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Board Members:
P Lockett
S Webb – (not a committee member)
A Ballantyne
K Eagles
F Gilkison – Chair
R Handley
P Leary
T A Hohaia – Deputy Chair
K Nielsen
A Rumball
A Tamati
D Tamatea

Management:
Chief Executive
General Manager Finance / Commercial
General Manager Planning, Funding & Population Health
Chief Operating Officer & Chief Nursing Advisor Hospital Services
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
PA to Board
Internal Auditor

Advisors:
C Gates-Thompson, Media Advisor
P Franklin, Legal Advisor
P Mayes, Relationship Manager, MoH

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TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEES

ORDINARY MEETING

Tuesday 28 April 2015
12.30pm

Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth

Midlands Health Network HealthCare Providers Te Whare Punanga Korero (7) Agnes Lehrke, Grey Power Public Libraries – New Plymouth, Hawera, Stratford, Opunake, Patea, Manaia, Kaponga, Waverley, Oakura, Waitara, Bell Block, Inglewood, Eltham Media – Daily News, Newstalk ZB, Hawera Star, Midweek, Opunake & Coastal News, Stratford Press, TV One News Health Centres – Stratford, Patea, Opunake, Mokau Base Hospital Library Hawera Hospital Library Corporate Reception	

COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA
Tuesday 28 April 2015
12.30pm

Corporate Meeting Room 1
Taranaki District Health Board
David Street, New Plymouth

		Pages	Action
1	**Apologies** *Resolution* *That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note apologies.*		
2	**Public Comment**		Verbal
3	**Deputation/Presentation** **"New Plymouth District – An Aged Friendly City"** Gillian Goble		Verbal
4	**Interest Register** • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers.		Verbally advise Chair Verbally advise Chair
5	**Chairman's Report**		Verbal
6	**Attendance Schedule**		Noting
7	**Presentations/Discussions:** **Map of Medicine** Led by Dr Damian Tomic (Clinical Director, Waikato DHB) Dr Greg Simmons attending		Noting

8	**Minutes – CPHAC and DSAC Meeting** 7.1 Minutes of meeting held on 24 February 2015 *Resolution* *That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 24 February 2015 be received as a true and accurate record.* 7.2 Matters Arising		Resolution
8	**Management Reports** 8.1 Chief Advisor Maori Health 8.2 General Manager Planning, Funding & Population Health *Resolution* • *That the Committees receive and note the Management Report from the Chief Advisor Maori Health* • *That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health* • *That the Committees Receive and note the revised Position Statement on Community Water Fluoridation and recommend it to the Board*		Resolution Resolution
9	**General Business**		
10	**Date of Next Meeting** Next meeting 23 June 2015		Noting

Strategic Linkages – Agenda Items

Taranaki District Health Board Statement of Intent 2013-14 – 2015-16

	Map of Medicine Presentation	*Maori Health Report*	*GM Planning and Funding Report*
Regional Strategic Objectives			
To build the workforce			
Systems integration across the continuum of care	✓		
To Improve quality access across agreed regional services	✓		
To Improve clinical Information Systems	✓		
To Improve Maori Health Outcomes	✓		
Local Strategic Objectives			
Health Target Performance	✓		✓
Improving Maori Health	✓	✓	✓
Improving Services for Older People	✓		✓
Primary and Community Health Services	✓		✓
Addressing Chronic Conditions	✓		✓
Financial Performance			✓

Our Shared Vision - Te Matakite

Taranaki Together, a Healthy Community - Taranaki Whānui, He Rohe Oranga

Our Mission – Te Kaupapa

Improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki

Attendance Records 2014 - 2015
TDHB Community Public Health Advisory Committee Meetings

Date	8/26/2014	10/28/2014	12/9/2014	2/24/2015	Apr-15	Jun-15	Jul-15	TOTAL
CPHAC								
Pauline Lockett	✓	A	✓	✓				
Sally Webb (Not a Member)								
Alex Ballantyne	✓	✓	✓	✓				
Karen Eagles	✓	✓	✓	✓				
Flora Gilkison - Chair	✓	✓	✓	✓				
Richard Handley	A	✓	✓	✓				
Te Aroha Hohaia - Deputy Chair	✓	✓	✓	✓				
Pat Leary	✓	A	✓	✓				
Kevin Nielsen	✓	A	✓	✓				
Alison Rumball	✓	✓	✓	A				
Aroaro Tamati	✓	✓	A	✓				
Co-Opted								
David Tamatea	✓	✓	✓	✓				

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 24 February 2015
12.30pm
Corporate Meeting Room 1
Base Hospital
New Plymouth

Present
Flora Gilkison (Chair), Alex Ballantyne, Karen Eagles, Richard Handley, Te Aroha Hohaia, Pat Leary, Pauline Lockett, Kevin Nielsen, David Tamatea, Sally Webb

In Attendance
Tony Foulkes (Chief Executive TDHB), Becky Jenkins (General Manager Planning Funding & Population Health TDHB), Matua Ramon Tito (Kaumatua TDHB), Ngawai Henare (Chief Advisor Maori Health TDHB), Cressida Gates-Thompson (Communications Advisor TDHB), Tammy Taylor (Minute Taker TDHB)

838.0 Apologies
Apologies from Alison Rumball, (Board Member), Rosemary Clements (Chief Operating Officer and Chief Nursing Advisor TDHB), were received and noted.

839.0 Welcome
Matua Ramon Tito opened the meeting with a karakia.

840.0 Attendance Schedule
The attendance schedule was noted and updated as required.

841.0 Interest Register and Conflicts of Interest Register
Members to verbally advise all changes to the interest register, and amend the register circulated; and Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers. No new conflicts were noted.

842.0 Chairman's Report
No formal report from the Chair but Dr Gilkison drew attention to the presentation to be given by Mrs Jenkins and the fact that this reflects a focus of what CPHAC/DSAC will cover for the remainder of the year. This presentation is at a high level to identify population changes that will occur in the Taranaki region.

Dr Gilkison advised that Map of Medicine will be featured in the April CPHAC/DSAC meeting.

843.0 Power Point Presentation – Taranaki Population: Demographics and Trends

Mrs Jenkins spoke to a high level presentation looking at local demographic information in the form of graphs and tables (based on 2013 Census data).

843.1 Key areas covered in the presentation were:

- Number of people and population projections
- Age, gender and ethnicity of population
- Deprivation
- Smoking
- Other trends and issues impacting on population health needs and health services

It was agreed that a copy of Mrs Jenkins' presentation be emailed out to members separately.

The following points were included in discussion following the presentation:

- Impact of changing demographics with the allocation of resources and the Population Based Funding Formula (PBFF) tends to make these issues into account. Mrs Jenkins advised that there was currently a review being undertaken of the PBFF. The DHB has no details on the factors or weightings as yet.
- People's expectations of what they may have access to in the future needs to be changed as there will be an issue of what can be afforded. The workforce will be more diverse in the future as many carers are from other countries.
- A greater awareness is required of palliative and end of life care in hospitals and that people need to be given information and options to be able to choose.
- There is a need to be aspirational for Maori to move them out of the Decile 10 and towards Decile 1. Ms Henare spoke of evidence showing that the life expectancy of the most affluent Maori is still lower than the most deprived non-Maori. This highlights the issue of equity. There are also many opportunities for the DHB in terms of the youthfulness of the Maori population.
- Information should be shared to enable collaborative work with other Government Departments such as Venture Taranaki, and the District Council. By sharing the information everyone will be on the same page as the figures show more than a "health" issues will be impacted by the change in population. There will an economic impact on the whole community.
- The geographical spread of the population was noted from the maps provided and the challenges around rurality and making sure services are accessible. This is a subject that could be explored during a future meeting.
- The most important issue from Mr Tamatea's point of view was that if there were any shifts in funding that it does not come off the bottom line for Maori services.
- Mr Foulkes thought there was an interesting debate that New Zealand is yet to have around the role of health as a relative priority for public resource.
    - Treasury is currently doing some work around the economic benefit of investing in health and seeing health as an investment rather than a cost.

