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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 23 June 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 23 June 2015  
12.30pm

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

		Pages	Action
1	<b>Apologies</b> <u>Resolution</u> <i>That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note apologies from Alison Rumball and Karen Eagles (Board members) and Tony Foulkes (Chief Executive).</i>		
2	<b>Public Comment</b>		Verbal
3	<b>Interest Register</b> <ul style="list-style-type: none"> <li>• Members to verbally advise all changes to the interest register, and amend the register circulated; and</li> <li>• Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers.</li> </ul>		Verbally advise Chair  Verbally advise Chair
4	<b>Chairman's Report</b>		Verbal
5	<b>Attendance Schedule</b>		Noting
6	<b>Presentations:</b>  <b>Advance Care Planning</b> <ul style="list-style-type: none"> <li>• Kevin Nielsen, Hospice Taranaki</li> <li>• Dr Tom Bull &amp; Dr Di Stokes</li> </ul>		Noting
7	<b>Minutes – CPHAC and DSAC Meeting</b>		

	<p>7.1 Minutes of meeting held on 28 April 2015</p> <p><u>Resolution</u>  <i>That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 28 April 2015 be received as a true and accurate record.</i></p> <p>7.2 Matters Arising</p>		Resolution
8	<p><b>Management Reports</b></p> <p>8.1 Chief Advisor Maori Health</p> <p>8.2 General Manager Planning, Funding &amp; Population Health</p> <p><u>Resolution</u></p> <ul style="list-style-type: none"> <li>• <i>That the Committees receive and note the Management Report from the Chief Advisor Maori Health</i></li> <li>• <i>That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health</i></li> </ul>		<p>Resolution</p> <p>Resolution</p>
9	<b>General Business</b>		
10	<p><b>Date of Next Meeting</b></p> <p>Next meeting 25 August 2015</p>		Noting

## Strategic Linkages – Agenda Items

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

	<i>Advance Care Planning</i>	<i>Maori Health Report</i>	<i>GM Planning and Funding Report</i>
<b>Regional Strategic Objectives</b>			
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	✓	✓	
<b>Local Strategic Objectives</b>			
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	26/08/2014	28/10/2014	9/12/2014	24/02/2015	24/04/2015	23/06/2015	TOTAL
<b>CPHAC</b>							
Pauline Lockett	✓	A	✓	✓	A		
Sally Webb (Not a Member)							
Alex Ballantyne	✓	✓	✓	✓	✓		
Karen Eagles	✓	✓	✓	✓	✓		
Flora Gilkison - Chair	✓	✓	✓	✓	✓		
Richard Handley	A	✓	✓	✓	✓		
Te Aroha Hohaia - Deputy Chair	✓	✓	✓	✓	✓		
Pat Leary	✓	A	✓	✓	A		
Kevin Nielsen	✓	A	✓	✓	✓		
Alison Rumball	✓	✓	✓	A	✓		
Aroaro Tamati	✓	✓	A	✓	✓		
<b>Co-Opted</b>							
David Tamatea	✓	✓	✓	✓	A		

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



## COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

### MINUTES – PUBLIC (Unconfirmed)

**Tuesday 28 April 2015**  
**12.30pm**  
**Corporate Meeting Room 1**  
**Base Hospital**  
**New Plymouth**

#### **Present**

Flora Gilkison (Chair), Alex Ballantyne, Karen Eagles, Richard Handley, Te Aroha Hohaia, Kevin Nielsen, Alison Rumball and Aroaro Tamati

#### **In Attendance**

Rosemary Clements (Acting 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) and Tammy Taylor (Minute Taker TDHB)

Dr Damian Tomic – Clinical Director, Waikato DHB

Vicki Kershaw – Portfolio Manager, TDHB

John Macaskill-Smith – Chief Executive, Midlands Health Network (via teleconference)

#### **847.0 Apologies**

##### Resolution

*That the apologies from Pauline Lockett (Committee Member), Pat Leary (Committee Member), David Tamatea (Committee Member), and Tony Foulkes (Chief Executive TDHB) be received and noted.*

*Handley/Eagles  
Carried*

#### **848.0 Welcome**

Matua Ramon Tito opened the meeting with a karakia.

