

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 19TH AUGUST 2008 AT 9AM
IN THE DHB BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,
BLAIR STREET, MASTERTON**

Present:

Mr Bob Francis (Chair), Ms Janine Vollebregt, , Ms Trish Taylor, Ms Viv Napier, Ms Fiona Samuel and Mr Perry Cameron

In Attendance:

Ms Joy Cooper (Director Planning and Funding), Mr Eric Sinclair (Chief Financial Officer), Ms Stephanie Turner (Director Maori Health), Ms Joanne Edwards (Portfolio Manager), Mr David Meates (Chief Executive) and Gillian Malton (minute taker)

1. Apologies

Ms Liz Mellish

2. Conflicts of Interest

Two new conflicts were noted:

Fiona Samuel is joining the staff of Whaiora Whanui, from 15 September.

3. Confirmation of Minutes – Meeting of 15th July 2008

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 15TH JULY 2008 BE CONFIRMED AS A TRUE AND CORRECT RECORD

Matters Arising:

- Dr Tim Maling has been invited to attend a future meeting to talk about the Medicine Reconciliation Project and other opportunities for improvements in use of pharmaceuticals.

Viv Napier left the meeting at 9.15am

4. Masterton East Project

Debi Lodge Schnellenberg, Manager Wairarapa Public Health, gave a presentation on the Masterton East Project (attached)

- The key players in the project are; Pasifika Wairarapa Trust, Masterton District Council, PHO-DHB, Sport Wairarapa, Police, Truancy Services, Schools, Community residing in the area, Te Puni Kokiri, He Kahui, Whaiora Whanui and Rangitaane.
- The project is based on the Healthy Porirua model.
- Whilst at present there is a lot of activity, it is currently uncoordinated.
- Some of the issues identified are warm houses, food, education, river safety, healthy whanau, mental health and the stigma of East side.

Debi was thanked for her presentation and encouraged to keep up the momentum.

5. Planning and Funding

Joy Cooper, Director of Funding and Planning, summarised this report and highlighted the following points:

- All Wairarapa Aged Residential Care providers have signed the contract variation and will receive the 2.8% price increase, back dated to 1 July 2008.
- The first part of a review of the Health Recovery Programme has recently been undertaken. The Programme is successful in enabling people to return to their own homes.
- The new Palliative Care service is making good progress. Staff have been appointed. A successful meeting was held with the volunteers at Lincoln Road. The volunteers have indicated that they would like the DHB to appoint a volunteer coordinator
- WDHB are over budget on expenditure on pharmaceuticals YTD.

- All pharmacies have now ceased applying the \$1 additional charge to all new prescriptions but some pharmacies have introduced a series of intervention charges for services provided that are not funded by the DHB through the pharmacy contract. While such charges may be legitimate under the contract, members were very clear that they did not support the application of these extra charges. It was suggested that publicity could be used to inform people to be selective of the pharmacy they use.
- Wairarapa DHBs net IDF flows are 111 Caseweights unfavourable to the agreed IDF targets. This is a significant deterioration from the position advised two months ago. WDHB had assumed the year end position would be worse than the MOHs forecast and made provision for a \$200k additional payment. It is now more likely that an additional payment of \$500k or more will be required.

Stephanie Turner left the meeting at 10am

- The PHO's four outreach clinics are making good progress. Committee members were very impressed by the progress shown in the reports from the staff working in the outreach clinics.
- Lack of live IT interface between The Doctors and the Cameron Clinic has been causing problems in accessing patient notes. The computers at the clinic are not being able to "talk" to the Practice's database. Members agreed that some action should be taken on this. Management was asked to investigate a potential solution.

Resolved:

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

6. Wairarapa Community Transport Services

This report described DHB assistance with transport to enable Wairarapa people to access health services.

- From July 2007 to June 2008, older people (over 65 years) accounted for 91% of passengers.
- Just over half of all passengers accessed the bus from areas outside of Masterton.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT THE DHB CONTRIBUTES TO TRANSPORT OF WAIRARAPA PEOPLE IN A NUMBER OF WAYS, BUT WITH A PARTICULAR EMPHASIS ON ENSURING EQUITABLE ACCESS TO HEALTH SERVICES.