  - There will be interesting conversations as a result of this work that will need to happen around skills of the workforce in the health sector, the non-people resources in the sector and the linkages with other agencies and communities in terms of a change in demographics.
- Clear communications need to be presented to the region to build awareness of future issues.
- Dr Leary agreed it was inevitable some hard decisions would need to be made. Where should the funding really be going? To the children rather than the older person? This will most certainly create a big debate.
- The question was asked what level of influence younger Maori would have when looking at allocation of resources and talked of systemic determinants of health.
- In addition to the above comments, Mr Neilsen added that there is a strong philosophy to support people in their homes. Many people do not want to be entranced by a rest home facility and do wish to stay in their own homes.
- Mr Ballantyne was shocked by the life expectancy rate between Maori and non-Maori and feels there is still much to be done in this area.
  - Mr Foulkes said that one of the least impacts on life expectancy is the health sector – the other issues such as housing are the bigger influences. The health sector has an important part to play, but covers much broader areas.
- Ms Lockett drew people's attention to an article entitled "Why I Hope to Die at 75" by Dr Ezekiel Emanuel. This article addresses issues from a medical practitioner's point of view and Ms Lockett asked if a copy of this article could be sourced and sent to members.

844.0 Minutes of Previous Meeting

Resolution

That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee resolve to accept the Minutes of the meeting held on 9 December 2014 as a true and accurate record.

Eagles/Hohaia
Carried

844.1 Action List from Previous Meeting

Mr Handley queried two points from the Minutes of the Meeting that had not being added to the Action List:

- Rural Health Advisory Group Update
  - Mrs Jenkins advised that an update on this is featured in the General Manager's Planning and Funding Report. The Rural Health Advisory Group has not yet met this year.
- Stratford Maternity Update
  - Mrs Jenkins advised that an update would be presented at the next Board meeting.

Mrs Eagles referred to the Action List and asked whether there was a response to the query around whether any of the Lactation Scholarships had gone to Maori. Mrs Jenkins responded that one recipient was Maori.

845.0 Management Reports

845.1 Māori Health Report

The Chief Advisor Māori Health took her report as read and drew people's attention to the reports update around a Māori Health Plan Steering Group, a Whānau Ora Information Systems Programme and the Regional Activities section.

Ms Henare clarified the difference between KiaOra Hauora and Whakatipuranga Rima Rau Trust:

- Whakatipuranga Rima Rau Trust (WRR) is focused on Taranaki Maori Health and Disability Workforce
- Kia Ora Hauora has a regional focus and delivering a number of programmes across all Midland DHBs

Dr Gilkison asked that the good progress being made against the Annual Plan targets be noted in the Minutes and asked for comments on the Chief Advisor's report from members. The following points were noted:

- Clarification has been sought around the target for WRR being revised from 500 over 10 years. Ms Henare advised the figure was revised to equal in proportion to the Maori population share of the total population. The figures provided relate to percentages, but actual numbers have been requested.
- Maori Workforce data will start to be collected from the Midlands Health Network and Te Kawau Maro.
- It was noted that much of the baseline data was old and a request was made for more up-to-date information. Ms Henare advised that at the time the report was being collated the data was not available, however it will be updated for future reports.
- Further explanation was given to the He Ritenga Cultural Audit tool and the implementation of the primary care ethnicity data tool from the Ministry of Health. .
- A suggestion was made about advertising in Cinemas for health services/GPs and whether costs for this would be prohibitive.

Mrs Webb left the meeting at 1.55pm.

845.2 Planning, Funding and Population Health Report

The General Manager of Planning, Funding and Population Health took her report as read and responded to a range of questions on her report with the following point of interest noted:

- Map of Medicine will be presented at the next meeting.
- Positive results for Primary Options/ED Redirection to date.
- A query was raised around whether there was an Older Persons Reference Group Meeting in Hawera. Could this be tied in with the bi-monthly meeting of the South Taranaki Health Forum.
- A request was made for a copy of the summary from the report on Rest Home Residents Receiving Vitamin D.
- Ms Lockett spoke of the various contractual requirements that NGOs are required to meet and asked if a reporting framework could be devised showing the organisation and whether they are/are not meeting contractual

obligations. This could be done in groups – such as Rest Homes. While reporting is done collectively, there is not a clear understanding of what is going on from a contractual point of view. It was unclear whether this report should be presented as part of CPHAC/DSAC or FAC. Ms Lockett and Mr Foulkes to discuss this further.

Ms Lockett went back to the report from the Chief Advisor Maori Health and the tables illustrating Maori Health Plan Indicator Performance. It was noted the information is received from another source and included in the report however, it would be useful if regional figures could be featured first within a 'regional block' so it is clearer to see Taranaki's performance at a regional level.

Resolution
That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive and note the Management Reports from the Chief Advisor, Maori Health and the General Manager, Planning, Funding & Population Health.

Nielsen/Eagles
Carried

846.0 Next Meeting
The date of the next meeting is Tuesday 28 April 2015. Venue yet to be confirmed.

The meeting was closed by Matua Ray at 2.10pm.

_____ _____
Chair Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List

Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
34	24 February 2015	Māori Health Plan Indicator Tables – figures to be grouped regionally with Midland Region appearing first.		CAMH	Next meeting	This is being developed via the web-based tool soon to be released
33	24 February 2015	Discuss contract requirements of NGOs and possible reporting framework.		Chair & CE		
~~32~~	~~24 February 2015~~	~~Provide copy of the summary from the report on Rest Home Residents Receiving Vitamin D.~~		~~GMPF&PH~~		~~This has been added to CPHAC Resource Centre on Board Books~~
31	24 February 2015	Advise on Older Peoples Reference Group Meeting in South Taranaki		GMPF&PH	Next meeting	Under consideration
30	24 February 2015	Advise who is on the Rural Health Advisory Group once this information is known.		GMPF&PH	When details available	Group is in development
29	24 February 2015	Provide actual numbers Māori workforce through WRR.		CAMH	For next meeting	Currently only TDHB stats are available. WRR working with specific employers (TKM alliance, MHN PHO, Healthcare NZ, TDHB) to establish regular collection of workforce data
~~28~~	~~24 February 2015~~	~~Email article entitled " Why I Hope to Die at 75" to members~~		~~PA to GM PF&PH~~	~~Before next meeting~~	
~~27~~	~~24 February 2015~~	~~Email Power Point presentation to members outlining Taranaki Population Demographics and Trends~~		~~PA to GM PF&PH~~	~~6 March~~	
~~26~~	~~9 December 2014~~	~~Lactation Scholarship recipients – confirm if any recipients were Maori~~	~~Completed~~	~~GMPF&PH~~	~~24 Feb 15~~	
~~25~~	~~9 December 2014~~	~~Presentation for Map of Medicine at future meeting~~		~~GMPF&PH~~	~~Early~~	~~To be featured at~~

					~~2015~~	~~April Meeting~~
~~24~~	~~9 December 2014~~	~~Update required at next meeting regarding Maori Health Report item 3.3 and Whanau Ora IT programme~~		~~CAMH~~	~~24 Feb 15~~	
~~23~~	~~9 December 2014~~	~~Update required at next meeting regarding Maori Health Report item 2.4 and Operation Group~~		~~CAMH~~	~~24 Feb 15~~	
~~20~~	~~28 October 2014~~	~~Explore approach for devolving funding for Under 65s with MOH – Management to explore and report back to members~~	~~In progress~~	~~GM PF&PH~~		~~LTC for U65s devolved 1 July 2015~~

TO Community and Public Health and Disability Support Advisory Committee

FROM Ngawai Henare, Chief Advisor Maori Health

DATE 20 April 2015

SUBJECT **MAORI HEALTH REPORT**

RECOMMENDATION

That the Community and Public Health and Disability Support Advisory Committee receive and notes this report.

