

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 20 OCTOBER 2009 AT 9AM
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,
BLAIR STREET, MASTERTON**

Present:

Bob Francis (Chair), Janine Vollebregt, Trish Taylor, Fiona Samuel, Vivien Napier, Perry Cameron

In Attendance:

Tracey Adamson (Chief Executive), Eric Sinclair (Chief Financial Officer), Simon Everitt (Acting General Manager Planning and Funding), and Tracy O'Neale (Minute Taker)

1. Apologies

Apologies were received from Liz Mellish and Stephanie Turner (Director Maori Health).

2. Conflicts of Interest

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

3. Confirmation of Minutes – Meeting of 15 September 2009

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2009 BE CONFIRMED AS A TRUE AND CORRECT RECORD.

8. Planning and Funding Report – October 2009

Simon Everitt, Acting General Manager Planning and Funding, spoke to his report highlighting key points.

- **Inter District Flows (IDFs)** - The DHB is looking at a significant increase in caseweight discharges for the 2010/11 IDF budget. This is driven by 2008/09 volumes, being one of highest producing years for elective services, being the starting point for the 2010/11 year. This is not a sustainable position and work is being done around capacity planning and the management of IDFs.

Management are currently renegotiating the IDF base with other DHBs with the intention of negotiating the base down by \$1m for 2010/11.

Initial indications from Ken Whelan, CEO Capital and Coast, are that they are not prepared to enter into regional discussions regarding elective thresholds. These discussions are vital for the management of IDFs.

A meeting with Capital and Coast will be held to review volumes.

Simon Everitt clarified the difference between cardiology and cardiothoracic, cardiology is more medically based and cardiothoracic more surgically based. The CEO used a patient journey to help explain.

The DHB is currently tracking well over budget for cardiothoracic referrals, why this is will be investigated.

Management feel IDFs are a great test of whether DHBs can work collaboratively and regionally.

Committee members were surprised conversations regarding IDFs have not taken place as part of the Regional Clinical Services Plan. Bob Francis, Chairman, reminded the Committee that the plan is a ten year plan; a working group is looking at a long list of regional opportunities and is deciding what the priorities are.

- **Elective Services Funding** - The DHB has received confirmation of electives funding for 2008/09. The DHB exceeded its original PBF share. The overdelivery was due to other DHBs not achieving their targets. Additional funding for electives will not be available going forward. The DHB is not assuming any surplus elective funds for 2009/10 but will monitor regional elective delivery.
- **Cancer Services** – Dr Andy Simpson, Clinical Director, Wellington Blood and the Cancer Centre presented to the Clinical Society the findings and recommendations of the lung tumour stream project, one of the projects the Central Cancer Network (CCN) is facilitating.
- The Committee noted the Ministry of Health is withdrawing the \$6.5m of funding allocated nationally for the devolution of health services to primary care. This funding was to be used for developing the EOI business cases, DHBs will now engage through the Expression of Interest (EOI) process.
- The EOI process has been interesting and a summary of the EOI will be presented to the Board at their October meeting. The Committee noted 76 applications were received by the Ministry of Health and DHBs will be informed who has been selected on 2 November.
- The DHB has received positive feedback on indicators of DHB quarter four performance from the Ministry of Health. The quarter one 2009/10 data as been submitted, the Committee noted immunisation rates are over target and the DHB did well meeting with six hour rule in the Emergency Department. One of the challenges will be to achieve the 80% target for smoke free screening by June 2010. The DHB is currently sitting at 60%.

The Committee would like to acknowledge the work staff have put into achieving the targets.

- The Committee noted there is a lot of concern amongst providers regarding no low cost access services in the community.
- A meeting of the Central Region Boards is likely to now take place in March/April 2010.

The Central Region CEOs have charged the Central Region Executive Group with developing an implementation plan for the Strengthening Hospital Services Report by the end of the year.

A Regional Governance Committee is also expected to be in place by the end of the year.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

1. **RECEIVES** THE PLANNING AND FUNDING REPORT FOR OCTOBER 2009
2. **NOTES** THAT CONVERSATIONS CURRENTLY TAKING PLACE REGARDING IDFS AND REGIONAL THRESHOLDS WILL BE ESCALATED TO THE REGIONAL CHAIRS.

4. Pharmacist Facilitation Update

Simon Everitt spoke to the paper and provided some history to the Pharmacist Facilitation Services report.

- The work Tim Maling is doing around medicines optimisation has come to the attention of Compass Health's Pharmacy Facilitators. This has resulted in a meeting with the DHB to discuss the scope of services Pharmacist Facilitation Services can offer.

- The service focuses on ensuring best practice, identifying trends, benchmarking against other DHBs, looking at whether the uptake of new medicines is appropriate and quality and safety.
- The service is part of the Compass Health organisation and is paid for by the PHO Management Services fee.
- The Committee asked whether the DHB has any control over the charges made by practices for writing prescriptions. This is a practice issue rather than a pharmacy issue. The issue will be discussed with the PHO.
- The Committee noted the comments in the report regarding primary and secondary care having a coordinated approach to the messages given to diabetics receiving test strips. Simon Everitt will raise the matter with Marilyn Tucker to see what the process is for resolving this.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **RECEIVES** THE PHARMACIST FACILITATION UPDATE AND NEWSLETTERS
2. **NOTES** THE COMMITTEE WILL BE UPDATED ON A SIX MONTHLY BASIS.

