

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC) MEETING
OF THE WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 19 OCTOBER 2010 AT 9.00 AM
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD, BLAIR STREET, MASTERTON**

Present:

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

In Attendance:

Tracey Adamson (Chief Executive), Simon Everitt (General Manager, Strategic Development & Population Health – GM SD&PH), Stephanie Turner (Director Maori Health) and Jen Bergantino (Minute Taker).

1. Apologies

An apology was received from Eric Sinclair (General Manager, Finance and Information) and Liz Mellish.

2. Conflicts of Interest

There were no conflicts received in relation to the agenda.

3. Confirmation of Minutes – Meeting of 17 August 2010

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 17 AUGUST 2010 BE CONFIRMED AS A TRUE AND CORRECT RECORD.

MATTERS ARISING

General Manager, Strategic Development & Population Health (GM SD&PH) was asked for an update on the Optifast programme and the schedule of oral health bus visits to rural schools as requested at the August meeting. This information will be provided at the December meeting.

4. Primary Care Update

At the September Board meeting there had been some discussion on the breath and scope of primary care services. Presently primary care is reported to the Committee in three ways:

- through regular reporting on Tihei Wairarapa workstreams;
- the PMP (Performance Management Programme) which shows key performance indicators in primary care; and
- regular reporting based on quarterly reporting from the PHO on all other primary care services including those in Schedule J – such as sexual health services, outreach services, after hours services etc.

The merger of Masterton Medical Limited (MML) with Chapel Street Family Doctors has highlighted some pressure points with MML due to the increase in clients. MML has expanded operations across the road in the WINZ building and has expanded the Pharmacy and Laboratory space at the MML premises. They are also in the process of recruiting General Practitioners (GPs) and have some locums arriving in the New Year. Whaiora and Masterton Medical have also been working together on recruitment.

The Committee would like further information on how well the After Hours fees are advertised to the community. GM SD&PH will investigate and report back to the Committee at the December meeting.

There has been a rise in the numbers of patients attending outreach services in the last quarter. The DHB will be reviewing with the PHO the current range of outreach services to determine what services are required in the future and how these can support the service models being developed as part of Teihei Wairarapa. The review will look at the successful models, why they are working well and why people are accessing these services versus visiting their GP. This work will be completed in the New Year.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THAT THE IMPLEMENTATION OF TEIHEI WAIRARAPA CONTINUES TO BE THE MAIN FOCUS FOR THE PHO.
2. **NOTE** THAT THE PHO AND WAIRARAPA PRACTICES ARE UNDER PRESSURE BUT ARE WORKING TOGETHER TO MEET PATIENT DEMAND ACROSS THE REGION.
3. **NOTE** THAT A PROGRESS REPORT ON THE IMPLEMENTATION OF TEIHEI WAIRARAPA WILL BE PROVIDED TO THE OCTOBER BOARD MEETING.
4. **NOTE** THE UPDATES ON CONTRACTED PHO SERVICES.

5. Summary report of the Public Health Response to the Influenza Outbreak July/August 2010

This report summarised the influenza outbreak in July/August 2010. Wairarapa DHB's Chief Executive had initiated the Critical Incident Management System (CIMS) structure. The Senior Leadership team (SLT) have all received CIMS training. The influenza outbreak response involved multiple players from SLT, the Public Health Unit, Regional Public Health and external parties such as the Civil Defence and there was excellent coordination and team work between all parties. The communications with Regional Public Health worked well. Whilst the Wairarapa Community PHO (WCPHO) was forwarding information from the GPs to the DHB every day, WCPHO was not present at the regular debriefs and this could have added further value to the process. At the time there was no sentinel GP practice allocated to take the lead in swabbing patients and forwarding this information to the Ministry of Health's National database. The DHB now has two practices available to undertake this work when an event like this occurs again. All aged care facilities and early childhood centres were visited and provided with information and material on how to limit the spread of influenza. Visits to schools and communication with the Principals by Public Health staff went very well. The DHB has in place a pandemic plan which was used during this outbreak.

The Committee would like to know if there was any ethnicity data available and whether schools had pandemic plans. GM SD&PH advised that no ethnicity data had been received from schools but would follow-up with the Public Health Unit as to whether schools had pandemic plans.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THE ACTIVITIES UNDERTAKEN BY PUBLIC HEALTH OFFICIALS AND THE WIDER DHB TEAM IN RESPONSE TO THE INFLUENZA OUTBREAK IN WAIRARAPA IN JULY AND AUGUST 2010.

6. Strategic Development and Population Health report - October

The GM SD&PH spoke to his report and highlighted the following points:

- Funder's financial position at the end of the first quarter for 2010/11 financial year with a deficit of \$188k which was \$73k adverse to budget. This result includes a favourable inter district flows (IDFs) position based on data received from Capital & Coast and Auckland DHBs
- IDFs are showing a favourable result of \$89k. This position will not be confirmed until the end of October once Ministry of Health (MoH) data is confirmed.

- A higher volume of surgery is being delivered at Wairarapa Hospital. General surgery performed at Wairarapa DHB is 90 caseweights ahead of plan. This means less surgery is being sent out of the region.
- Official data from MoH on Elective services was received by Wairarapa DHB up to end of July 2010. Over delivery of elective services for the 2010/11 year is a risk for the DHB as this will not be funded by Ministry of Health (MoH).
- The August ESPI result indicated that the DHB was non-compliant in ESPI 5. The Provider Arm is aware of the non-compliance and is working together with medical staff on production planning to keep ESPIs at a green status.
- Suicide Prevention Co-ordinator presented on the Men's Mental Health Project at a Symposium on Suicide and Suicidal Behaviour in Rome in September 2010. A visit to Masterton by John Kirwan has been confirmed and will take place on 12 November 2010.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **RECEIVES** THE STRATEGIC DEVELOPMENT AND POPULATION HEALTH REPORT FOR OCTOBER 2010

7. Funder's Quarterly report on DHB Provider Performance – 2010/11 – Quarter 1

The Funder's Quarter 1 report is very close to target for the quarter. The report was produced very close to month end therefore some of the non caseweight data is missing from the report. The following aspects were highlighted from the report:

- Total caseweight volumes were \$213k or 3.4% favourable.
- Electives were favourable by 61 CWDs or \$218k due to the amount of general surgery being completed locally. A new surgeon is undertaking higher complexity cases but at a marginal cost.
- Acute caseweights – are on budget for the quarter while most DHBs in the country are experiencing a growth in acute volumes.
- IDF inflows – \$9k favourable and are very much demand driven.
- ESPI 5 is non compliant which in part is due to a lowering of the ESPI thresholds and the Provider Arm is focussing on production planning to ensure continued compliance with ESPIs going forward.
- DSS for older people showed a favourable result for the first quarter.

The Committee were very pleased with the results shown in the report but noted the financial risks associated with over delivery in electives if no further funding was to be received by the MoH.

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 2010/11 IS VERY CLOSE TO TARGET BEING ONLY 0.2% OR \$22K LOWER THAN THE CONTRACTED TARGET OF \$13.9M.

Meeting closed 9.50am

Signed: _____
 Bob Francis
 CPHAC Chair

Date: _____