1. INTRODUCTION

This report summarises Maori health activities to date.

2. MAORI HEALTH PLAN MONITORING REPORT

2.1 The following table summarises the Maori Health Plan performance results as at March 2015, noting that data for several of the indicators remains as at December 2014.

Measure	Target	Maori	Non-Maori	Progress to Target	Disparity Gap	Reducing Disparity Progress
National Priorities						
PHO ethnicity data accuracy	98%	83%	95%	⇩	12%	☒
Percentage of Māori enrolled in PHOs	98%	83%	95%	⇩	12%	☒
ASH Rate: 0 - 74 years	95%	142%	76%	⇩	66%	☒
ASH Rate: 0 - 4 years	95%	139%	73%	⇩	66%	↑
ASH Rate: 45 - 64 years	95%	155%	65%	⇩	90%	↑
Exclusive breastfeeding at 6 weeks	68%	60%	67%	⇧	7%	↓
Exclusive breastfeeding at 3 months	54%	45%	57%	⇧	12%	↓
Receiving breast milk at 6 months	59%	50%	67%	⇔	17%	↑

Measure	Target	Maori	Non-Maori	Progress to Target	Disparity Gap	Reducing Disparity Progress
Percentage of the eligible Māori population who have completed a cardiovascular risk assessment (CVRA) within the past 5 years	90%	84%	91%	⇧	7%	↓
High-risk patients that receive angiogram within 3 days of admission	70%	100%	59%	✓	-41%	☺
High risk patients presenting with ACS who undergo coronary angiography receive appropriate interventions	95%	100%	87%	✓	-13%	☺
Breast screening rates	70%	67%	77%	⇧	10%	↓
Cervical screening rate	80%	65%	83%	⇩	18%	☒
Percentage of hospitalised smokers provided with cessation advice	95%	91%	91%	⇩	0%	☺
Percentage of PHO smokers provided with cessation advice	90%	90%	84%	✓	-6%	☺
Percentage of infants fully immunised by the age of eight months	95%	91%	93%	⇧	2%	☒
Pre-school dental enrolment	85%	59%	82%	⇩	23%	☒
Percentage of the population, over 65 years of age who received the seasonal influenza immunisation.	75%	67%	70%	⇧	3%	☒
Reduced acute rheumatic fever hospitalisations	2.7 per 100,000	0.5 per 100,000		✓	No cases	☺
S29 Community Treatment Orders issued	102 per 100,000	120	61	⇩	59	↑
Local Priorities						
DNA rate for outpatient appointments	5%	21%	7%	⇩	14%	☒
Access by Taiohi Māori to packages of primary mental health care	34	47	97	✓		↓

Points to note are:

- Five targets are met and disparities in five areas eliminated;
- Hospital smoking cessation advice slipped by 7% from the target after having met the target in the last quarter.
- Exclusive breast feeding at six weeks improved notably, and at a faster rate than for non-Maori.
- The description and figures for breast feeding at six months have been corrected. There is a significant disparity here between Maori and non-Maori however progress for Maori toward the target is positive;

2.2 The inaugural Maori Health Plan Steering Group meeting is scheduled to take place in early May 2015. Representation from the Midland Health Network as well as the three providers that make up Te Kawau Maro Alliance has been

secured and will be joined by senior TDHB staff. The primary objective of the group is to provide strategic leadership and to proactively facilitate sustained performance improvement in all priority areas of Te Matakite, Maori Health Plan.

3. TE MATAKITE, MAORI HEALTH PLAN 2015-16

3.1 The first draft Maori Health Plan was submitted on the due date of Friday 13 March along with the Annual Plan. Provisional feedback from the MOH was received on 20 April.

4. OTHER INITIATIVES

4.1 Information for Whanau, Marae and Hapu

Following the joint Boards meeting in February 2015 an information bulletin has been drafted and discussed with Te Whare Punanga Korero which endorsed the recommended approach. There have been several suggestions about the format of the newsletter which will need to be discussed with the Communications team.

The first issue covers four Maori Health Plan priority areas – GP (PHO) enrolment, Influenza immunisation for 65+ year olds and DNA's. Oral health is also covered with encouragement to in turn encourage District Councils through the long term planning consultation processes, to fluoridate water supplies.

The following agreements were reached with Te Whare Punanga Korero:

- TDHB will produce a newsletter on up to three Maori Health Plan priority areas, two-monthly;
- The newsletters will be targeted to Maori communities;
- TWPK will support its distribution to Maori organisations and through significant Maori events
- Distribution will occur as follows:
  - posted on the TDHB website on the general and Maori Health pages
  - email circulation to the TDHB Maori Health Unit's Maori organisation and contacts list
  - 500 hard copies will be produced by TWPK as part of their Communications Strategy, for circulation to Iwi Runanga and to groups such as Kaumatua roopu, Maui Pomare Day, Te Rangi Hiroa Day and others at their discretion

We are keen to provide Maori translation as well and are in discussion with Te Reo O Taranaki as to how best this can be achieved.

4.2 Parihaka Discussion

I attended a meeting in Wellington on 30 March at the invitation of the Office of Treaty Settlements. The purpose of the meeting was, firstly to hear the aspirations for Parihaka which were presented by Dr Ruakere Hond and Amokura Panoho on behalf of 'Kawe Tutaki', a group appointed by Hon Chris Findlayson, Attorney General and Minister for Treaty of Waitangi Negotiations. Dr Mihi Ratima also attended in support of Kawe Tutaki. Kawe Tutaki will report to the Attorney General and the Minister for Maori Development in July

2015, and this report will inform government consideration of potential support for the Parihaka community alongside, but separate to, the Treaty settlement for Taranaki Iwi.

Secondly, following the presentation by Kawe Tutaki a general discussion ensued regarding the possible contributions agencies could make to support the achievement of Parihaka aspirations.

A further meeting of agency officials will be held at Parihaka towards the end of April, the purpose of which is to further explore concrete ways agencies can provide assistance to Parihaka, which can be reflected in the recommendations in Kawe Tutaki's report in July.

The meeting was attended by officials from:

- Office of Treaty Settlements (convenor)
- Treasury
- Ministry for Culture and Heritage
- Ministry of Business, Innovation and Employment (Housing; Policy and Regulations)
- Te Puni Kokiri
- MSD
- Department of Internal Affairs (Information, Communications and Technology; Maori Relationships)
- MOH
- Taranaki DHB

Ministry of Education was invited but did not attend on this occasion.

This is an exciting opportunity to engage in a community/Parihaka led Whanau Ora initiative, with other agencies, to contribute to realising their own aspirations.

4.3 Water Fluoridation and District Councils Long Term Plans

At their April meeting Te Whare Punanga Korero resolved to submit to the New Plymouth District Council's Long Term Planning consultation, to revisit the issue of water fluoridation with a view to fluoridating all water supplies within its catchment. TWPK members also agreed to encourage their respective Iwi Runanga to submit separately on this topic, in the same vein.

