

**MINUTES OF THE  
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE  
WAIRARAPA DISTRICT HEALTH BOARD,  
HELD ON TUESDAY 21<sup>ST</sup> OCTOBER 2008 AT 9AM  
IN THE 2ND FLOOR MEETING 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, Ms Pamela Jefferies

**In Attendance:**

Ms Joy Cooper (Director Planning and Funding) and Gillian Malton (minute taker)

**1. Apologies**

Ms Liz Mellish, Mr David Meates, Mr Eric Sinclair and Ms Stephanie Turner

**2. Conflicts of Interest**

Fiona Samuel noted a conflict against Agenda item 9 (Long Term Conditions Project) and will not be involved in any discussion that involves Whaiora Whanui.

Perry Cameron noted a conflict of interest against Agenda item 10 and will not take part in the discussion.

**3. Confirmation of Minutes – Meeting of 16th September 2008**

**Resolved:**

THAT WITH MINOR AMMENDMENTS THE MINUTES OF THE MEETING HELD ON 16<sup>TH</sup> SEPTEMBER 2008 BE CONFIRMED AS A TRUE AND CORRECT RECORD

**4. Planning and Funding**

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

- The Minister of Health has signed Wairarapa DHBs DAP from 2008/09. Copies will now be made available widely.
- Nationally, there is an issue of Aged Residential Care providers charging additional charges on subsidised residents for what they deem to be “superior rooms”. Although this is not thought to be an issue in Wairarapa, the local residential care providers have been asked to clarify their pricing ranges.
- The new Gerontology/Rehab Clinical Nurse Specialist has commenced her role. She will be working with AT&R staff and hospital managers to implement the AT&R Plan.
- The PHO has requested additional financial support for the Nurse Practitioner Project. The PHO have been asked to provide an updated project budget and to review the practice revenue and contributions before any more funding is agreed.
- Wairarapa Palliative Care Service has got off to a good start. Two meetings of the inter-agency management and advisory group have been held. The service has received positive feedback.
- A revised draft of the Child Health Strategy will be submitted to CPHAC at the November meeting.
- 18 of the 20 B4 School Checks that WDHB undertook to complete in September were completed by the end of the month.
- All DHBs are required to establish local child and youth mortality review groups. Because the funding will not support a dedicated position for WDHB, we are looking at taking a regional approach with Capital and Coast and Hutt Valley DHBs.
- The timelines and milestones of the DHBs Child and Adolescent Oral Health Project now need to be adjusted as national arrangements for purchase of mobile clinics are taking much longer than expected. Two mobile clinics were expected to be ordered early in September. To date an order for one has been placed, with the order for the second delayed by new concerns raised by the Ministry about size. The clinics will take 3 months to build and delivery was expected in mid January 2009 but will now be in about April/May.
- No acceptable proposal was received for delivery of the Ripple Project. The evaluation team advised that the proposal process should be ended. Alternative service arrangements will now be developed.

**Resolved:**

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

**6. Suicide Prevention Project**

Barry Taylor, Suicide Prevention Co-ordinator, attended the meeting to introduce himself to members. He gave a brief overview of the Suicide Prevention initiative:

- The main task is to develop a comprehensive, integrated and evidence based suicide prevention plan for the Wairarapa. A draft of the Suicide Prevention Plan is due to be submitted for consideration by the Ministry by 30 April 2009 with the plan to be finalised by 30 June 2009. Barry has been establishing working relationships with a range of agencies and identifying key agencies that can contribute to the Wairarapa Suicide Prevention Plan.
- A needs assessment of the current capacity, gaps and opportunities for suicide prevention activity in Wairarapa is being developed. An early draft was presented.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THAT THE SUICIDE PREVENTION CO-ORDINATOR COMMENCED EMPLOYMENT IN AUGUST FOR A TWO YEAR TERM
2. **NOTE** THE SUICIDE PREVENTION CO-ORDINATOR'S CONTRACTED DELIVERABLES AS SPECIFIED BY THE MINISTRY OF HEALTH
3. **.NOTE** THE ESTABLISHMENT AND MEMBERSHIP OF THE SUICIDE PREVENTION INTER-AGENCY STEERING GROUP
4. **NOTE** THE DRAFT WAIRARAPA SUICIDE NEEDS ASSESSMENT WHICH HAS BEEN COMPLETED AS THE FIRST STEP TOWARDS A SUICIDE PREVENTION ACTION PLAN

**7. HEHA Update**

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

- One of the major challenges is to co-ordinate all the various groups involved in HEHA, tie it all in and then report back to the Ministry.
- The new Healthy Lifestyles Oversight Group is focused on governance and the long term strategic direction of a Wairarapa plan to address obesity, improve nutrition, increase physical activity and work towards a Smokefree and safe Wairarapa.
- The Healthy Lifestyles Operational Group has been established and comprises of managers and team leaders from a range of organisations that deliver health and community services. The objective is collaboration in order to facilitate the co-ordination of initiatives that contribute to achieving the strategic objectives.
- The fieldwork for the Children's Food and Drinks Survey has been completed in the Wairarapa. The response has been excellent. The report will be available by early December.
- The Nutrition Fund is provided by the Ministry to support the development of ideas that promote healthy school environments and teach children how to produce and access healthy food. To date over \$90,000 has been distributed to Wairarapa schools and early childhood centres.
- Although Green Prescriptions referrals increased briefly with some concentrated marketing, they have since decreased again.
- One Heart Many Lives is a program supported by Pharmac and the National Heart Foundation to encourage Maori and Pacific men over 35 to have their cardio-vascular risks assessed. WDHB are hoping to work with the PHO to develop an infrastructure that will enable GP Practices to offer free checks to this population group.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

**NOTE** THAT GOOD PROGRESS IS BEING MADE IN ALL AREAS OF THE HEALTHY LIFESTYLES FRAMEWORK

**8. Long Term Conditions Project**

Lisa Burch, Portfolio Manager spoke to this report and the following was discussed:

- This is the PHO's progress report on implementation of the Long Term Conditions project funded by the DHB. A replacement for page 59 was tabled.