NOTE THAT THE WAIRARAPA COMMUNITY TRANSPORT SERVICE IS GOVERNED BY THE WAIRARAPA COMMUNITY TRANSPORT TRUST AND ADMINISTERED BY RED CROSS (WAIRARAPA).

NOTE THAT THE SERVICE PROVIDED BY RED CROSS IS BECOMING INCREASINGLY ESTABLISHED AND PROVIDING TRANSPORT BOTH WITHIN AND OUTSIDE WAIRARAPA

NOTE THAT A SEPARATE ARRANGEMENT EXISTS FOR RENAL PATIENTS TRAVELLING TO PORIRUA AND WELLINGTON ON A REGULAR BASIS

7. Quality Assurance and Auditing of Aged Residential Care Services

Joanne Edwards spoke to this report:

- This report informed the Committee of the provision for quality assurance and auditing of age related residential care facilities.
- WDHB has robust systems in place for dealing with any concerns from the public about the quality of care in residential care facilities.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT THERE ARE CURRENTLY 14 AGED RESIDENTIAL CARE FACILITIES IN WAIRARAPA, ALL OF WHICH HAVE CURRENT CERTIFICATION AGAINST THE HEALTH AND DISABILITY SECTOR STANDARDS, UNDER THE HEALTH AND DISABILITY SERVICES SAFETY ACT (2001)

NOTE THAT ALL FACILITIES HAVE BEEN AUDITED AGAINST THEIR CONTRACT AND ITS QUALITY REQUIREMENTS WITHIN THE PAST 3 YEARS.

NOTE THAT THE COMPLAINTS POLICY AND PROCEDURE OF EACH FACILITY HAS BEEN VIEWED BY THE DHB OR ITS AGENT (DESIGNATED AUDITING AGENCY).

NOTE THAT THE DHB HAS A PERFORMANCE MONITORING POLICY AND PROCEDURE IN PLACE

NOTE THAT THE DHB HAS ROBUST PROCESSES FOR RECEIVING AND DEALING WITH ANY CONCERNS FROM THE PUBLIC ABOUT THE QUALITY OF CARE IN RESIDENTIAL CARE FACILITIES.

NOTE THAT THE DHB, MINISTRY AND HEALTH AND DISABILITY COMMISSIONER WORK TOGETHER WITH REGARD TO ASSURING THE SAFETY OF RESIDENTS IN CARE.

Stephanie Turner returned to meeting at 10.40

8. Implementation of the HPV Vaccination Programme

- Planning for this project has been undertaken according to the Ministry template. A first draft of the plan was submitted to the Ministry on 18th July and feedback was received on 31 July 2008. The final draft is due by 15th August with Ministry sign of due by 25th August 2008.
- The first part of the programme will see the vaccine rolled out to 18 year olds this year. In February 2009 the vaccine will be rolled out to the schools.
- There is national information material available and there are plans for a local publicity campaign.
- Members expressed some concerns about possible negative publicity.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:
RECEIVE THE REPORT OF THE HPV IMPLEMENTATION PROGRAMME

9. Chemotherapy Feasibility Study – Progress Report

- After numerous requests from the community, the DHB are investigating the possibility of providing chemotherapy treatment locally.
- Both Palmerston North and Wellington Cancer Centres have been approached to gauge their interest in working in partnership to provide a service for the Wairarapa.
- The feedback to date has been disappointing with one of the main issues being that they operate different procedures and protocols which will need to be aligned if outreach services are to be provided in Wairarapa.
- The Central Cancer Network has agreed that provision of outreach services is a regional service development that should be investigated further and trialled in Wairarapa, but that development of clinical governance and operational frameworks, incorporating use common policies and procedures across all participating DHBs is a prerequisite. Development of the frameworks and policies is a significant task that cannot be undertaken within current resources.

