

**MINUTES OF THE
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 18 MAY 2010 AT 9.00 AM
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, Fiona Samuel.

In Attendance:

Simon Everitt (General Manager, Strategic Development & Population Health), and Jen Bergantino (Minute Taker).

1. Apologies

Apologies were received from Tracey Adamson (Chief Executive), Eric Sinclair General Manager Finance and Information), Stephanie Turner (Director of Maori Health) and Taiawhio Gemmell.

2. Conflicts of Interest

There were no conflicts received in relation to the agenda.

3. Confirmation of Minutes – Meeting of 20 April 2010

Resolved:

THAT THE MINUTES OF THE MEETING HELD ON 20 APRIL 2010 BE CONFIRMED AS A TRUE AND CORRECT RECORD.

4. Strategic Development and Population Health (SD&PH) report - May

General Manager SD&PH spoke to his report and highlighted the following points:

Funder financial position for April reflected a poor result, \$399k adverse to plan made up of adverse variances in IDFs (February results) and community pharmaceuticals. Year to date (YTD) deficit is now (\$2.9m) against a budgeted deficit of \$1.1m which shows an unfavourable variance of (\$1.8m).

YTD Efficiencies are on track with a further \$500k of savings to be realised against the efficiency target.

Inter District Flows (IDFs) results for March have just been released showing a adverse result of \$515k adverse for the month. This appears to be a result of high caseweight tertiary level work being performed during this month in areas such as cardiothoracic, specialist paediatric cardiac and plastic and burns. From assessment of these cases the majority were tertiary level cases that could not have been performed locally. There has also been a marked increase in the activity flowing to Auckland DHB with 27% of current inpatient IDF activity being completed at Auckland DHB. This includes any referrals to Starship Hospital. Auckland DHB holds a number of national contracts e.g. specialist paediatric cardiac services.

Janine Vollebregt arrived at 9.05am.

GM SD&PH will also provide the IDF analysis to the Clinical Board. Wairarapa DHB clinicians need to understand the effects IDFs are having on the DHB's budget. Patient referral pathways have not been clearly defined across the region especially for IDFs. The DHB has recently written to Capital & Coast DHB (C&CDHB) and Hutt Valley DHB on how savings from regional work programmes can be shared and proposes an alternative arrangements for funding IDFs. The Chair recognised the need to raise this issue with the National Health Board when they next meet with management.

Elective services are back on track and are exceeding the health target. Wairarapa DHB has forecasted that by end of year the DHB will be 158 caseweights over plan. Wairarapa DHB may not receive additional funding for exceeding the electives target but management will be pursuing this with the Ministry of Health.

ESPIs have remained in the green.

The Implementation Plan for the Better Sooner More Convenient Business Case has been developed. Board members will be discussing the implementation plan at their Board meeting on 25 May 2010 and have been asked to bring along their copy of the document *Tihei Wairarapa*. One of the risks in moving forward with the business case is the proposed alliance contract which is currently being developed by the Ministry of Health. National work is underway to ensure a more robust contract is developed. The GM Strategic Development and Population Health is on the national working party supporting this work. Wairarapa DHB is looking to add a clinician from ED to join the Tihei Wairarapa Steering Group. The Committee have asked if a consumer representative could also be added to the Steering Group. The Board will receive a draft copy of the Wairarapa specific deliverables for each service area from the Implementation Plan. This forms one of the appendices attached to the Wairarapa DHB's District Annual Plan.

Kieran McCann, General Manager Clinical Services has taken over the management and oversight of the palliative care management group.

Wairarapa DHB is performing well with Immunisation statistics. GM SD&PH has spoken with Ministry of Health officials and it has been confirmed that the DHB will now report quarterly immunisation results based on a rolling 12 month result.

Public health nurses have identified there is a need to provide some education and support to Early Childhood Centres.

Wairarapa DHB has put in a submission to the Masterton District Council Draft Annual Plan which included recommendations on implementing smoke free parks and playgrounds.

Wairarapa Safe Community Project has been signed off by the three Wairarapa Mayors. This project will concentrate on the six top ACC claims made in regards to injury issues that are happening in the region. This will be a co-ordinated approach. Wairarapa DHB will support this work.

There have been some logistical problems in regards to oral health services with regard to the initial problems with the two buses and the continued delay in the development of the oral health hub. At this stage not all the parts of the proposed service model are in place. The GM SD&PH has been asked by the Committee to explore other alternatives and options that could be considered while the oral health hub is being developed and to report back to the Committee in two months with a progress report.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

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

6. Healthy Lifestyle for the Wairarapa

This report summarised the Healthy Eating Healthy Action Nutrition Fund during the period 2007-2009. A evaluation was completed on each project to see how each were progressing.

The Nutrition Fund has funded 75 projects. A total of \$166,000 has been spent with the average cost of a project \$5,000. There were a range of school and early education facilities that were funded which included a range of decile schools.

The Healthy Eating Healthy Action Co-ordinator will be revisiting the projects at six and twelve month intervals to provide ongoing support and information to the groups and to ensure the projects ongoing sustainability.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THE ATTACHED REPORT AND FORWARD COMMENTS TO THE PROJECT MANAGER

7. Operational Policy Framework (OPF) & Service Coverage Schedule (SCS) 2010/11 – Summary of Key Changes

This is a summary of key changes for the Operational Policy Framework & Service Coverage Schedule for 2010/11.

Some of the changes specifically affect NGO Providers. GM SD&PH will be writing to Providers to inform them of any new requirements e.g. all Providers are required to have health emergency plans by 30 June 2010 and contracted providers are required to have smoke free policies in place.

Under Quality there is a new requirement to have tracking systems for inter-DHB referrals. This will result in some potential compliance costs for the DHB.

Incontinence Products from 1 July will be funded by the DHB for Noel Hamilton House. Wairarapa DHB will track this cost and advise Ministry of Health of the additional compliance costs from this change in policy. This will be funded through the DHB Population Based Funding (PBF).

The GM SD&PH advised that the OPF is sent out by the Ministry of Health for consultation each October. This provides DHBs with the opportunity to provide feedback on any changes. Board members will also be required to complete a self assessment in 2010/11.

GM SD&PH will provide an update to the Committee on the Transport Review.

Resolved:

THAT THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE:

1. **NOTE** THE ATTACHED SUMMARY OF KEY CHANGES TO THE OPERATIONAL POLICY FRAMEWORK & SERVICE COVERAGE SCHEDULE 2010/11.

The open meeting concluded at 9.40am.

Signed: _____

Date: _____