

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 19TH FEBRUARY 2008 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, Ms Viv Napier, Ms Janine Vollebregt and Ms Fiona Samuel

In Attendance:

Ms Stephanie Turner (Director Maori Health), Ms Joy Cooper (Director Planning and Funding), Mr David Meates (Chief Executive), Gillian Malton (minute taker)

1. Apologies

Mr Eric Sinclair (Chief Financial Officer)

2. Conflicts of Interest

Nil

3. Confirmation of Minutes – Meeting of 18th December 2007

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 18TH DECEMBER 2007 BE CONFIRMED AS A TRUE AND CORRECT RECORD

Matters Arising:

Joy Cooper has spoken with the PHO in regards to concerns about Cervical Screening and it was agreed that this was an ongoing priority.

Flu vaccination rates for Wairarapa people aged 65 years and above were reported:

2003	58%
2004	65%
2005	66%
2006	76%
2007	89%

4. Chairman's Report

The Chairman had nothing significant to report.

5. Planning and Funding Report – February 2008

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

- The closure of the Rehab Ward, over the Xmas period, led to the temporary transfer of some hospital patients to residential care facilities (under the medical management of a hospital physician). This put extra pressure on community residential beds for those needing long term placements
- Both Dalcum and Glenwood are progressing their plans for the construction of new facilities.
- The Single Point of Entry to Community Nursing and Support services commenced earlier this month. Work is continuing to align this structure with other developments such as increased and regular links with inpatient areas and the Emergency Dept to enable a smoother pathway for patients.
- The Ministry has forwarded a draft CFA variation for an extension of the To Be Heard pilot in 2008/09. The key change to the Wairarapa pilot for the coming year is that the 'standard' number of counselling sessions that clients will be referred for will change from six to four. Those clients needing more than four sessions can still be referred for additional sessions if required.
- CDEvolution has been installed in all practices (with the exception of Kuripuni) CDEvolution will identify patients that are increased risk of CVD. The "Foundation Programme" will provide additional management capability and resources for practices to work with patients to reduce and manage their risks. Members

agreed that Masterton Medical should be invited to the March meeting to give an update on what outcomes are emerging.

- The Nurse Practitioner, Nancy Williams, arrives today with a Powhiri planned for tomorrow in Martinborough.
- Contracts with Whaiora Whanui have been rolled over to 30 June 2007. Whaiora reinstated full Tamariki Ora services from 6 December 2007.
- Data currently available from the MoH indicates that at the end of November 2007, WDHB's net IDF flows are 7.6 caseweights or \$28k favourable to the agreed IDF targets which is an excellent result.
- Iwi Kainga and DHB staff hosted a Hui on 12 February to inform development of the DAP and the DHB's next Maori Health plan. This was a very positive meeting.
- DHB, PHO and local pharmacists met in January to discuss how to move forward and possible develop some value added services. The next step is for the DHB to seek formal EOI from pharmacies and then negotiate contracts.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:
RECEIVE THE PLANNING AND FUNDING REPORT FOR FEBRUARY 2008

6. Funders Quarterly Report on DHB Provider Performance 2007/08 – Quarter 2

This report provided advice to the Committee on the extent to which the DHB Provider has met the Funder's expectations in respect of the volumes and the value of services delivered over the second quarter of 2007/08.

Nigel Broom, Business Manager, summarised the report and the following points were discussed:

- As at 31 December 2007, the value of overall outputs delivered by the Provider is 7.4% or \$1.6m ahead of target. At the same time last year, the Provider had over delivered against contract by \$384k or 1.9%.
- Managing Acute Demand is a priority and strategies are being worked on to reduce it.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

RECEIVE THE FUNDERS QUARTELY REPORT ON DHB PROVIDER PERFORMANCE 2007/08 – QUARTER 2

NOTE THAT OVERALL PROVIDER ARM PERFORMACNE FOR THE SECOND QUARTER OF 2007/08 IS 10.0 PERCENT OR \$1,051K AHEAD OF CONTRACTED VALUES. THE YEAR TO DATE PERFORMANCE IS \$1,573K OR 7.4 PERCENT MORE THAN TARGET.