TDHB Communications Team are developing a template accessible on the TDHB website which TWPK and individual iwi will be directed to. This will simplify the process and support iwi and other interested stakeholders to submit on this important issue.

4.4 Whakatipuranga Rima Rau Trust

We are pleased to advise that the TSB Community Trust has approved the WRR application for increased funding of $200,000 per annum to support existing programmes as well as an increase in the number of cadetships and internships that can be implemented.

4.5 Implementing Pae Ora

At the recent meeting of Tumu Whakarae, DHB Maori health managers, we were privileged to have Professor Sir Mason Durie present on Pae Ora, the new over-arching aim of He Korowai Oranga Refresh 2014, and then to join in discussion regarding its implementation. Discussions culminated in Professor Durie issuing a challenge to Tumu Whakarae to develop an agenda for change, an agenda to implement Pae Ora as a shared vision. We have been asked to present the agenda to 'Healing Our Spirits', an international indigenous conference which will take place in Rotorua in November 2015.

Ngawai Henare
Chief Advisor Maori Health

TO Community & Public Health, Disability Support Advisory Committees

FROM Becky Jenkins, GM Planning, Funding & Population Health

MEMORANDUM

DATE April 2015

SUBJECT Planning, Funding and Population Health Report for the Period March – mid April 2015

RECOMMENDATION

That the Committee's

- *Receive and note the Management Report from General Manager Planning, Funding and Population Health.*
- *Receive and note the revised Position Statement on Community Water Fluoridation and recommend it to the Board*

1.0 INTRODUCTION

This report provides the Committee with an overview on Planning, Funding and Population Health activities during the period March 2015 to mid April 2015 and is structured around the headings in the 2014-15 Annual Plan.

2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

The Committees are asked to receive and note the report.

3.0 INFORMATION ITEMS

3.1 Increased Immunisation

There has been a slight drop off in the achievement for Immunisation for the Quarter. For the 8 month target Taranaki DHB achieved 91% total, 92% for New Zealand European and 90% for Maori. For the 24 month target we achieved 91% also, 94% for New Zealand European and 86% for Maori. There was a resignation of an Outreach Immunisation Service FTE during this time which has impacted on uptake through Outreach Immunisation Services.

The Taranaki Immunisation Steering Group has signed off the Taranaki Immunisation Target Action Plan and Terms of Reference for the Operational Taskforce Group. The Operational Taskforce Group meets fortnightly with key stakeholders to identify issues, develop actions and monitor the progress and outcomes of this activity. They are also tasked with meeting a number of the actions identified in the Plan. The Plan has been refocused on increasing uptake on all immunisation milestones rather than what has been the focus of just the 8 and 24 month targets.

3.2 Primary Care

3.2.1 Better Help for Smokers to Quit in Primary Care

The Taranaki DHB has completed and submitted a draft '*Tautoko I Rerenga a Tupeka Kore Taranaki*' Supporting the Journey to a Tobacco Free Taranaki - Tobacco Control Strategic Plan and Action Plan 2015-2016. The aim of the plan is to provide leadership, co-ordination and service development ensuring achieving the 'Better help for smokers to quit' health target in Hospitals, General Practice and Maternity care services. The Plan also aims to continue to increase the number of people who attempt and successfully quit smoking and contribute to national outcomes including reducing smoking initiation and increasing Auahi Kore/Smokefree environments.

3.2.2 Map of Medicine

Taranaki DHB has localised and published 30 maps to date. There are another 11 that have been localised and are awaiting publication by the regional team based in Hamilton. The local working group met on Thursday 9 April and have identified another 33 pathways that Taranaki clinicians are starting to localise. Taranaki clinicians accessed 36 pathways during February. These have not all been localised but as they are evidence based Map of Medicine pathways they are being utilised by the clinicians. The 36 pathways were accessed 141 times by 26 clinicians during the February period. The pathways accessed were:

Abnormal vaginal bleeding	Colorectal cancer
Abnormal vaginal discharge	Community-acquired pneumonia
Acne	Constipation in adults and the elderly
Acute Care	Cough in adults
Acute coronary syndrome (ACS)	Deep vein thrombosis
Acute otitis media in children and adolescents	Dementia
Alcohol dependence, withdrawal, and liver disease	Dysmenorrhoea
Ankle injury	Endometrial cancer
Anxiety	Fever in infants and children under age 5 years
Assessment of acute chest pain	Heart failure
Asthma in adults	Hepatitis C
Asthma in children	Hip pain
Atrial fibrillation	Lung cancer
Breast disease	Osteoarthritis

Cardiovascular disease risk management	Otitis media with effusion
Cellulitis and erysipelas	Prostate cancer
Chronic obstructive pulmonary disease (COPD)	Smoking cessation Thyroid disorders
Chronic widespread pain, including fibromyalgia	

3.2.3 Primary Options

Referral numbers in Taranaki continue to increase as practices become more comfortable accessing funding to support their patients. Overall 175 referrals were received in Q3 with 95% successfully managed in primary care.

The increase in referral numbers in Q3 can be attributed to increased ED Redirection patients (n=46) and practices accessing the newly included ACC related Cellulitis (n=12) and DVT treatment funding (n=1). Discussions are continuing around the inclusion of an Acute Catheter procedure through Primary Options with a decision likely to be made during Q4.

	Quarter 2 Oct – Dec 2014	**Quarter 3 Jan – Mar 2015**
Total number of practices using PO (includes those referring through the DVT pathway)	19/31	21/31
Total Number of referrals	134	175
Successfully managed in Primary Care	87 (95%)	166 (95%)
Top referral by final diagnosis	DVT 49 (52%)	Cellulitis 49 (28%)
Top 5 year age band by final diagnosis	60-64 yrs 18 (14%)	65 – 69 yrs 21 (11%)
Top Ethnicity	European 112 (85%)	European 151 (80%)
Top 4 referring practices	Medicross 54 (41%) Ngati Ruanui 11 (8%) Patea & District 11 (8%) Carefirst Medical 10 (7%)	Medicross 106 (56%) Devon Medical Centre 17 (9%) Carefirst Medical 11 (6%) Ngati Ruanui 9 (5%)
Top diagnostic procedure	Doppler USS 56 (42%)	Doppler USS 51 (15%)

3.2.4 Community Pharmacy

The current Community Pharmacy Services Agreement (CPSA) has an expiry date of 30 June 2015. The extension to the CPSA is being proposed because there is a significant level of work required to continue the move to a more patient focused model of care in Community Pharmacy. It is intended that the next CPSA will be the

vehicle to continue the momentum toward this model of care. Depending on a range of factors contract arrangements will need to be in place by 1 July 2015.

3.3 Prime Minister's Youth Mental Health Project

Social Sector Trial (SWEET – South Working to Enable and Empower Teens)

The Trial continues to be challenged with the complexity of the young people being case-managed and ensuring there is enough resource to meet the need. The original Action Plan for the trial is being refreshed and will be more focused around what the Trial now understands are the priority areas for focus moving forward.

In North Taranaki, Taranaki DHB participated in a Youth specific 'Dragon's Den' session which included presentations from Youth Justice, Police, Special Education/Education, Alternative Education, Public Health Nursing and the YMCA. The panel was made up of various agencies and included Judge Courtney, New Plymouth District Council and Venture Taranaki. The session was initiated by the Courts where evidence showed the one area young people were failing in when presenting through the justice system was education. Research shows being engaged in education and achieving good outcomes lessens the likelihood of offending. This is also evidenced through the Social Sector Trial in South Taranaki. Through this process the agencies present have committed to work together to look at how young people are able to be better supported to remain engaged in school and address other support needs. For Health, the agencies recognised the benefits of the HEADSSS assessment already in the decile 1-3 schools as an alternative education. The DHB will explore with Secondary and Intermediate schools the quantum of students on their Risk Registers and what expansion of the service may mean.