5. Public Health and Keeping Well Update

- The Committee received a progress report on the implementation of Keeping Well at a regional and DHB level and the delivery of Public Health services in Wairarapa.
- The funders of Hutt Valley, Capital and Coast and Wairarapa DHBs expressed concern that there is not duplication of the work of the Keeping Well Team and Regional Public Health (RPH) and wanted to see a greater linkage between the two teams.
- The Keeping Well team undertook at review of all tobacco control and smoking cessation contracts as a case study to see how the DHB can purchase these services more effectively.
- Recommendations from RPH have the potential to reallocate funding for these activities across the DHBs.
- The review has caused some debate about how Keeping Well can be incorporated into all Regional Public Health services.
- A meeting is scheduled to discuss the outcomes of the Tobacco Control review and a paper will come to the Committee detailing recommendations.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTES** THE PROGRESS ACHIEVED OF THE KEEPING WELL IMPLEMENTATION PLAN
2. **NOTES** THE KEEPING WELL REVIEW OF THE CONTRACTING OF POPULATION HEALTH PROGRAMMES REGIONALLY AND AT A DHB LEVEL, USING TOBACCO CONTROL CONTRACTS AS A CASE STUDY

3. **NOTES** THAT THE THREE YEAR SERVICE PLAN FOR REGIONAL PUBLIC HEALTH HAS BEEN SIGNED OFF BY THE MINISTRY OF HEALTH AND THE IMPLICATIONS OF ITS NEW FUNDING FOR PUBLIC HEALTH SERVICE DELIVERY IN THE WELLINGTON REGION
4. **NOTES** THAT THE 2009/10 SUB-CONTRACT FROM REGIONAL PUBLIC HEALTH TO WAIRARAPA DHB FOR DELIVERY OF PUBLIC HEALTH SERVICES IN THE WAIRARAPA HAS BEEN SIGNED OFF.

6. Palliative Care Update

The Committee received an update on local developments in palliative care, including the arrangements that have been put in place with Hospice Wairarapa Community Trust (HWCT).

- The Committee raised concerns about community perception and media coverage regarding palliative care in Wairarapa.
 - The DHB has renegotiated a one year contract with Te Omanga Hospice which includes an increase in telephone advice to nurses as well as doctors.
 - The Committee noted Te Omanga have been supportive through the management group.
 - The Memorandum of Understanding between WDHB and HWCT is near completion.
 - Currently Kahukura, the Cancer Society and HWCT are all trying to support volunteer services. A meeting has been arranged for 23 October to discuss how this can be better managed.
 - The Committee's expectation is that Sue McKenna, Kahukura Volunteer Co-ordinator, be incorporated into the support network for volunteers.
 - There was some concern expressed at the meeting of the Palliative Care Management and Advisory Group whether HWCT has the mandate to represent the Cancer Society at meetings. A solution to this might be that both the Cancer Society and HWCT be members of the Group.
 - A review of Kahukura Palliative Care Service will take place, marking one year of service. The services will be reviewed against the key components of the service specification and will be completed by Marian Thomas by mid November.
 - Both HWCT and the DHB have undertaken to review how in-patient care can be provided in the future. The results of the review will be made public. The review will take place after the review of Kahukura services.
 - The next Palliative Care Management Oversight Group meeting will take place on 2 November.
1. **NOTES** THAT A ONE YEAR EXTENSION CONTRACT HAS BEEN AGREED WITH TE OMANGA HOSPICE FOR SPECIALIST ADVICE AND SUPPORT INCLUDING:
 - A WEEKLY CLINIC IN MASTERTON TO REVIEW PATIENTS AND PARTICIPATION IN THE WEEKLY MULTI DISCIPLINARY PALLIATIVE CARE SPECIALIST STAFF MEETING;
 - BEING AVAILABLE FOR TELEPHONE ADVICE 24/7 (DOCTOR TO DOCTOR)
 - BEING AVAILABLE FOR TELEPHONE ADVICE OUT OF BUSINESS HOURS (NURSE TO NURSE).
 2. **NOTES** THAT A MEMORANDUM OF UNDERSTANDING BETWEEN WDHB AND HOSPICE WAIRARAPA COMMUNITY TRUST (HWCT) IS CLOSE TO BEING FINALISED

3. **NOTES** THAT THE HWCT WILL BE REPRESENTED ON THE PALLIATIVE CARE MANAGEMENT AND ADVISORY GROUP
4. **NOTES** THAT A REVIEW OF THE PALLIATIVE CARE SERVICE WILL BE COMPLETED BY MID-NOVEMBER AND WILL INFORM ON-GOING SERVICE DEVELOPMENT AND IDENTIFY OPPORTUNITIES FOR THE HWCT TO CONTRIBUTE TO PALLIATIVE CARE
5. **NOTES** THAT A REVIEW OF INPATIENT FACILITIES FOR PALLIATIVE CARE PATIENTS IN THE WAIRARAPA WILL BE UNDERTAKEN BY THE DHB AND HWCT WHEN THE SERVICE REVIEW HAS BEEN COMPLETED.

Move into Confidential Business

Resolved:

THAT THE PUBLIC BE EXCLUDED FROM CONFIDENTIAL BUSINESS ITEMS LISTED WITHIN THE COMMITTEE MEETING AGENDA PURSUANT TO THE FOLLOWING:

1. TO ENABLE THE COMMITTEE TO DELIBERATE IN PRIVATE ON ITS RECOMMENDATIONS.
2. WITHHOLDING OF INFORMATION IS NECESSARY TO MAINTAIN THE EFFECTIVE CONDUCT OF PUBLIC AFFAIRS THROUGH THE FREE AND FRANK EXPRESSION OF OPINIONS BY OR BETWEEN OR TO MEMBERS OR OFFICERS OR EMPLOYEES OF ANY LOCAL AUTHORITY.

The open meeting concluded at 10.25am.

Signed: _____
Chairman

Date: _____