NOTE THAT THE PROVIDER ARM AS AT 31 DECEMBER 2007 HAS AGAIN ACHIEVED GREEN STATUS ON ALL HOSPIATL LEVEL ESPI'S.

RECOMMEND THAT THE BOARD APPROVE THE PAYMENT OF \$329.5K BY THE FUNDER TO THE PROVIDER: \$288.5K BEING THE MARGINAL COST (25%) OF TOTAL ACUTE CASEWEIGHT OVERDELIVERY AT THE END OF QUARTER TWO OF \$1,154K AND \$41K BEING IDF INFLOWS PERFORMED AT WAIRARAPA HOSPITAL IN EXCESS OF BUDGET AS AT THE END OF QUARTER TWO.

7. New project Governance Arrangements for HEHA and Active Wairarapa

Sue McAuley, HEHA Project Co-ordinator, spoke to this report and highlighted the following:

- At present there are separate lead groups for Active Wairarapa, and for Healthy Eating Healthy Action, and that many of the same agencies are prepresented on both groups.
- This report proposes a change in the governance structure to incorporate governance of a number of projects associated with "Healthy Lifestyles" under a single inter-sectoral governance group.
- The draft social marketing strategy outlines a strategic approach to the social marketing of healthy lifestyles in the Wairarapa. The strategy brings healthy eating, physical activity and smokefree under one healthy lifestyle banner that will send consistent messages to the community.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT AT PRESENT THERE ARE SEPARATE LEAD GROUPS FOR ACTIVE WAIRARAPA, AND FOR HEALTHY EATING HEALTHY ACTION, AND THAT MANY OF THE SAME AGENCIES ARE PREPRESENTED ON BOTH GROUPS

NOTE THAT CONTINUING WITH TWO SEPARATE GROUPS IS RESOURCE INTENSIVE AND RISKS LOSS OF POSSIBLE PROJECT SYNERGIES

AND RECOMMEND TO THE BOARD THAT THE BOARD

APPROVE THE PROPOSAL TO ESTABLISH A HEALTHY LIFESTYLES OVERSIGHT GROUP TO PROVIDE GOVERNANCE FOR HEALTHY EATING HEALTHY ACTION, ACTIVE WAIRARAPA, SMOKEFREE DHB, AND POSSIBLY OTHER SIMILAR POPULATION WIDE HEALTHY LIVING PROGRAMMES.

AGREE THE HEALTHY LIFESTYLES OVERSIGHT GROUP WILL BE LED AND SUPPORTED BY THE DHB, AND HAVE MULTI-AGENCY, INTERSECTORAL MEMBERSHIP.

AGREE THE HEALTHY ACTION HEALTHY EATING LEAD GROUP SHOULD BE DISBANDED

8. Public Health Services Report for Quarter 2, 2007/08

This report summarises activity by the Wairarapa Public Health Unit for the quarter October to December 2007.

Debi Lodge Schnellenberg, Manager Wairarapa Public Health, summarised this report and highlighted the following:

- The Wairarapa Public Health Unit delivers many public health services as Public Health provider for the Wairarapa District Health Board. Services are delivered as part of a sub contract with Regional Public Health, part of a Service Level Agreement with the DHB, and through contracts directly with the Ministry, and thirdly through the DHB SLA between the Planning and Funding Directorate and the DHB Provider arm.
- The new Principal of the Kura has expressed a desire for all services within the Kura to be delivered in Te Reo. Neither the Public Health nurses nor the Whaiora Whanui RNs are fluent in Maori. The PHO have been advised and it is hoped that the issue will be resolved soon.
- Wairarapa Public Health are currently looking at people in four particular settings; workplaces, Healthy Schools, Masterton East and women who are pregnant or mothers of children under to 30 months of age.
- A presentation will be made to the Committee, at a future meeting, on the proposal to utilise a multi-disciplinary public health approach in Masterton East.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THE PUBLIC HEALTH SERVICES REPORT FOR QUARTER 2, 2007/08

9. Diabetes Annual Report for 2007

This report provided members with a draft version of the Annual Diabetes Report which needs to be submitted to the Ministry once it is finalised.