3.4 Shorter Waits for Cancer Treatment/Faster Cancer Treatment and Disability

3.4.1 Implementation of Taranaki Palliative Care Plan

Hospice Taranaki undertook a survey to identify the palliative care education needs of the range of non-specialist palliative care providers. An Education Programme has been developed and is being implemented during 2015.

Hospice Taranaki and Base Hospital Clinicians have been meeting to identify what opportunities there may be to formalise and further develop palliative and end of life care in a more integrated way across our hospitals and Hospice.

3.5 Breast Screening

Work continues with BreastScreen Coast to Coast (BSCC), providers of the MOH Breast Screen Aotearoa programme as well as Independent Service Provider Ngati Ruanui Health Centre, PHOs and Te Kawau Maro to identify and implement effective interventions tailored toward Taranaki Maori women. It is planned for the BSCC Mobile Unit to be in Waitara from 20 June 2015 until 30 July 2015 and Stratford from 3 August 2015 to 18 September 2015. The Ngati Ruanui Health Centre and Breast Screen Coast to Coast are undertaking promotional activities. These will include posters in and around Waitara and Bell Block, liaisons with GP's and networking with groups including Maori Women's Welfare League, Marae, Kohanga and Kura.

3.6 Health of Older People

3.6.1 The Older People Consumer Reference Group

This group meets monthly, alternating between New Plymouth and Stratford. A planning workshop was held in February 2015 which identified a number of opportunities to improve the functioning of the group as well as identifying priorities for action over the coming year. Current projects include developing a newsletter for the group to share health literacy information and finalising an information leaflet for older people that outlines the services available in Older People's Health and Rehabilitation. TDHB Falls Steering Group recently contacted the group for Consumer Feedback on a revised Falls Leaflet.

3.6.2 Port View Rest Home

Extensive support was provided by the DHB to enable the transition of the 19 residents from Port View Rest Home to alternative facilities. Transition of residents has now been completed.

3.7 Mental Health Service Development Plan

The DHB continues to face challenges with the increasing need for service users to be supported by medication oversight services. Often this leads to service users remaining on the Ward for longer periods of time due to the capacity issue within existing resources. Over the next couple of months the DHB will be looking at where flexibility exists to better support this need.

After a lengthy recruitment process the Provider Arm has successfully appointed to the Acute Perinatal 0.6 FTE position. The role will be an increase to the intake services with an aim to reduce waiting and response times for mothers being referred.

3.8 Maternal and Child Health

3.8.1 Primary Maternity Facility Services Stratford

Post decision by the Board for the Stratford Primary Maternity Facility to remain closed, Taranaki DHB is now considering a process to explore what a maternal and child hub might be and will be initiating engagement with key stakeholders shortly. As of 15 May a status update on all the recommendations will be given to the Board each month.

3.8.2 Te Kawau Maro – Mama, Matua, Pepe and Tamariki Service Level Alliance Team (SLAT)

Representatives of the four organisations, Taranaki DHB, Tui Ora Limited, Ngati Ruanui and Ngaruahine (TKM Alliance partners) have been meeting weekly to progress a new model of care. The process has been complex, however regardless there has been significant commitment from all parties to work at the governance and working group level. Some of current activity is outlined below and by no means covers the full extent of the work.

- Creating of a community Directory and Communications Plan
- Finalisation of Results Based Accountability performances measures
- Testing the new Whānau forms and whānau feedback on the proposed new model of care, through focus groups held in April.

- Pathways and definitions developed for complex and high and complex clients
- A workforce work-stream to establish workforce development and training pathways, caseload baselines and process to ensure succession planning is embedded
- Analysis of all forms used and mapping to the population indicators
- Support systems (Admin, IT, Tools)
- Identification of the resource requirement for the new model of care
- Change management barriers and challenges
- Business Case and Implementation Plan with short, medium and long term actions to achieve change.

3.8.3 B4 School Checks (B4SC)

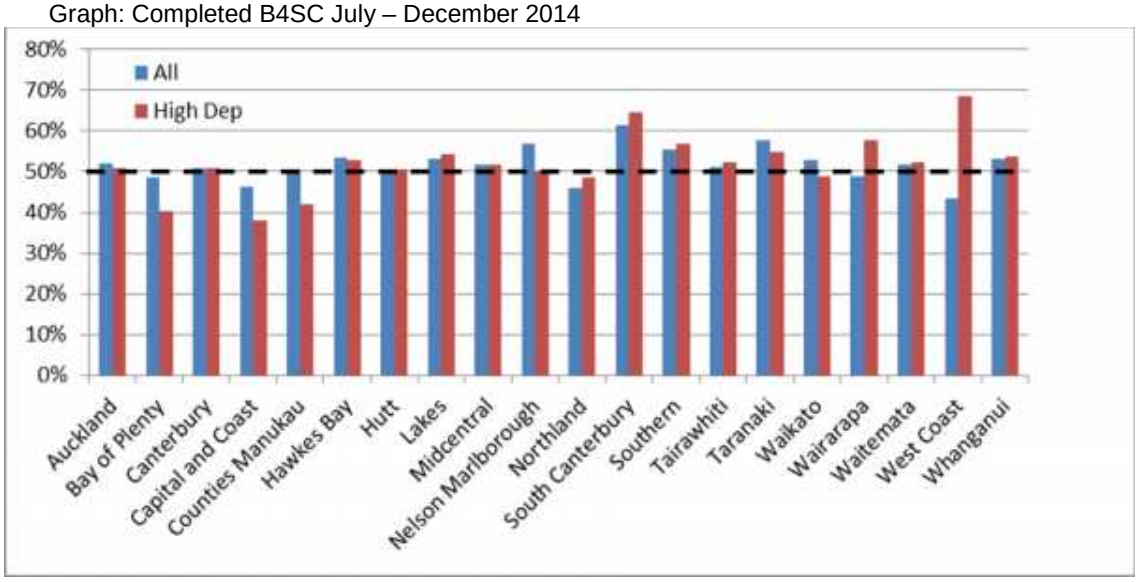
The latest quality B4SC report from the Ministry of Health shows that Taranaki continues to exceed target, including for High Deprivation populations. Refer graph below.

Taranaki however, remains an outlier in the percentage of children who have their Checks prior to 4.6 years of age. Only 54% of our children are checked by this age where as the rest of the DHBs range from 78% to 98%. Taranaki continues to actively work on increasing the number of checks by this milestone.

Taranaki also has a high percentage of completed Strengths and Difficulty questionnaires for both parents and teachers (SQD-P and SDQ-T). The national average is 70% and Taranaki's completion rate is 88%.

Taranaki also has one of the lowest decline rates across the country.

Graph: Completed B4SC July – December 2014



3.8.4 Breastfeeding

As part of the *Mama Pepe Hauora Programme*, the Community Lactation Service has been operating across the region and is overseen by professionals within Maternity

Services and Plunket. From January the service will operate with home visits and community drop-in clinics in North and South Taranaki.

3.9 TDHB Disability Action Group

This group meets every two months. The prime focus is on improving accessibility to hospital buildings, grounds and services. The group is pleased with the minor alterations to the toilet near the atrium with has resulted in increased accessibility for users in wheelchairs. "Disability MAY Affect You Day 2015" will be themed on equipment aids and support and will be held on Thursday 7 May in the Base Hospital atrium.