An application will now been made to the Genesis Oncology trust for funding for a project manager for 12 months to develop the clinical governance and operational frameworks, policies and procedures required.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT INDICATIVE ANALYSIS OF VOLUMES AND FINANCIAL FORECASTS HAS BEEN COMPLETED

NOTE THAT MANAGEMENT HAS APPROACHED WELLINGTON AND PALMERSTON NORTH CANCER CENTRES ASKING THEM TO CONSIDER A PROPOSAL THAT THEY WORK IN PARTNERSHIP WITH WAIRARAPA HOSPITAL TO ESTABLISH A CHEMOTHERAPY TREATMENT SERVICE HERE

NOTE THAT THE TWO REGIONAL CENTRES HAVE RESPONDED WITH CONCERNS REGARDING:

- WORKFORCE AVAILABILITY
- DIFFICULTIES IN MAINTAINING CLINICAL COMPETENCY IN A SERVICE WITH LOW VOLUMES
- THE NEED TO DEVELOP A SINGLE SET OF PROTOCOLS AND PROCEDURES FOR CHEMOTHERAPY TREATMENT IF THE TWO CENTRES ARE TO WORK COLLABORATIVELY IN DELIVERY OF OUTREACH SERVICES

NOTE THAT THE CENTRAL CANCER NETWORK IS SUPPORTIVE OF DEVELOPMENT OF OUTREACH SERVICES, AND WILL APPLY TO THE GENESIS ONCOLGY TRUST FOR FUNDING FOR EMPLOYMENT OF A PROJECT MANAGER, FOR ONE YEAR TO PROGRESS THIS WORK.

Viv Napier returned to the meeting at 10.55am

10. Obesity / Bariatric Services for Wairarapa

Joy Cooper spoke to this report and highlighted the following:

- To date referrals for bariatric surgery have been handled in isolation from the diet programme. It is proposed that an integrated weight loss and weight management pathway be established across both primary and secondary care for all people who are obese.

- There are currently approx 50 patients on the “Very Low Calorie Diet” (VLCD) which is run by the Dieticians. It is estimated that there are approximately 50-100 patients who are unable to be accommodated within the current resources of the clinic.
- The CFO advised that this programme is budgeted for in the DAP for 2008/09
- Members agreed that this is an excellent report and should be sent to the PHO requesting feedback from the Board, Managers and Practices. It should also be discussed with Maori.
- Members observed that patients of the specialist bariatric service would probably be eligible for Care Plus.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT CURRENTLY BARIATRIC SERVICES IN WAIRARAPA ARE LIMITED AND UNCOORDINATED

NOTE THE NEED TO ESTABLISH A COMPREHENSIVE OBESITY AND WEIGHT MANAGEMENT SERVICE WITHIN WAIRARAPA.

NOTE THE POTENTIAL NOW EXISTS TO OFFER A LARGER MULTI-DISCIPLINARY BARIATRIC SERVICE IN WAIRARAPA, THAT PROVIDES A WIDER RANGE OF TREATMENT MODALITIES

RECOMMEND TO THE BOARD THAT THE PROPOSAL TO ESTABLISH A NEW MORE COMPREHENSIVE SPECIALIST BARIATRIC SERVICE BE APPROVED IN PRINCIPLE.

11. Youth AOD Day Programme Implementation Plan

This report provided a summary of the process that management has applied in completing Phase 1 of the Ripple programme over the past 18 months and is seeking approval for the procurement process required to move to Phase 2 of the project. Members discussed the implementation timetable and their expectation that the programme will be operational at the start of term one, 2009.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT ONE OFF FUNDING FROM THE MINISTRY OF HEALTH IS AVAILABLE FOR A PILOT PROGRAMME OF INTENSIVE SUPPORT TO SECONDARY SCHOOL STUDENTS WHOSE USE OF ALCOHOL OR OTHER DRUGS IS AFFECTING THEIR SOCIAL AND ACADEMIC ENGAGEMENT AT SCHOOL

NOTE THAT THE PILOT PROGRAMME, KNOWN AS *RIPPLE* HAS BEEN DEVELOPED OVER AN 18 MONTH PERIOD IN PARTNERSHIP WITH HEALTH AND EDUCATION PROVIDERS