Joanne Edwards, Portfolio Manager, spoke to this report and the following items were discussed:

- The Wairarapa Diabetes Advisory Group has become a well functioning team who are getting results.
- From 2006 to 2007, there have been notable improvements in managing diabetes. There has been a reduction in disparities in effective diabetes management between Maori, Pacific Island People and others. The biggest gains in controlling diabetes have been for Pacific Island People and Maori.
- There will be more media releases reminding people of the need to have regular checks, in the coming year

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT THE DIABETES RESULTS AND ACHIEVEMENTS FOR 2007 SHOW AN IMPROVEMENT FROM 2006

NOTE THAT THE WAIRARAPA DIABETES ADVISORY GROUP HAS MADE 11 RECOMMENDATIONS FOR ACTION IN 2008.

RECOMMEND THAT THE BOARD ADOPTS THIS DIABETES REPORT FOR THE CALENDAR YEAR, 2007

10. Managed Beds Policy

Joanne Edwards, Portfolio Manager, summarised this report and highlighted the following:

- This report informed members of changes needed for the Managed Beds Policy of the WDHB to accommodate the Social Security Amendment Act (2006). The Policy also needs to accommodate the DHBs need to be informed of the total residential care capacity in Wairarapa at any one time. It is anticipated that this policy will become the basis for MOU with residential care providers in Wairarapa.
- To avoid confusion with previous contracting practice for aged residential care, it is suggested that the Managed Beds Policy is renamed the Residential Beds for Older People Policy.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT THE DHB IS LIABLE TO FUND OLDER PEOPLE IN RESIDENTIAL CARE WHO MEET BOTH THE *NEEDS* ASSESSMENT CRITERIA (ASSESSED BY FOCUS) AND THE *MEANS* ASSESSMENT CRITERIA (ASSESSED BY THE DEPARTMENT OF WORK AND INCOME).

NOTE THAT THE DHB CURRENTLY CONTRACTS FOR ALL ACTUAL RESIDENTIAL CARE BEDS IN WAIRARAPA AND CANNOT LEGALLY RESTRICT THE MAXIMUM NUMBER OF SUBSIDISED RESIDENTS IN ANY GIVEN FACILITY¹.

NOTE THAT THE DHB CONTINUES TO MANAGE ITS FINANCIAL RISK RELATED TO AGED RESIDENTIAL CARE AND ITS IMPLEMENTATION OF THE HEALTH OF OLDER PEOPLE STRATEGY THROUGH CLEARLY DEFINED CRITERIA FOR ACCESS TO RESIDENTIAL CARE AND A RANGE OF SUPPORT SERVICES FOR THOSE WHO WISH TO REMAIN LIVING AT HOME.

RECOMMEND THAT THE BOARD ADOPTS THIS REVISED MANAGED BEDS POLICY AND ENDORSES THE PROPOSED MANAGED BEDS POLICY FOR CONTRACTED PROVIDERS SUBJECT TO EXPERT LEGAL CONFIRMATION

11. Mental Health and Addiction NGO Service Agreements

Marie McKay, Portfolio Manager, spoke to this report and explained:

- This report is to seek the Committees approval for the DHB to proceed with a process to negotiate new service agreements with Wairarapa Addiction Services, Richmond NZ and Te Hauora Runanga O Wairarapa.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT SERVICE AGREEMENTS HAVE BEEN IN PLACE BETWEEN THE DHB AND THE FOLLOWING NGOS FOR THREE YEARS, SINCE 1 JULY 2005 AS FOLLOWS:

