CORRECTION, THE MINUTES OF THE MEETING HELD ON 17 JULY 2007 BE CONFIRMED AS A TRUE AND CORRECT RECORD

4. Chairman's Report

The Chairman had nothing significant to report.

5. Planning and Funding Report – July 2007

The Director of Funding and Planning summarised this report and highlighted the following points:

- Residential Services - With no managed bed policy, providers can now vary their mix of beds as long as they are certified by the Ministry to provide the levels of care. There have been a number of days when there have been no available hospital level beds for long term residents.
- Healthy Eating-Healthy Action – an internal DHB lead group has been set up to ensure the DHB supports healthy eating and activity for its own staff and leads by example.
- Baby Friendly Community Initiative – funding has been budgeted for the DHB provider to establish a full time lactation consultant.
- Wairarapa Community PHO: Report on Outreach Clinics. The Community and Public Health Advisory Committee expressed their appreciation of the value of the report. The Director of Funding and Planning will feed this back to the PHO.

The Chief Executive spoke about the two-day Richard Bohmer workshop last week, which looked at deliberate health system design. The patient journey process is about to be launched.

Mr Francis emphasised the importance of ensuring Healthy Eating Healthy Action initiatives in the community are sufficiently resourced and asked that any resource issues or concerns be identified.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:
RECEIVE THE PLANNING AND FUNDING REPORT FOR JULY 2007

6. Wairarapa Public Health Unit Report – Quarter 4

The following points were highlighted:

- The Wairarapa Public Health Unit has statutory obligations to meet and it is important that these are not compromised by the many initiatives undertaken within the Unit.
- Hazardous substances is an area that needs to be monitored.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THE WAIRARAPA PUBLIC HEALTH UNIT REPORT – QUARTER 4

7. Provider Arm Performance Report – Quarter 4

The Director of Funding and Planning summarised this report and highlighted the following point:

- Consolidated Performance Personal Health Volumes – for the year ended 30 June 2007, the value of overall outputs delivered by the Provider is 2.2% ahead of expected volumes, over-delivering against contract by \$875k.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

- (1) **RECEIVE** THE PROVIDER ARM PERFORMANCE REPORT – QUARTER 4
- (2) **NOTE** THAT OVERALL PERFORMANCE OF THE PROVIDER ARM FOR THE YEAR ENDED 30 JUNE 2007 IS 2.2% OR \$875K AHEAD OF CONTRACTED VALUES.
- (3) **NOTE** THAT AS A RESULT OF THE PERFORMANCE IN ELECTIVES THE PROVIDER ARM EXPECTS TO BE ABLE TO SOURCE EXTRA FUNDING FROM THE MOH TO A VALUE OF \$814K.
- (4) **NOTE** THAT THE PROVIDER ARM AS AT 30 JUNE 2007 HAS ACHIEVED GREEN STATUS ON ALL HOSPITAL AND SERVICE LEVEL ESPIS.

8. DHBs Youth Strategy Progress Report

The Director of Funding and Planning summarised this report. The following points were discussed:

- School clinics have started well.
- Progress in improving health outcomes
- In developing the alcohol and drug service initiative care must be taken to ensure the service is tightly targeted and evidence based. It cannot meet the needs and wishes of a wide range of stakeholders.
- The twelve month project will focus on a key target group.
Marie McKay joined the meeting at this point and tabled printed copies of the *Life2Go!* booklet.
- School Principals are very supportive of the alcohol and drug project.
- The Steering Committee has recommended the pilot commencing in one school.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

- (1) **NOTE** THAT THERE HAS BEEN SIGNIFICANT PROGRESS AGAINST *LIFE2GO!* OVER THE PAST TWELVE MONTHS.
- (2) **NOTE** THAT THREE OF THE NEW SERVICES IN PLACE ARE CONSIDERED PILOTS AND AN EVALUATION OF THEIR EFFECTIVENESS OVER THE PILOT PERIOD WILL INFORM LONG TERM SERVICE DEVELOPMENT.
- (3) **NOTE** THAT ANALYSIS OF THE LONG TERM IMPROVEMENTS IN YOUTH HEALTH INDICATORS WILL REQUIRE 2-3 YEARS OF RESULTS TO ACCUMULATE BEFORE THE IMPACT OF THE DHBS INVESTMENT INTO YOUTH HEALTH CAN BE ASSESSED.
- (4) **NOTE** THAT THE *LIFE2GO!* BOOKLET IS READY FOR CIRCULATION.

9. Palliative Care and Cancer Plans Progress Report

Lisa Burch joined the meeting at this point and the following points were highlighted:

- The Wairarapa Cancer Plan aims to reduce the incidence and impact of cancer in the Wairarapa and proposes a range of initiatives across the cancer continuum.
- The Palliative Care Plan is intended to address the needs of people with incurable illnesses.
- An implementation plan has been developed and will be reviewed at a workshop in early September.
- Currently the hospice is contracted to provide palliative care services, including domiciliary nursing, for 78 patients per year. In the future the hospice will provide specialist level services (eg advice on control of

complex symptoms) for a wider group of people as required. Coordination of care will be provided by a nominated lead palliative carer who is likely to be someone who has an established relationship with the patient and their family (eg a specialist nurse, primary care team or aged residential care provider)

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

- (1) **NOTE** THAT A DISTRICT CANCER ADVISORY GROUP HAS BEEN ESTABLISHED
- (2) **NOTE** THAT A STEERING GROUP IS BEING CONVENED TO OVERSEE THE IMPLEMENTATION OF THE DHB PALLIATIVE CARE PLAN
- (3) **NOTE** THAT AN INITIAL STEP IN IMPLEMENTING THE PLAN WILL BE A WORKSHOP WITH PALLIATIVE CARE PROVIDERS AND OTHER STAKEHOLDERS TO CONFIRM ROLES AND PROCESSES
- (4) **NOTE** THAT FEEDBACK HAS BEEN SOUGHT FROM TE ORANGA O TE IWI KAINGA REGARDING MAORI INPUT TO THE DISTRICT CANCER CONTROL ADVISORY GROUP AND THE PALLIATIVE CARE STEERING GROUP.

10. Report Back from Public Excluded Meeting

The following resolutions were taken in the public excluded section of the meeting:

Resolved

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

- (1) **NOTE** CONCERNS HAVE BEEN RAISED IN RELATION TO CONTRACTS WITH TWO PROVIDERS
- (2) **NOTE** THESE CONCERNS ARE BEING ADDRESSED IN LINE WITH DHB POLICY
- (3) **NOTE** THAT A REPORT ON CONTRACT PERFORMANCE WILL BE GIVEN TO THE BOARD
- (4) **NOTE** THE PHARMACY SERVICES STRATEGY REPORT

The meeting concluded at 11.08am.

Signed: _____
Chairman

Date: _____