

**MINUTES OF THE  
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE  
WAIRARAPA DISTRICT HEALTH BOARD,  
HELD ON TUESDAY 15 SEPTEMBER 2009 AT 9AM  
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,  
BLAIR STREET, MASTERTON**

**Present:**

Bob Francis (Chair), Janine Vollebregt, Trish Taylor, Fiona Samuel, Perry Cameron, Liz Mellish, Pamela Jefferies

**In Attendance:**

Tracey Adamson (Chief Executive), Joy Cooper (Director, Planning and Funding), Stephanie Turner (Director Maori Health), and Jen Bergantino (minute taker)

**1. Apologies**

Apologies were received from Viv Napier and Eric Sinclair (Chief Financial Officer).

**2. Conflicts of Interest**

No conflicts of interest were recorded in relation to the agenda.

**3. Confirmation of Minutes – Meeting of 18 August 2009**

**Resolved:**

THAT THE MINUTES OF THE MEETING HELD ON 18 AUGUST 2009 BE CONFIRMED AS A TRUE AND CORRECT RECORD WITH MINOR AMENDMENT.

**4. Future Projections for Dementia Care Beds in the Wairarapa**

The following points were highlighted:

- This report illustrates the difficulties inherent in forecasting future service demand for dementia care in the Wairarapa. The DHB is doing well by meeting current demand for dementia beds but is unsure how long this can be sustained.
- As age increases the prevalence of dementia is much higher as seen in Appendix 1 of the report.
- Services for people with dementia at Tier 3 level are based around providing activity programmes focusing on dementia patients. There is a need to protect people at this level from wandering and keeping them safe.
- Kandahar Court provides services for people in the 4 and 5 Tier levels of dementia. Kandahar Court can only provide for people up to and including Tier 5. This level of service would be as high as we can go in the Wairarapa.
- To be able to provide the best care for Tier 6 and 7 patients would require a very specialised residential home with highly specialised doctors and nurses. It is not only the specialised staff that would be needed it would also require a specialised facility. Geographically Wairarapa is a population of small critical mass. When Kandahar Court re-opened its second wing the DHB was able to bring 10 or 12 people back into the Wairarapa district. This has put less stress on the families involved.

- In the Wairarapa there would be 4 – 6 people that would fit into Tiers 6 and 7. A high care dementia facility would need at a minimum 30 beds to make it viable. The Wairarapa relies on the larger DHBs for this service.
- The Ministry of Health have commenced a project to develop strategic guidance for DHBs on an integrated approach to meeting the needs of people with dementia, long term mental health and/or addiction problems. The report resulting from this project has been delayed. The implications for the DHB would be a regional approach to provision of care for very high levels of dementia.
- The Ministry of Health is requiring DHBs to plan and develop services regionally for specialist dementia and psycho-geriatric care – the highest incidence of this is seen in people over 80 years of age.
- The Committee would like to reconsider this issue in March 2010 after the DHB has analysed the report from the Ministry of Health. The report is to be shared with Presbyterian Support and other Wairarapa providers of residential care for the aged.
- Hawkes Bay DHB (HBDHB) has been trialling a community psycho-geriatric nurse service for advice and support for families caring for a relative with dementia. HBDHB are finding that it is making a big difference for people at a level 3 and 4 stage with families managing better. In Wairarapa there is not the specialised support available and people are moved into residential care earlier.
- There is currently 100% occupancy of long term beds for people with dementia and a bed shortage is anticipated.
- More discussion is needed on how we address needs of Maori affected by dementia and what support is available to them in the community.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

- (1) **NOTE** THAT THERE ARE CURRENTLY 36 LONG TERM DEMENTIA CARE BEDS PROVIDED BY ONE FACILITY IN WAIRARAPA, WHICH ARE 100% OCCUPIED, AND FUTURE BED SHORTAGE IS ANTICIPATED
- (2) **NOTE** THAT WAIRARAPA RESIDENTS, WHO NEED SPECIALIST AGED CONTINUING CARE (PREVIOUSLY KNOWN AS PSYCHOGERIATRIC CARE) HAVE TO TRANSFER OUT OF THE AREA
- (3) **NOTE** THERE ARE A NUMBER OF VARIABLES WHICH LIMIT THE RELIABILITY OF ANY ATTEMPT TO PROJECT THE NEED FOR DEMENTIA CARE IN THE FUTURE.
- (4) **RECONSIDER** THIS ISSUE IN THE FIRST HALF OF 2010 ONCE THE REPORT/GUIDELINES FROM THE MINISTRY OF HEALTH HAVE BEEN ANALYSED AND HAVE FURTHER DISCUSSIONS WITH PROVIDERS
- (5) **NOTE** THAT THE HAWKES BAY TRIAL FOR PSYCHOGERIATRIC SPECIALIST NURSE BE USED TO INFORM FURTHER DEVELOPMENTS IN THE WAIRARAPA.