- WAIRARAPA ADDICTION SERVICE INCORPORATED – ANNUAL VALUE \$822,319
- RICHMOND NEW ZEALAND – ANNUAL VALUE \$1,219,297
- TE HAUORA RUNANGA O WAIRARAPA – ANNUAL VALUE \$520,895

NOTE THAT ALL THREE OF THESE AGREEMENTS EXPIRE ON 30 JUNE 2008

NOTE THAT ALL THREE PROVIDERS ARE PERFORMING WELL

AGREE TO RECOMMEND TO THE BOARD THAT MANAGEMENT SHOULD PROCEED TO DIRECT NEGOTIATION OF NEW AGREEMENTS WITH EACH PROVIDER FOR THE SAME RANGE OF SERVICES, AND, WHERE POSSIBLE, IDENTIFYING WAYS IN WHICH THE PROVIDER COULD BE DEVELOPED FURTHER TO ENHANCE OR IMPROVE SERVICE PROVISION.

AGREE TO RECOMMEND TO THE BOARD THAT THE NEW AGREEMENTS BE FOR A FURTHER 3 YEAR PERIOD.

NOTE THAT DETAILS OF THE PROPOSED AGREEMENTS WILL COME TO THE COMMITTEE FOR APPROVAL BEFORE BEING FINALISED.

12. Regional Mental Health Services Strategy Update

This paper advised the Board of Central region DHBs of the proposed timetable and pathway for progressing implementation of the Central Region Strategic Plan for development of Mental Health and Addiction Services.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THE IMPLEMENTATION OF THE REGIONAL PLAN IS NOW A KEY FOCUS FOR THE REGIONAL MENTAL HEALTH WORK PROGRAMME.

NOTE THAT THE BOARD WILL RECEIVE REGULAR PROGRESS REPORTS EACH QUARTER.

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:

NOTE THAT THE DHB IS CURRENTLY IMPLEMENTING THE WAIRARAPA PALLIATIVE CARE PLAN AND INTENDS TO MOVE TO THE RECONFIGURED SERVICES FROM 1 JULY 2008.

NOTE THAT A REQUEST FOR PROPOSALS (RFP) FOR SPECIALIST PALLIATIVE CARE SERVICES CLOSED ON 1 FEBRUARY 2008, WITH ONE PROPOSAL BEING RECEIVED.
NOTE THAT A PANEL HAS BEEN CONVENED TO EVALUATE THE PROPOSAL ON 20 FEBRUARY 2008, WHICH IS LIKELY TO BE FOLLOWED BY A NEGOTIATION ON RESOURCES.
NOTE THAT, BECAUSE THE MODEL OF CARE IS LEADING NEW ZEALAND PRACTICE AND DEPARTS FROM THE TRADITIONAL HOSPICE MODEL, CARE WILL BE NEEDED TO COMMUNICATE THE CHANGES TO OTHER PROVIDERS AND THE PUBLIC.
NOTE THAT A PALLIATIVE CARE COORDINATION ROLE HAS BEEN ESTABLISHED WITHIN FOCUS AND WILL BE SOON BE OPERATIONAL.
NOTE THE INTENTION TO PURCHASE INTERRAI PALLIATIVE CARE, AN INTERNATIONALLY RECOGNISED ASSESSMENT AND CARE PLANNING TOOL.
AGREE THE GENERAL DIRECTION AND CONTENT OF THE STATEMENTS OF PROGRESS IN 2007/08 AND ACTIVITY PROPOSED FOR 2008/09, AS SET OUT IN THE DRAFT DAP.
AGREE THE ALLOCATION OF FUNDS FOR 2008/09 AS SET OUT IN SECTION 2.5 OF THE DRAFT DAP
AGREE THAT THE RISKS AND ASSUMPTIONS ASSOCIATED WITH THESE FORECASTS HAVE BEEN IDENTIFIED AND DESCRIBED APPROPRIATELY IN SECTION 2 OF THE DRAFT DAP

The meeting concluded at 12.05pm

Signed: _____
Chairman

Date: _____