

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 19TH MAY 2009 AT 9AM
IN THE 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, Mr Perry Cameron,

In Attendance:

Ms Tracey Adamson (Chief Executive), Ms Joy Cooper (Deputy Chief Executive), Mr Simon Everitt (Director Planning & Funding), Mr Eric Sinclair (Chief Financial Officer), Ms Steph Turner (Director Maori Health), Lisa Burch (Portfolio Manager) and Gillian Malton (minute taker)

1. Apologies

Liz Mellish and Yvette Grace

2. Conflicts of Interest

Nil

3. Confirmation of Minutes – Meeting of 16th April 2009

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 16TH APRIL 2009 BE CONFIRMED AS A TRUE AND CORRECT RECORD

4. Planning and Funding

Simon Everitt summarised this report and highlighted the following points:

- The final draft of the DAP was sent to the Ministry on May 6th. This incorporated the required changes by the MOH. The final draft of the SOI was submitted to the Ministry of Health on May 15th. 2009/10 Health Targets have been confirmed and sent to DHBs for agreement by May 21st 2009.
- The latest IDF data indicates that at the end of March the Wairarapa DHBs net IDFs are 298 caseweights or (\$1,189k) unfavourable to the agreed IDF targets. Virtually all of this (96%) is work completed at Capital and Coast DHB. Tracey informed members that a meeting has been arranged with Ken Whelan, CEO of C&CDHB, to discuss this issue and about possible grouping of Outpatient appointments and more tighter controls and management of IDF flows. Wairarapa DHB is looking to exercise their rights under the Operating Policy Framework with regard to how it manages IDFs for its own population.. There are also plans to educate our referrers about what can be done at Wairarapa DHB and how the funding works.
- Joy Cooper noted that at a recent Steering Group meeting for the Clinical Services Action Plan, it was interesting to note that a lot of clinicians were unaware how a number of services are funded including IDFs.. One on one meetings will be offered to cover things such as how electives are managed, IDFs funding etc.
- Elective production for 2008/09 is going to be over the additional, additional targets that the DHB is funded for. The Ministry cannot guarantee that production above that which has been approved will be funded. However recent conversations with the Ministry of Health indicate that overdelivery against electives plans will probably be funded by the Ministry to the amount of \$500-\$730k.
- The DHB and PHO are collaborating on a proposal for the use of funding that has been made available for after hours primary care. If the proposal is approved, it has been agreed that the funding will be used to reduce the cost of weekend/public holiday consults for children and young people, those with Community services Cards and people enrolled in Care Plus.
- Further discussions with Presbyterian Support Central regarding additional dementia beds at Kandahar court have been very encouraging and it is expected that agreement on an expansion of beds will be reached within the next week.
- In a recently completed suicide prevention needs assessment, it was shown that men, particular those aged 35/54 years and 65 years and over, were the highest risk population for suicide. The needs assessment will be presented to the committee at its June meeting.

There was discussion about ring fenced funding programmes such as HEHA. Tracey explained that there are issues with this type of funding as the ring fenced funds can exaggerate inequalities. There is a need to look at how we can meet our obligations under these agreements within our current resources.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

RECEIVE THE PLANNING AND FUNDING REPORT FOR MAY 2009

5. Summary Report – Guillain-Barre Syndrome

Dr Stephen Palmer, Medical Officer of Health attended the meeting and gave a presentation on Guillain-Barre Syndrome. He also spoke to the summary report of the outcome of the investigation by RPH to identify whether there was a cluster of Guillain-Barre Syndrome cases in the Wairarapa.