- The PHO are a long way behind the Project milestones and have not met targets but are slowly catching up. The report indicates that there are road blocks with the Practices, including some resourcing issues.
- Members were concerned by the report and agreed that a reassessment of the Project should be done. WDHB should work with the PHO to refocus and relook at targets etc. A report should come back to the Committee in February.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THE WCPHO REPORT ON LONG TERM CONDITIONS PROJECT
2. **REQUIRE** management to work with the PHO to re-assess the project and provide a revised programme plan including targets and performance measures
3. **REQUIRE** management to bring a further detailed report on the Long Term Conditions project to the Board in February 2009

**9. Presentation by Tim Maling**

Tim Maling, Internal Medicine Specialist and Clinical Pharmacologist, Capital & Coast DHB, attended the meeting and gave members a presentation on the Medicine Reconciliation Project and other opportunities for improving medicines management in Wairarapa.

The objective of the Medicines Reconciliation Project is for a sustained safe medicine management system which works across the hospital community interface for the Wairarapa District.

The presentation is attached.

**10. Community and Public Health Advisory Committee Work Plan 2008/09**

This report provided the Committee with an overview of the work programme planned for 2008/09 (drawing from the DAP which has now been approved by the Board and the Minister of Health)

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **APPROVE** THE WORK PROGRAMME AND SCHEDULE OF REPORTS FOR 2008/09 AS ATTACHED.
2. **NOTE** THAT THE DHB HAS NO CAPACITY TO UNDERTAKE WORK AND PROVIDE REPORTS ADDITIONAL TO THOSE LISTED IN THE SCHEDULE ATTACHED, AND THAT IF THE COMMITTEE, DURING THE YEAR, WISHES TO HAVE OTHER REPORTS, IT IS MOST LIKELY THAT THESE WILL ONLY BE ABLE TO BE PROVIDED BY DROPPING SOMETHING ELSE OFF THE PROGRAMME.

**11. Resource Consent Masterton Wastewater Treatment Plan & Disposal System & Long Term Upgrade**

This report summarised activity by the Wairarapa Public Health Unit in conjunction with Regional Public Health in regard to the submission on an application for resource consent from Masterton District Council regarding the Masterton Wastewater Treatment Plant and Disposal System and Long Term Upgrade.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

**NOTE** THE SUBMISSION ON AN APPLICATION FOR RESOURCE CONSENT FROM AMSTERTON DISTRICT COUNCIL

**12. Influenza Information – Wairarapa 2008**

The report provided the Committee with information about the incidence and impact of flu in Wairarapa in winter 2008

- Influenza vaccination is publicly funded for people aged 65 years and older and for younger people, including children, at risk of complications. Vaccine distribution in the Wairarapa has been relatively similar since 2004.
- The national flu trend data shows that in 2008 there have been two peaks – in mid-late July and in late August.
- Wairarapa Hospital Admissions for respiratory illnesses show a similar pattern over this time. However primary care consultations have been relatively constant. (Data supplied by the hospital and PHO)
- The Committee suggested it would be good to have some technical information on the effects of vaccinations.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

**NOTE** THAT THERE WERE TWO PEAKS OF FLU IN WINTER 2008, AND THESE COINCIDED WITH INCREASES IN HOSPITAL ADMISSIONS FOR RESPIRATORY ILLNESSES.

**13. 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 CONTRACT WITH WCPHO EXPIRES ON 31 DECEMBER 2008.

**NOTE** THAT BOARD MEMBERS EXPRESSED A DESIRE TO ENGAGE WITH THE PHO TRUSTEES ON THE STRATEGIC DIRECTION OF PRIMARY CARE IN WAIRARAPA BEFORE ENTERING INTO A NEW MULTI-YEAR AGREEMENT.

**AGREE** THAT THESE DISCUSSIONS SHOULD TAKE PLACE WITHIN THE CONTEXT OF THE DEVELOPMENT OF THE NEW DHB STRATEGIC PLAN.

**NOTE** THAT PLANNING AND FUNDING ARE CURRENTLY DISCUSSING OPTIONS FOR THE REVIEW AND AUDIT OF WAIRARAPA SPECIFIC SERVICES DELIVERED BY THE PHO WITH THE PHO AND CENTRAL TAS.

**AGREE** TO RECOMMEND TO THE BOARD THAT THE PHO CONTRACT BE EXTENDED FOR A SIX MONTH PERIOD ON THE EXISTING TERMS AND CONDITIONS.

The meeting concluded at 11.35am.

Signed: \_\_\_\_\_  
Chairman

Date: \_\_\_\_\_