

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 17 NOVEMBER 2009 AT 9AM
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,
BLAIR STREET, MASTERTON**

Present:

Vivien Napier (Acting Chair), Trish Taylor, Fiona Samuel, Perry Cameron, Liz Mellish.

In Attendance:

Tracey Adamson (Chief Executive), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director Maori Health), Nigel Broom (Business Manager, Planning and Funding) and Jen Bergantino (Minute Taker).

1. Apologies

Apologies were received from Bob Francis, Janine Vollebregt and Simon Everitt (Interim Director, Planning and Funding)

2. Conflicts of Interest

Fiona Samuel declared a conflict of interest in regards to any information/discussion about Chapel Street Family Doctors.

3. Confirmation of Minutes – Meeting of 20 October 2009

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 20 OCTOBER 2009 BE CONFIRMED AS A TRUE AND CORRECT RECORD.

Matters arising

- The Memorandum of Understanding has been signed. An update on Palliative Care will be provided in the confidential section of the meeting.
- Update on Ambulance services – to be discussed in the confidential section of the meeting.
- The DHB is still to confirm the extent of control it has over what practices can charge for repeat prescriptions.

4. Central Cancer Control Network Update

Marie McKay, Portfolio Manager Planning and Funding highlighted the following points.

- The Central Cancer Network (CCN) is housed in Midcentral. It is funded by the Ministry of Health to advance the initiatives set out in the Cancer Control Strategy Action Plan 2005-2010.
- The CCN covers eight District Health Boards (DHBs). Each DHB has a representative on the Governance Group.
- The workplan is underway but is very ambitious. It looks at mapping the pathway in each tumour stream in each DHB and looks at where the problems arise.
- As part of the Tumour Stream Programme, Andy Simpson, Clinical Director of CCN, recently presented to local doctors on Lung cancer. The Bowel cancer pathway is presently being worked on and work on the Head and Neck cancer pathway is in progress. Common themes are shown.

- Prostate testing is not mentioned in the workplan because it is a national piece of work. There will be an update in the next Planning and Funding report.
- Tumour stream projects have progressed very well because they are so well resourced and have strong clinical leadership
- A project is presently underway focusing on national imaging guidelines.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

1. **RECEIVE** THIS REPORT AND NOTE THE THREE CENTRAL CANCER NETWORK REPORTS ATTACHED.

4. Funder's Quarterly Report to DHB Provider Performance 2009/10 – Quarter 1

Nigel Broom, Business Manager Planning and Funding highlighted the following points.

- Provider performance is 5.4% or \$65k below contracted values.
- This is the first time in two years that the DHB has had a hospital level ESPI go orange. The Funder Arm has been assured by the Provider Arm that the levels will come back to green in November. It was noted that the level of improvement required to go from orange to green is 19 patients, which would be equivalent to one or two clinics.
- Total caseweight volumes have been under-delivered. As there has been some movement on the target this makes the variance look higher than last year. Actual caseweights delivered in quarter one was only 14 less than for the same period in 2008/09. Acute caseweights made up approximately half of the under delivery. Acute Orthopaedics performance was substantially over delivered (70 caseweights), while elective Orthopaedics were under-delivered by 20 caseweights due to the high level of acutes and being one surgeon below establishment levels.
- The CEO noted that the DHB had experienced no acute growth in the last year which is an excellent result. Some of this may be related to changes in the counting rules, for example not admitting patients who have been in ED more than three hours from 1 July 2009. The DHB is progressing with some analytical work looking at the last three years to find out the reasons behind the change. This work will be done by early next year.
- The CEO noted that the orthopaedic waiting list was growing. The DHB may look at more sophisticated capacity planning which could reduce waiting times. The DHB needs to increase the number of virtual specialist assessments though there will still be face to face consultations for some patients. This is one of the issues that was raised in the Wairarapa Clinical Services Action Plan.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **RECEIVE** THIS REPORT.
2. **NOTE** THAT OVERALL PROVIDER ARM PERFORMANCE FOR THE FIRST QUARTER OF 2009/10 IS 5.4% OR \$651K LOWER THAN CONTRACTED VALUES.
3. **NOTE** THAT THE PROVIDER ARM AS AT 30 SEPTEMBER 2009 HAS ACHIEVED GREEN STATUS ON ALL HOSPITAL LEVEL ESPIS WITH THE EXCEPTION OF ESPI 2 WHICH IS ORANGE IN SEPTEMBER. IT IS LIKELY TO REMAIN ORANGE IN OCTOBER, BUT URGENT STEPS ARE BEING TAKEN TO ENSURE THAT IT RETURNS TO GREEN IN NOVEMBER. IF A HOSPITAL LEVEL ESPI IS NOT GREEN FOR MORE THAN TWO

CONSECUTIVE MONTHS THEN ALL ADDITIONAL ELECTIVE FUNDING COULD BE SUSPENDED FOR A MINIMUM PERIOD OF TWO MONTHS AT A VALUE OF \$181K PER MONTH.