NOTE THAT THE PROGRAMME HAS THE SUPPORT OF WAIRARAPA SECONDARY SCHOOL PRINCIPALS AND GUIDANCE COUNSELLORS, MINISTRY OF EDUCATION, SOME WAIRARAPA COLLEGE BOARDS OF TRUSTEES WHO HAVE PROVIDED DIRECT INPUT, WAIRARAPA DHB PROVIDERS OF ADDICTION AND MENTAL HEALTH SERVICES FOR SECONDARY SCHOOL STUDENTS INCLUDING THE TWO MAORI HEALTH PROVIDERS

NOTE THAT THE PROGRAMME HAS AN INDICATIVE BUDGET OF \$140000 PER ANNUM AND WILL WORK WITH EXISTING FUNDING SERVICES TO PROVIDE A FULL AND COMPLETE SERVICE FOR SECONDARY SCHOOL STUDENTS

NOTE THAT DUE TO THE HOLISTIC APPROACH ADOPTED BY *RIPPLE*, THERE ARE A NUMBER OF POTENTIAL PROVIDERS WHO WOULD HAVE THE EXPERTISE AND EXPERIENCE TO DELIVER THIS SERVICE

NOTE THE PROPOSED TIMEFRAME FOR THE PROCUREMENT AND ESTABLISHMENT PHASE OF THE PROGRAMME.

AND RECOMMEND THAT THE BOARD

APPROVE THAT MANAGEMENT PROCEEDS TO AN OPEN PROCESS OF REQUEST FOR PROPOSALS TO PROVIDE THE RIPPLE PROGRAMME.

12. Annual Report from Mental Health Local Advisory Group

This report informed members of progress and achievements in 2007/08 against the DHBs DAP for Mental Health and Addictions.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THAT THE REPORT PROVIDED REFLECTS INITIATIVES AND ACTIVITIES UNDERTAKEN BY BOTH DHB PROVIDER ARM AND NGO MENTAL HEALTH AND ADDICTION SERVICES

NOTE THAT THE PROGRESS REPORTED HAS BEEN ACHIEVED THROUGH COLLABORATIVE APPROACHES ADOPTED BY ALL DHB AND COMMUNITY PROVIDERS IN AN EFFORT TO ENSURE THAT THE BEST POSSIBLE OUTCOMES FOR EACH SERVICE USER ARE ACHIEVED

APPROVE THE ANNUAL REPORT FROM MENTAL HEALTH LOCAL ADVISORY GROUP

13. Oral Health in the Wairarapa – Annual Report

- This report provided members with an overview of the Oral Health Services in the Wairarapa.
- Recruitment of dental therapists continues to be problematic however a recent vacancy has been filled through the appointment of a therapist relocating from Australia.
- There are approximately 1045 preschoolers enrolled with the school dental service at present out of a total population of 2680. The business case for the new Oral Health Service sets targets to increase percentages of preschoolers enrolled.
- Fiona Samuel suggested that Oral Health data should be stored on the NIR. This would enable the Practice Nurses to refer the child to the dental services at their 15 month immunisation.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THE REPORT ON ORAL HEALTH IN THE WAIRARAPA FOR 2007/08

ENDORSE THE ORAL HEALTH TARGETS SET FOR 2008/09 AND THE NEXT FIVE YEARS, AND THEREBY REDUCE DISPARITIES THROUGH IMPROVEMENTS IN ORAL HEALTH OF MAORI

14. 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 CONTRACTS WITH RED CROSS FOR THE PROVISION OF COMMUNITY TRANSPORT TO ENABLE WAIRARAPA PEOPLE TO ACCESS HEALTH SERVICES.