- Between February and June 2008 there were four, potentially five cases of GBS in the Wairarapa. With the current population, the expected number of cases of GBS should be less than one per year.
- No common causative organism or link between the cases was identified. The report recommends that no further investigation is required at this time.
- Members agreed that this report should be put on the Wairarapa DHB website and also be referred to the Clinical Board for further consideration.
- A media response will also be sent out.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

NOTE THE REPORT IN APPENDIX 1 INVESTIGATION OF A POTENTIAL CLUSTER OF GUILLAIN-BARRE SYNDROME IN THE WAIRARAPA – SUMMARY REPORT (DR EMMA BRITTON, PUBLIC HEALTH MEDICINE REGISTER, REGIONAL PUBLIC HEALTH UNIT, OCTOBER 2008)

6. Swine Flu Update

Dr Stephen Palmer, Medical Officer of Health, gave a comprehensive presentation on the Swine Flu. (attached)

7. PHO Performance Management Programme Data

Simon Everitt spoke to this report which summarised WCPHO performance data, as measured through the 6 month performance period (1st July – 31st December 08) of the Primary Health Organisation Performance Management Programme.

- WCPHO has performed well during this period for the new long term conditions indicators and continues to perform well against the financial indicators.
- However progress against three of the indicators were not met - flu vaccination (total population and high needs), breast screening (high needs) and cervical screening (high needs) were not achieved.
- The DHB will discuss this report with WCPHO and will be encouraging a targeted approach to improve performance against these indicators.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

RECEIVE THIS REPORT.

NOTE THAT THE WCPHO HAS GENERALLY PERFORMED WELL AGAINST THE NEW LONG TERM CONDITIONS INDICATORS BUT DID NOT ACHIEVE SCREENING AND FLU VACCINATION TARGETS.

NOTE CHANGES TO THE PROGRAMME THAT HAVE COME INTO EFFECT IN THIS PERFORMANCE PERIOD.

NOTE THAT PLANNING AND FUNDING WILL REPORT ON PHO PERFORMANCE TO CPHAC AFTER THE NEXT SIX MONTH PERFORMANCE PERIOD (OCTOBER 2009).

9. 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** THE 3 YEAR AGREEMENT WITH MCKESSONS NEW ZEALAND LTD FOR THE MENTAL HEALTH LINE SERVICE, VALUED AT \$53,000 PER ANNUM (\$159,000 FOR THE CONTRACT TERM) FROM 1 JULY 2009 TO 30 JUNE 2012.

2. **NOTE** A 9 MONTH AGREEMENT WITH CENTRAL DENTAL PRACTITIONERS FOR EMERGENCY RELIEF OF PAIN SERVICES FOR LOW INCOME ADULTS VALUED AT \$84,000
3. **NOTE** THAT A FURTHER AGREEMENT WITH CENTRAL DENTAL WILL BE CONSIDERED ONCE THE OUTCOMES OF THE CLINICAL SERVICES ACTION PLAN ARE KNOWN.
4. **NOTE** THAT ATTACHED EXECUTIVE SUMMARY FROM THE TAS ON THE RECENT REVIEW OF WCPHO SERVICES.
5. **NOTE** THAT THE REVIEWERS WERE CONFIDENT THAT THE SERVICES PROVIDED IN PRIMARY HEALTH CARE BY CLINICAL STAFF WERE MEETING THE NEEDS OF THE COMMUNITY, BUT THAT REPORTING ON AND EVALUATION OF PROGRAMMES COULD BE IMPROVED.
6. **NOTE** THAT THE PHO CONTRACT EXPIRES ON 30 JUNE 2009.
7. **RECOMMEND** TO THE BOARD THAT MANAGEMENT NEGOTIATE A NEW THREE YEAR TERM OF THE NATIONALLY AGREED VERSION 18 OF THE PHO CONTRACT (HEAD AGREEMENT) FROM 1 JULY 2009.
8. **RECOMMEND** TO THE BOARD AN EXTENSION OF THE TERM OF PHO SPECIFIC SERVICES CONTAINED IN SCHEDULE J OF THE CONTRACT TO 31 AUGUST 2009 PENDING COMPLETION OF THE DISTRICT HEALTH BOARD'S (DHB) CLINICAL SERVICES ACTION PLAN.

The meeting concluded at 11.20am

Signed: _____
Chairman

Date: _____