**5. Wairarapa Suicide Prevention Action Plan**

Barry Taylor, Suicide Prevention Coordinator summarised his paper to the Committee. The following comments were made:

- The Committee recognised the good progress that Barry Taylor has been making to date.

- This plan is based on the Suicide Prevention Coordinator's work programme. This position is a two year pilot programme funded by the Ministry of Health.
- Feedback from the training has been very positive.
- The Action Plan was tailored to fit in with the capacity of the Wairarapa region.
- Suicide is a very small number in terms of what other agencies are dealing with. People are very interested in the project and have been involved. Often they do not realise that what they are actually doing within their organisation for the community is helping prevent an increase in suicides.
- The Committee would like to see the budget to make sure that the DHB is able to implement this Plan and keep moving forward.
- The Plan is aligned to the seven goals of the New Zealand Suicide Prevention Strategy.
- Goal 6 covers supporting people after suicide. A lot of families have had children or family members die outside the district but still need support within the Wairarapa. To help with this Barry Taylor will provide some bereavement training.
- There are two training models for the Plan that are being used by Barry Taylor – Train the Trainer model and workforce training. A series of videos will be put together for ED and ambulance staff. It will be recommended, that as part of their annual professional development programme, mental health staff are trained annually and a resource pack is to be developed.
- A Steering Group has been setup which involves a range of agencies.
- A major concern is responsiveness to Maori. A Hui was held in June 2009. Capacity in this area is a major concern and whether it can be managed.
- Barry Taylor attended the National Symposium last week. There is an interest in supporting people after suicide but work needs to be done on early intervention.
- Child Youth and Family and Justice Department are keen to be involved in working with the DHB but there has been a number of staff changes in these organisations. The Local Manager here is interested but very busy.
- A new mental health literacy programme (MH101) has been developed. Now working at trying to make the programme available in the Wairarapa to help the Police and Ambulance staff.
- Work has been done with the Masterton Police but not in South Wairarapa. The Committee suggested that the DHB do some work with the Fire Brigades in the Wairarapa as they are usually the first to arrive on the scene.
- Stopping Violence services are linked in well with suicide issues. These organisations recognise the link between violence issues and men in suicide.
- Barry Taylor attends all the meetings on Family Violence. Suicide will be one of the areas covered by the WHO Safer City certification that the Wairarapa is working towards.
- Another aspect of suicide is assisted suicide in terminally ill patients. There are plans to do some work with all the palliative care teams. Work has been done with Home Help organisations. There is evidence some of the suicide in the elderly is euthanasia related. If depression is addressed early in the elderly then there will be a much better outcome.
- The key now is to proceed with what is outlined in this Plan.
- The Committee would like to receive the final Plan once it is submitted to the Ministry of Health in November.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THE MAIN AREAS OF WORK PROPOSED IN THE WAIRARAPA SUICIDE PREVENTION ACTION PLAN WHICH IS DUE FOR SUBMISSION IN DRAFT FORM TO THE MINISTRY OF HEALTH BY 30 SEPTEMBER 2009.

**6. Planning and Funding Report – September 2009**

The following summary was made:

- The DHB is in the process of completing the Wairarapa Clinical Services Action Plan (WCSAP).
- Key activity over the last month focused on: - primary care, pharmacy services, services for older people including dementia care, preparation of the internal Service Level Agreement (SLA) between DHB funder and provider.
- Funder Financial position at 31 August is close to budget and slightly favourable. There are three key areas of risk:
  - Aged care – 251 older people are eligible for residential care. At present these people are choosing to live in their homes with support provided but they can at any time change their preference to residential care.
  - Pharmaceuticals and pharmacy services – expenditure has grown.
  - Inter District Flows (IDFs) – price and volume growth.
- Expenditure on Pharmaceuticals – The PHO Pharmacy Facilitator is looking into DHB's concern with an increase in growth of prescribed pharmaceuticals. The PHO Facilitator will be able to check at practice level what is being prescribed and look at possible causes. The Committee has asked that a report from the PHO Pharmacy Facilitator is provided to them at their next meeting in October. Tim Maling has been working with a couple of practices and providing case reviews. Tim is looking at the mix of drugs patients are on and is providing training which looks at taking people off some of their prescribed medication. David Holt of Carterton Pharmacy is working on a project which synchronises prescriptions – patients will receive all their medication in one pack. The Committee would like to ensure that patient care and safety remains the key in the work that is progressing with pharmaceuticals.
- The IDFs adverse year end position for 2008/09 of \$1.75m does not show the full picture. The DHB will receive revenue from the Ministry's electives programme to offset a major component of this so the net financial impact on the DHB of the additional IDF volumes will be considerably less than \$1.75M
- The DHB gained over \$2m in additional Elective services funding for 2008/09. For 2009/10 the challenge for the DHB will be to manage the work to within the budgeted volume to ensure it does not exceed the target. Year to date electives are on target.
- Wairarapa DHB's proposal for funding for school based health services for youth has been approved by the Ministry of Health. The money will be used for the extension of existing primary health care health services for youth to include high risk youth participating in various educational services. The PHO will submit a proposal to the DHB on how they can provide this extension of service for youth.
- The DHB was advised by the Ministry of Health that there is now an allocation of \$20m Blueprint funding for 2009/10 available nationwide for investment in mental health and addiction services. Most is allocated to national and regional programmes but DHBs are able to bid for small amounts to support additional specialist mental health services for children

and youth. . Wairarapa DHB is submitting a proposal to fund additional psychologist resource for cognitive assessments for people referred by CYF, Education and Paediatric services.

- The Ministry of Health have issued a request for Expression of Interest (EOI) inviting proposals from primary health care providers and/or primary health organisations (PHO) who have the capacity and capability to deliver significant improvement in Primary care on a large scale. At an inaugural meeting of the Joint Clinical Forum, which was held on 14 September and Chaired by Tony Becker, the key agenda item was how the Sub-Group will develop an EOI to the Ministry of Health on how we can move forward with some of the initiatives from the Wairarapa Clinical Services Action Plan (WCSAP). The DHB has developed a Schedule for the PHO to work together with the DHB on providing the services outlined in the proposed EOI and WCSAP. The Ministry of Health is very supportive of the approach that the DHB is taking.
- Progress has been made towards setting up a programme to provide comprehensive health assessments for children and youth that are entering the care of Child Youth and Family. There are 25-30 people in the Wairarapa at any one time in this group. The assessment service will have a Coordinator that pulls together all previous reports and information, including from schools, about a child/youth into one package. All the information would then be available to the paediatrician and /or mental health specialist at the time of the assessment. The co-ordinator position will be part time. Other DHBs have found public health nurse experience/background is most useful for this position.
- There are a number of child health projects underway that sit within the umbrella of the Child Health Strategy.
- The Palliative care meeting held on 1 September was very positive. A range of palliative care/hospice organisations were invited to attend. There is now agreement that all parties will collaborate in the provision of palliative care. A Memorandum of Understanding will now be drafted that clearly establishes the role of each organisation. There is now a better awareness in the community of what is trying to be achieved for the Wairarapa region.
- Health Management System Collaborative (HMSC) is tracking along. Regardless of how the implementation on the new model of care occurs, it will need a person centred approach supported by person centred health records and processes that support shared care across traditional provider boundaries. The local Electronic referrals project is moving very quickly now.
- Work on the National Base Pharmacy Agreement is going well. DHBs have offered a zero price increase.
- The Learning Session for the Long Term Conditions project went well. Building linkages and stronger communication lines will be the spin off.
- There are concerns people that are eligible for respite care are not using this service. FOCUS will be doing a survey to find out why
- The implementation of the Keeping Well Strategy is underway. The Tobacco control contracts that provide smoking cessation across the region are currently being examined by the Keeping Well Implementation team. These contracts have a total value of \$2M.
- Children 13 to 20 years of age who are unimmunised are being recalled to be immunised for Measles. Stephen Palmer, Medical Officer of Health, of the Regional Public Health Unit will be attending the Committee meeting in October to provide a briefing on immunisation.
- Healthy Lifestyles - A new Wairarapa region and community led brand – Go 4 Your Life will be launched on Monday 21 September. This will reinforce the connection between lifestyle issues, disease risk and population health outcomes.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE RECEIVE THE PLANNING AND FUNDING REPORT FOR AUGUST 2009.

The meeting concluded at 10.20am.

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

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