3.10 Living Within Our Means

Inter-District Flows (IDFs)

Monitoring of IDF outflows continues. The most complete data available from the national data source is to the end of February 2015. At that point, the Personal Health Inpatient case-weighted discharges (cwds), which accounts for approximately 59% of the total IDF budgeted expenditure, were 3,180 cwds. This is 131 cwds over the budgeted 3048 cwds YTD. In dollar terms, this amounts to $613.3K over-expenditure YTD.

3.11 Cervical Screening

The DHB received feedback from the Ministry of Health on the National Screening Unit six monthly report (July-Dec 2014) and the Ministry is pleased with the new health promotion resources introduced in Taranaki advertising cervical screening and exercise and are looking forward to the outcomes from a PHO/National Cervical Screening Programme data matching project that will identify and recall overdue priority women.

3.12 Streamlined Contracting Update

In March 2013 Cabinet directed the Ministry of Business Innovation & Enterprise (MBIE) to lead a three year project (2013-2016) "Streamlined Contracting with NGOs" which aims to reduce variance in, and duplication of, contract management practices across Government agencies and reduce the compliance cost burden on NGOs. The programme supports the provision of "Better Public Services" by providing tools that better enable fit-for-purpose contracting arrangements.

DHBs are now being asked to look at the implementation of Streamlined Contracts. The project involves the refinement and implementation of a suite of contract, contract management and decision-making documents (collectively referred to as the contracting framework) designed to create greater consistency across Government agencies when assessing contracting risks, the form of contract and the approach to contract management for contracts between Government agencies and NGOs. This includes Government agencies working together to better co-ordinate (and reduce the duplication of) audit related activities.

Regionally and nationally, TDHB has been contributing to this work. The development of example contracts using the new framework has uncovered various issues and several unintended consequences that need addressing at a national level should DHBs as a whole be required to embrace the contracting framework. The issues arising include;

- Current Operating Policy Framework (OPF) requirements to adhere to current contracting processes and format
- Complex issues associated with applying an outcomes framework to contracts that still require national service specification adherence (counting inputs and outputs rather than outcomes).
- Risk of national reporting consistency being lost
- Wide variation of understanding of Results Based Accountability (RBA) contracting across the country
- It is anticipated that the impact on rolling out a new contract framework will entail significant resourcing and training.

A small group of DHB P&F representatives (including TDHB) is working with MBIE to explore these and other issues and will be reporting the National GM's P&F group in the near future.

4.0 PUBLIC HEALTH UNIT

4.1 Annual Plan 2014-15

This report is against the Ministry of Health approved Annual Work Plan for the Taranaki DHB Public Health Unit (PHU) for the period to 31 March 2015.

At this stage of the year the 2014-15 Plan is largely on track with notable highlights and exceptions identified below.

4.2 Public Health Infrastructure

The Taranaki Oral Health Group co-ordinates the activities of the DHB in respect of the promotion of Community Water Fluoridation. Its members include the Medical Officer of Health, Clinical Leader – Dental, and representatives from the Public Health Unit, Planning and Funding, Community Oral Health Services and Communications.

Community Water Fluoridation has been shown to prevent tooth decay and reduce inequalities in oral health and is one of the key strategies to improve oral health. The other key strategies to improve oral health are: eating healthy food, reducing sugar intake, twice daily brushing with a fluoride toothpaste and regularly visiting a dental provider.

Currently the three District Councils are conducting their Long Term Plan Consultations. This is an ideal opportunity to seek the reintroduction of Community Water Fluoridation in New Plymouth District and support the retention of fluoridation in Stratford and South Taranaki. There is also scope to extend fluoridation to towns in South Taranaki that are not currently fluoridated.

The work of the group has included information and support for TDHB staff and other key organisations and individuals in the community including Maori. This has included:

- Letters to the Mayors and Council Chief Executives providing information about Community Water Fluoridation

- The development of submission templates for health professionals to make it easier for them to submit in support of Community Water Fluoridation. These have been circulated to key groups such as the Community Oral Health Service, Dentists, and Paediatricians.
- The development of a postcard submission for the general public. This postcard submission is available online at the DHB website. Hardcopies have been distributed to Community Oral Health Clinics and Private Practice Dentists to have available for their patients/ whanau to complete. People who use the Public Health Unit Resource Centre as people who are interested in health have been emailed information about Community Water Fluoridation and asked if they can make a submission to their local Council.
- Presentation to Te Whare Punanga Korero about the Community Water Fluoridation, and the distribution of submission templates to Iwi representatives.

Submission activity to Long Term Plans has been based on the DHB Position Statement accepted in 5 May 2011 as below:

Statement of the Taranaki District Health Board's (TDHB) position

The Taranaki DHB:

- Considers dental decay to be an important public health issue with poorer oral health outcomes reflecting differences in ethnicity and socioeconomic status.
- Supports the Ministry of Health's position recommending the fluoridation of drinking water supplies to provide protection against tooth decay.
- Considers fluoridation of drinking water supplies to be the most cost effective population-based strategy for the prevention of dental decay in communities of greater than 1000 people.
- Supports the introduction of fluoridation, at accepted safe levels into non-fluoridated reticulated drinking water supplies and the continuing fluoridation of those supplies already fluoridated.
- Supports regular reviews of the evidence for risks and benefits of fluoride to oral health.
- Promotes the use of appropriate alternatives to water fluoridation in communities where fluoridation is not feasible.
- Is committed to promoting health messages endorsing fluoridation of water supplies as a cornerstone of oral health in conjunction with eating healthy food, twice daily brushing with a fluoride containing toothpaste and regularly visiting a dental provider.

Date: April 2011
Review Date: April 2014
Adopted by Taranaki District Health Board: 05 May 2011

The Taranaki Oral Health Group have reviewed the Position Statement and refreshed the content. A proposed refreshed Statement is outlined below. The Position Statement is essentially the same in content and intent, minor changes relate to a stronger emphasis on the reduction of health inequalities, mention of access to dental services as an important public health issue and use of some of the

terminology that comes from the Gluckman Report (*The Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor. 2014. Health effects of water fluoridation: A review of the scientific evidence. Retrieved from website: http://www.pmcsa.org.nz/wp-content/uploads/Health-effects-of-water-fluoridation-Aug2014.pdf*)

The CPHAC members are asked to note and receive the refreshed Position Statement and recommend it to the Board

Proposed Taranaki District Health Board Position Statement

Fluoridation of Drinking Water in Taranaki

Statement of the Taranaki District Health Board's (TDHB) position:

The Taranaki District Health Board:

- Considers dental decay to be an important public health issue with significant ethnic and socioeconomic health inequalities in both oral health status and access to dental services, in Aotearoa New Zealand
- Endorses community water fluoridation as an important public health measure in the maintenance of oral health, the prevention of tooth decay and the reduction of health inequalities.
- Supports the Ministry of Health's position, recommending the fluoridation of drinking water supplies to provide further protection against dental decay (0.7 – 1.0 mg/L)
- Acknowledges that community water fluoridation is a safe, effective and affordable population-based strategy for the prevention of dental decay
- Is committed to promoting health messages endorsing fluoridation of water supplies as a cornerstone of oral health in conjunction with eating healthy food, reducing sugar intake, twice daily brushing with a fluoride containing toothpaste and regularly visiting a dental provider
- Supports regular reviews of the evidence for risks and benefits of fluoride on oral and general health

References:

1. Ministry of Health website. http://www.health.govt.nz/our-work/preventative-health-wellness/fluoridation/water-fluoridation. Retrieved 16 April 2015.
2. Ministry of Health. 2010. *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*. Wellington: Ministry of Health.
3. The Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor. 2014. *Health effects of water fluoridation: A review of the scientific evidence*. Retrieved from website: http://www.pmcsa.org.nz/wp-content/uploads/Health-effects-of-water-fluoridation-Aug2014.pdf

4.2.1 Information Management

As part of the Midland Intelligence Group work, the group is reviewing how all Public Health Units have approached opposing the opening of new liquor licensing applications.

