

**MINUTES OF THE  
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE  
WAIRARAPA DISTRICT HEALTH BOARD,  
HELD ON TUESDAY 15 DECEMBER 2009 AT 8.30AM  
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,  
BLAIR STREET, MASTERTON**

**Present:**

Bob Francis (Chair), Vivien Napier, Janine Vollebregt, Trish Taylor, Perry Cameron, Liz Mellish, Pamela Jefferies.

**In Attendance:**

Tracey Adamson (Chief Executive), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director Maori Health), Simon Everitt (General Manager, Strategic Development & Population Health), and Jen Bergantino (Minute Taker).

**1. Apologies**

Apologies were received from Fiona Samuel.

**2. Conflicts of Interest**

There were no conflicts received in relation to the agenda.

**3. Confirmation of Minutes – Meeting of 17 November 2009**

**Resolved:**

THAT THE MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2009 BE CONFIRMED AS A TRUE AND CORRECT RECORD.

Janine Vollebregt and Stephanie Turner (Director Maori Health) arrived at 8.45am.

**4. Wairarapa DHB 2010/11 District Annual Plan and Statement of Intent**

This paper sets out the Wairarapa District Health Board's (WDHB) approach and timeline for the District Annual Plan (DAP) and Statement of Intent (SOI) for 2010/11. The 2010/11 DAP will be a 30 page document that will look more like a business plan. The Minister of Health has advised DHBs that he will reject any DAP that does not show strong improvements in productivity.

The DAP will use the Clinical Services Action Plan (CSAP) as the foundation for the structure and will link in with the 6 key areas to achieve the triple aim objectives of improving the health of the whole population, reducing and controlling costs and improving the patient experience. The Ministry of Health have also asked DHBs to focus on how they can provide service in a more cost effective and efficient way by considering:

- Changing service models (what's done where)
- Improving labour productivity (skill mix)
- Reprioritising towards more cost-effective treatments.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

1. **RECEIVES THIS REPORT**

2. **NOTES** THE PROPOSED PROCESS AND TIMEFRAMES FOR DEVELOPING THE 2010/11 DAP AND SOI
3. **NOTE** THAT THE FUNDING ENVELOPE WILL NOT BE RELEASED TO DHBS UNTIL AFTER 15 DECEMBER 2009
4. **NOTE** THAT IT IS LIKELY THAT WAIRARAPA DHB WILL RECEIVE MINIMAL INCREASES IN REVENUE FOR 2010/11
5. **AGREES** THE GENERAL APPROACH, TIMEFRAMES AND PROCESS FOR DEVELOPING THE 2010/11 DAP AND SOI.

## 5. **Planning and Funding Report – December 2009**

Simon Everitt, General Manager, Strategic Development and Population Health highlighted the following points:

- *Financial result* for the Funder for November is a deficit of \$475k which is (\$346k) adverse to budget. This results in a year to date (YTD) deficit of \$1,567k against a budgeted deficit of \$699k showing an unfavourable variance of (\$868k). This variance is predominantly due to IDFs. If adverse variances in Community Pharmaceuticals and Inter District Flows (IDFs) were removed then the Funder would be \$18k favourable against budget.
- *Inter District Flows (IDFs)* are continuing to be Wairarapa DHB's most significant financial risk. Wairarapa DHB will be talking with Ministry of Health about the need to look at alternative pricing / funding models.
- *Elective Services* – ESPIs within orthopaedics are orange. This is mainly due to the DHB currently having two rather than three orthopaedic surgeons. Another orthopaedic surgeon has been appointed and will start in April 2010. Kieran McCann has been appointed to the position of General Manager, Clinical Services and will take up his role in February 2010 and has a strong back ground in Electives Services.
- *Primary Care - Expression of Interest (EOI)/Business Case* –there has been an extension to the timeframe for the final business plan to be submitted to the MoH. The due date is now end of February 2010. Workstreams have been established and a lot of work and consultation has been done by a wide range of primary care providers. A lot of energy and passion has been shown by those working on the various workstreams. There has been excellent leadership from Tony Becker (Clinical Director, Masterton Medical). The PHO, WDHB and various practices have all put in significant resources into working on this business case. The MOH has provided some funding to support its development.
- *Aged residential care* – Wairarapa DHB has written to all aged care providers advising them that staff need to be informed that they are able to voice their concerns regarding patient care and what channels they can use to do so. The Committee expressed concern over these providers not meeting the reporting requirements as noted in their contracts.
- *Podiatry* – There is potential to look at podiatry services as part of the EOI. Foot Mechanics have held three 'catchup' clinics for outstanding referrals. Wairarapa DHB has asked for a revised funding proposal for podiatry services for 2010/11. Their contract is due to expire in July 2010.
- *Interim Funding Pool (IFP)* – this funding will be devolved to DHBs next year by the Ministry of Health.
- *National Pharmacy Contract* – the new contract has now been agreed by all DHBs and will be implemented from 1 April 2010 until 31 August 2011. Wairarapa DHB has met with local pharmacists and has had positive discussions about future services and funding models for community pharmacy.
- The Child Health Advisory Group met on the 20 November 2009. A wide range people from various organisations form the Child Health Advisory Group. At the workshop the group

recognised the number of projects planned or underway. The Group agreed on the priorities for 2010/11 year. The Committee were concerned about the lack of support for parenting programmes. Management are planning to look at how parenting programmes can be better supported in the New Year.

**Resolved:**

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **RECEIVES** THE PLANNING AND FUNDING REPORT FOR NOVEMBER 2009
2. **REQUESTS** THAT GENERAL MANAGER, STRATEGIC DEVELOPMENT AND POPULATION HEALTH CHECKS THAT AGED RESIDENTIAL CARE PROVIDERS ARE MEETING THE REPORTING REQUIREMENTS AS NOTED IN THEIR CONTRACTS.

The open meeting concluded at 9.20am.

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

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