NOTE THAT THE DHB CONTRACTS WITH RIDE SHOP LTD. TO PROVIDE TRANSPORT 6 DAYS PER WEEK FOR RENAL PATIENTS TO ACCESS THE SPECIALISED RENAL TREATMENT AND DIALYSIS PROVIDED BY CAPITAL AND COAST DHB

NOTE THAT THE DHB IS ALREADY PAYING \$106,776 P.A. (\$320,328 IF THE CONTRACT WAS EXTENDED TO 3 YEARS)

NOTE THAT THE MINISTRY OF HEALTH REQUIRES DHBS TO IMPLEMENT B4 SCHOOL CHECKS FOR ALL CHILDREN BETWEEN FOUR AND FIVE AND A HALF YEARS OF AGE FROM SEPTEMBER 2008

NOTE THAT THE B4 SCHOOL CHECK IS THE FIRST ACTION ARISING FROM THE REVIEW OF WELL CHILD/TAMARIKI ORA, AND THAT THE NEXT PHASE OF THE REVIEW WILL LOOK AT WAYS OF BETTER INTEGRATING COMMUNITY AND PRIMARY CARE CHILD HEALTH SERVICES

NOTE THAT THE DHB'S CHILD HEALTH STRATEGY, WHICH IS CURRENTLY BEING DEVELOPED, AIMS TO PROVIDE A FRAMEWORK FOR INTEGRATED CHILD HEALTH INITIATIVES, INCLUDING THE B4 SCHOOL CHECK

AGREE THAT THE B4 SCHOOL FUNDING PROVIDES AN OPPORTUNITY TO ADOPT A MORE INTEGRATED APPROACH TO CHILD HEALTH AND WELLBEING FROM BIRTH TO FIVE YEARS

AGREE TO RECOMMEND TO THE BOARD THAT WCPHO BE CONTRACTED AS LEAD PROVIDER FOR THE IMPLEMENTATION OF B4 SCHOOL CHECKS AND CO-ORDINATION OF COMMUNITY HEALTH SERVICES FOR ALL CHILDREN FROM BIRTH TO FIVE YEARS

AGREE TO RECOMMEND TO THE BOARD THAT OF THE NEW FUNDING OF \$169,472 PER ANNUM, \$155,472 BE PAID TO WCPHO FOR B4 SCHOOL CHECKS AND CHILD HEALTH COORDINATION AND \$14,000 TO THE DHB PROVIDER FOR PAEDIATRIC CLINICAL LEADERSHIP

AGREE TO RECOMMEND TO THE BOARD THAT UP TO AN ADDITIONAL \$57,600 PER ANNUM BE ALLOCATED FOR THE COORDINATION OF COMMUNITY CHILD HEALTH SERVICES, AND THAT WCPHO BE REQUIRED TO SUBCONTRACT PLUNKET AND WHAIORA WHANUI FOR COLLABORATIVE DELIVERY OF THE B4 SCHOOL CHECK.

NOTE THAT IT IS PROPOSED TO ESTABLISH AN INTERDISCIPLINARY COMMUNITY CHILD HEALTH TEAM, AND AN INTERAGENCY COMMUNITY CHILD HEALTH MANAGEMENT GROUP TO MONITOR CHILD HEALTH

OUTCOMES AND PROMOTE CHILD HEALTH SERVICE DEVELOPMENTS FOR ALL CHILDREN AGED 0-6 YEARS..

RECOMMEND TO THE BOARD THAT THEY:

APPROVE THE PROPOSAL TO CONTRACT WITH HEARING CARE MANAWATU LTD FOR AUDIOLOGY SERVICES, FOR A TERM OF 2 YEARS (FROM 01 JULY 2008 TO 30 JUNE 2010) FOR A TOTAL AMOUNT OF \$240,000 (\$120,000 PER ANNUM).

APPROVE THE FOLLOWING FUNDING ARRANGEMENTS:

- RENEWAL OF CONTRACT WITH RED CROSS FOR A FURTHER TWO YEARS TO A TOTAL VALUE OF \$25,220
- RENEWAL OF CONTRACT WITH RIDE SHOP LTD FOR A TERM OF THREE YEARS, UP TO A TOTAL VALUE OF \$330,000

The meeting concluded at 11.40am.

Signed: _____
Chairman

Date: _____