4.2.2 Social Environments

The next phase of the Nga Ruahine Iwi consultation is now taking place with community members being trained by the DHB Researcher/Evaluator to undertake community consultation which will inform the Iwi Health Strategy. Health Promotion are also working with those agencies identified by Nga Ruahine as having a key role in Māori health promotion.

Health Promotion staff attended the recent dawn blessing for the new Coastal Care Medical Centre in Opunake and will continue to maintain a relationship with the centre providing health promotion support and advice.

4.2.3 Healthy Eating and Physical Activity (including Breastfeeding)

Breastfeeding Welcome Here: Twenty-one Breastfeeding Welcome Here sites have been audited during February. One of these did not meet the criteria. The number of accredited sites is now 63.

4.2.4 Drinking Water

Two PHU staff formally started roles in the Central North Island Drinking Water Assessment Unit. Those roles are *Deputy Technical Manager: Operations* and *Technical Manager: Training* respectively.

4.2.5 Hazardous Substances

Following a notification and investigation into two cases of lead poisoning in Taranaki, the Medical Officer of Health and Health Protection Unit undertook a proactive approach to raise public awareness of the risks of lead exposure, including a Taranaki Daily News article and hosting a Grand Round presentation.

4.2.6 Recreational Water

A risk assessment for a wastewater overflows project plan has been developed. This plan aims to use a collaborative process with Iwi, Regional Council, and Territorial Authorities to address current gaps in communicating the risks from wastewater discharges to affected parties. The Medical Officer of Health and project team will meet with key iwi representatives in May to further develop this collaborative project.

4.2.7 Ebola Preparedness

The Health Protection Manager and Medical Officer of Health have been heavily involved in DHB and Public Health preparedness for Ebola case management.

4.2.8 Tobacco

Promotions and presentations have resulted in three teams from Taranaki signing up to the upcoming WERO Stop Smoking Competition which starts in April. Aukati kai Paipa have committed to providing the support to the WERO programme by providing specialised quit support throughout the competition.

The Tupeka Kore / Auahi Kore Whānau project has been initiated in the PHU. This project aims to reduce smoking rates of whānau through Kohanga Reo based initiatives and the Social Sector Trials project.

4.2.9 Reducing Alcohol Related Harm

Inspections were carried out among licensed premises in New Plymouth CBD and among suburban licensed premises in New Plymouth. Of the 25 premises visited nine were not completely compliant with signage as outlined in the SASA act. This is now resolved.

4.2.10 Communicable Disease

An evening presentation on Zoonotic diseases was delivered to ‘Land Girls Taranaki’ in March, aimed at raising awareness of zoonotic diseases and the particular risks of these diseases to children.

Taranaki Public Health Unit
2014/15 Annual Plan Monthly Progress Report

From 1 July 2014
To 31 March 2015

Month 9

Core Function One Health Assessment and Surveillance		
1.1	Information Management	Amber

Core Function Two: Public Health Capacity Development		
2.1	Workforce Development	Amber
2.2	Public Health Infrastructure	Amber
2.3	Research and Evaluation	Amber
2.4	Health Education Resources and Information	Amber

Core Function Three: Health Promotion		
3.1	Social Environments	Amber
3.2	Health Promoting Schools	Amber
3.3	Healthy Eating and Physical Activity including Breastfeeding	Amber
3.4	Injury Prevention	Amber

Core Function Four: Health Protection		
4.1	Border Health	Amber
4.2	Drinking Water	Amber
4.3	Hazardous Substances and Contaminated Land	Amber
4.4	Recreational Water	Amber
4.5	Environmental Health	Amber
4.6	Psychoactive Substances	Amber

Core Function Five: Preventative Interventions	
	(reported under 6.3 Communicable Disease)

Integrated Plans		
6.1	Tobacco	Amber
6.2	Alcohol Related Harm included Taiohi Tu Youth	Amber
6.3	Communicable Disease	Amber

Key

Red	Not Achieved / Behind Plan
Amber	In Progress / On Track
Green	Completed

5.0 HEALTH TARGET RESULTS

The Health Target results are now reported directly to the Board on a monthly basis.

6.0 FINANCIAL REPORT

Overview
This report gives an over-view of the TDHB Funder financial performance for the period ending March 2015.

The overall funder position for the nine months to March 2015 is a surplus of $7,056k against a budgeted surplus of $6,597K resulting in a positive variance of $459k.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$8,446K	$6,868K	$1,578K	F
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$119K	NIL	$119K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$272K	NIL	$272k	F
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(1,723)K	$(270)K	$(1,453)K	U
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$18K	NIL	$18K	F
Governance			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(75)K	NIL	$(75)K	U

At this stage in the financial year, the Funder's planned surplus of $10m is viewed as a challenging target.

Detailed financial analysis is attached to this report.

7.0 ACTION REQUIRED

That the Committee's receive and note the Management Reports from the Chief Advisor Maori Health and General Manager Planning, Funding and Population Health and receive and note the revised Position Statement on Community Water Fluoridation and recommend it to the Board.

Becky Jenkins
General Manager – Planning, Funding & Population Health

Appendices
Appendix 1 Funder Financials

TO TDHB Board

FROM Becky Jenkins
General Manager Planning, Funding and Population Health

DATE 14 April 2015

SUBJECT March 2015 Funder Financial Results

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

1. Overview

This report gives an over-view of the TDHB Funder financial performance for the period ending March 2015.

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Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
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$(75)K	NIL	$(75)K	U