4. **NOTE** THAT THIS REPORT WILL BE PUT ON THE AGENDA FOR THE HOSPITAL ADVISORY COMMITTEE (HAC).

5. Planning and Funding Report – November 2009

The following points were highlighted.

- The financial result for the Funder had gone from slightly favourable to adverse in one month because of the DHB's Inter District Flows (IDFs) position. This year the Funder is taking a different approach and will accrue the forecast annual IDF washup position. A provision of \$550,000 had been booked based on the September position. Data has subsequently been received indicating that the position is \$900,000 adverse to budget at the end of October 2009. While the DHB has made some substantial efficiencies, the increasing cost of IDFs was offsetting these savings. The Wairarapa DHB is not the only DHB that has a challenge with IDFs.
- There would be an operational surplus \$95,000 if the IDFs and Community Pharmaceutical amounts are taken out of the equation. Funder has also recognised \$237k of efficiencies YTD giving a total of \$332k of efficiencies YTD. Management has also identified \$1.1m of savings that will crystallise over the year. \$813,000 would be ongoing into 10/11 with no reduction in services. The Committee congratulated the DHB on this achievement.
- The IDF budget for 2010/11 has been completed and is \$2.2m higher than 2009/10, and this is before any adjustments are made for demographics and changes to national prices. GPs and hospital staff need to ensure they are requesting from patients their residential address not their holiday address to ensure those from out of the region are recorded accurately for IDF purposes. IDF charging is based on the domicile code attached to the patients NHI number.
- Simon Everitt, Interim Director Planning and Funding has talked with Marilyn Tucker from Compass Health about doing some work on prescriber education around best practice prescribing.
- The DHB has met its Health Target for Electives Discharges in quarter one and has also carried out 59 caseweights more than planned under the Electives Initiative during the same period.
- *Primary Care – Expression of Interest (EOI)* - The DHB has met with the Wairarapa PHO to start an application for funding of the preparation of the business case. The funding application is due on 25 November and the Business Case is due to the Ministry of Health on 15 February 2010. The PHO are setting up a governance group. This is a strong partnership which involves Tracey Adamson (CEO Wairarapa DHB), Alan Shirley (Chief Medical Officer), Elaine Brazendale (Chair, PHO Board), Annie Lincoln (Wairarapa DHB GP Liaison), Tony Becker (Chair, Clinical Forum), Anne Davies (Chapel St Family Doctors), Masterton Medical, Whaiora and Iwi representation.
- *Palliative care* Memorandum of Understanding between the Wairarapa DHB and Hospice Wairarapa Community Trust has been signed.
- The DHB has been approached by the Ministry of Health to run a pilot on a maternity initiative to fund free visits to GPs for high needs pregnant women. The DHB will receive funding of \$40,000 to run this pilot. There are only three pilots available to DHBs. The Minister of Health has specifically asked that the Wairarapa DHB be given the opportunity.
- *Achievement against health targets* – Extremely good performance. The areas of focus are Diabetes: improving but not quite achieving the levels in the Health Targets and the oncology waiting time target was not met due to two patients waiting over six weeks for treatment.

- The message from the Minister of Health around planning for the 2010/11 year has been made very clear to DHBs that there will be little additional money and DHBs must not make any reduction in services.
- A draft final of the DHB's District Annual Plan (DAP) is due to the Ministry of Health (MoH) in the first week of March 2010. The DHB CEO has written to the MoH informing them that the Wairarapa DHB's DAP will be 30 pages and will be based on the Wairarapa Clinical Services Action Plan. It will also form the DHB's business plan and will include the health targets.
- PHARMAC discussion document – this is a significant project and could change the future provision of subsidised medicines in New Zealand. A response from the Central Region will be submitted.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **RECEIVES** THE PLANNING AND FUNDING REPORT FOR NOVEMBER 2009
2. **RECOMMEND** THAT THE ISSUE OF IDF EXPENDITURE GOES TO THE NEXT BOARD MEETING AND THAT THE BOARD AGREEDS TO SET UP A WORKSHOP TO DEVELOP AN IDF STRATEGY FOR NEXT YEAR.
3. **ACKNOWLEDGE** THE SAVINGS MADE AND THE WORK THAT HAS BEEN DONE BY THE PLANNING AND FUNDING TEAM IN REGARDS TO THE FUNDER EFFICIENCIES ACHIEVED.

6. Presentation by Public Health Nurses – An Introduction to Public Health Nursing

A presentation by Wairarapa Public Health Nurses Judi Harding and Lee-Anne Tait on *An Introduction to Public Health Nursing* was well received by the Committee. The presentation outlined the work the public health nurses covered while working with schools and the community. The Committee members thanked and acknowledged the passion and commitment that the public health nurses showed when working with the community.

The open meeting concluded at 11.15 am.

Signed: _____

Vivien Napier
Acting Chair

Date: _____