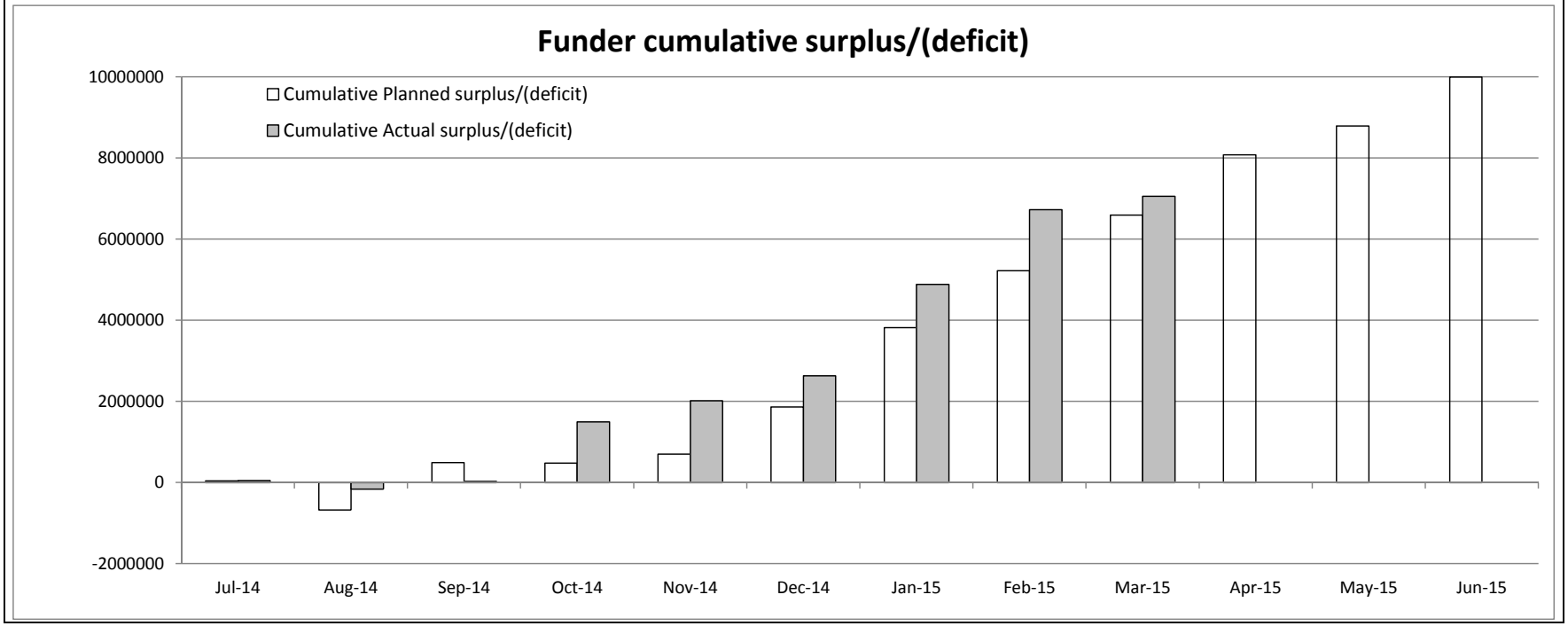
At this stage in the financial year, the Funder's planned surplus of $10m is viewed as a challenging target.

Detailed financial analysis is attached to this report.

Becky Jenkins
General Manager – Planning, Funding & Population Health

Summary of the Funder financial performance 2014-15

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(26,854,674)	(26,646,114)	(208,560)	(241,782,437)	(239,815,016)	(1,967,421)	(319,753,350)
NGO Expenditure	13,789,500	12,338,917	1,450,582	112,208,473	111,050,255	1,158,218	148,067,014
Provider Arm Expenditure	12,737,493	12,933,887	(196,395)	122,517,789	122,167,287	350,500	161,686,336
Total Expenditure	26,526,992	25,272,804	1,254,187	234,726,262	233,217,542	1,508,718	309,753,350
Surplus/(Deficit)	327,682	1,373,309	(1,045,626)	7,056,174	6,597,472	458,702	10,000,000



Personal Health

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(20,051,899)	(19,905,762)	(146,137)	(180,628,600)	(179,151,854)	(1,476,745)	(238,869,139)
NGO Expenditure	9,452,501	8,099,318	1,353,183	71,756,434	72,893,864	(1,137,430)	97,191,826
Provider Arm Expenditure	10,469,620	10,522,046	(52,427)	100,426,381	99,390,297	1,036,084	131,677,313
Total Expenditure	19,922,121	18,621,364	1,300,756	172,182,815	172,284,161	(101,346)	228,869,139
Surplus/(Deficit)	129,778	1,284,397	(1,154,619)	8,445,784	6,867,693	1,578,091	10,000,000

Commentary on Variances

Revenue	Includes additional revenue from the MoH to support increased capital charges as a result of building revaluations, see expenditure comment below. Other unbudgeted revenue has been received for a range of PHO led services.
Expenditure	The cost of Primary Practice Services are tracking above budget which includes agreed support to Tui Ora Family Health to transition patients previously enroled with Te Atiawa Medical Centre. Provision has been made for an IDF negative washup for 2014-15 which exceeds the level anticipated in the budget. An over provision for 2013-14 IDF and Haemophilia costs of $1.4m will be released through the year to support the funder financial position. Internal revenue paid to the Provider Arm includes unbudgeted payments related to revenue received by the funder for capital charges costs mentioned under revenue above.

Mental Health

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(2,570,176)	(2,570,176)	0	(23,131,583)	(23,131,584)	1	(30,842,113)
NGO Expenditure	928,982	842,153	86,829	8,020,667	7,579,375	441,292	10,105,834
Provider Arm Expenditure	1,634,650	1,728,023	(93,373)	14,991,969	15,552,209	(560,241)	20,736,279
Total Expenditure	2,563,632	2,570,176	(6,544)	23,012,636	23,131,584	(118,949)	30,842,113
Surplus/(Deficit)	6,544	0	6,544	118,947	(1)	118,948	0

Commentary on Variances

Revenue

Expenditure

In August an invoice for $145k (relating to a prior year) has been raised to recover funds paid to a provider for Non-residential mental health services.

A new community residential beds service is now provided by Tui Ora replacing the service previously funded through the Provider Arm

Population Health

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(120,767)	(119,440)	(1,326)	(1,215,298)	(1,074,964)	(140,335)	(1,433,285)
NGO Expenditure	56,152	76,782	(20,630)	609,040	691,042	(82,002)	921,389
Provider Arm Expenditure	2,658	42,658	(40,000)	333,932	383,922	(49,991)	511,896
Total Expenditure	58,810	119,440	(60,630)	942,972	1,074,964	(131,993)	1,433,285
Surplus/(Deficit)	61,957	0	61,957	272,326	(1)	272,327	0

Commentary on Variances

Revenue	Revenue has been received from the MoH for Newborn Hearing Screening quality improvement. This was not anticipated in the budget.
Expenditure	A reallignment of Smokefree Communities funding across both NGO & Provider Arm has taken place.

Health of Older People

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(3,619,873)	(3,558,776)	(61,097)	(32,379,322)	(32,028,980)	(350,342)	(42,705,300)
NGO Expenditure	3,116,808	3,084,174	32,634	29,731,491	27,757,562	1,973,929	37,010,082
Provider Arm Expenditure	366,762	385,690	(18,928)	4,371,279	4,541,637	(170,358)	5,695,218
Total Expenditure	3,483,570	3,469,864	13,706	34,102,770	32,299,199	1,803,571	42,705,300
Surplus/(Deficit)	136,303	88,912	47,391	(1,723,448)	(270,219)	(1,453,229)	0

Commentary on Variances

Revenue	Funding to support the 2014-15 price increase for Aged Residential care services has been included from Oct14.
Expenditure	Residential Care and Home Support costs are trending above budget.
	Internal revenue included in the budget for Intermediate Beds has been withheld from the Provider Arm.

Maori Health

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(286,437)	(286,437)	0	(2,577,931)	(2,577,931)	0	(3,437,242)
NGO Expenditure	235,056	236,490	(1,434)	2,090,841	2,128,412	(37,571)	2,837,883
Provider Arm Expenditure	49,947	49,947	0	469,525	449,519	20,006	599,359
Total Expenditure	285,003	286,437	(1,434)	2,560,366	2,577,931	(17,565)	3,437,242
Surplus/(Deficit)	1,434	0	1,434	17,565	0	17,565	0

Commentary on Variances

Revenue	Nil comment
Expenditure	Nil comment

Governance

Mar-15	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(205,523)	(205,523)	0	(1,849,703)	(1,849,703)	0	(2,466,271)
Expenditure	213,856	205,523	8,333	1,924,703	1,849,703	75,000	2,466,271
Surplus/(Deficit)	(8,333)	0	(8,333)	(75,000)	0	(75,000)	0

Commentary on Variances

Revenue	Nil comment
Expenditure	Funding for the smokefree coordinator is now included under governance.