#### **849.0 Deputation/Presentation: “New Plymouth District – An Aged Friendly City”**

A presentation was delivered by Mrs Gillian Goble, Manager of Age Concern Taranaki. In attendance with Mrs Goble was Mr Jeff Blyde.

The basis of the presentation was a request by Age Concern Taranaki for the Taranaki DHB to join it in establishing the district as a people friendly region under strategies recommended by the World Health Organisation.

Key points covered in the presentation included:

- An ageing Population is an asset to community and society and is to be celebrated, we must maximise contributions ageing population can bring
- The biggest social, economic and demographic trend to change social services landscape in NZ is the growing ageing population coupled with significant increase in longevity
- Currently around 650,000 people over 65
- 2030 projection of over 65 – 1.2 million. More people over 65 than under 18
- **45%** - increase in the number of people **aged 65 and over** since 1996
- **40.6** - median age of New Plymouth District (2013 Census) 37.2 (2001)
- 16.8% aged 65+ in New Plymouth District (2013 Census)
- An Aged Friendly City:
  - Provides opportunities for older people to participate fully in city life and feel secure
  - Live independently for as long as possible in own homes and communities
  - Adapts structures and services to be accessible to and inclusive of older/disabled – provides opportunities for optimising health
  - Resulting in outcomes that produce social and economic benefit for all generations

A full copy of the presentation is available on request.

Dr Gilkison thanked Mrs Goble for her presentation and invited any questions and comments from Committee members.

#### Discussion

- In terms of the DHB working together with Age Concern, this can be done by identifying all areas that need to be addressed in consultation with the community
- A checklist is available from Age Concern that states the “Essential Features of Age-Friendly Cities”
- Age Concern is working closely with the various New Plymouth District Council and is presenting this concept to the NPDC Long Term Plan. Work with other District Councils will follow at a later date
- The DHB has done much work around the future demographics of Taranaki and is aware of potential issues
- The question was asked whether Age Concern were seeking a specific response from the DHB at this meeting and Mrs Goble said this was not the case – it was purely to inform the DHB should the strategy be rolled out across Taranaki
- Part of the strategy involves looking at costs and funding required for an ageing population
- Rather than the strategy being referred to as “New Plymouth District – An Aged Friendly City” it was suggested it be changed to “Taranaki – An Aged Friendly City”
- The work being done by Age Concern was acknowledged and commended

Dr Gilkison stated that advice would be sought from DHB officers to inform a recommendation.



### **850.0 Attendance Schedule**

The attendance schedule was noted and updated as required.

### **851.0 Interest Register and Conflicts of Interest Register**

Members were asked to verbally advise all changes to the interest register and amend the register circulated; and members to advise the Chair of any conflict with any matter that is part of the agenda papers: The following changes were noted on the register:

- Alex Ballantyne
  - Member South Taranaki Licensing Committee
- Te Aroha Hohaia
  - Delete – Hawera Rape Crisis Incorporated – Trustee and Chairperson
  - Add – Chair of Finance, Audit & Risk Committee Te Korowai o Ngaruhine Trust

### **852.0 Chairman's Report**

No formal report from the Chair.

### **853.0 Power Point Presentation – Map of Medicine**

A presentation around Map of Medicine (MoM) was given by Dr Damian Tomic, Clinical Director at Waikato DHB. Also in attendance for the presentation were Dr Greg Simmons (Chief Medical Advisor TDHB) and Ms Vicki Kershaw (Portfolio Manager TDHB). Mr John Macaskill-Smith, Chief Executive of Midlands Health Network joined the presentation via teleconference.

Key points covered in the presentation included:

- Midlands Region including Taranaki is fully committed to embedding patient-centric best practice across the region
- The MoM platform is where locally agreed best practice care pathways or integrated services are published which connect all the knowledge and services around a clinical condition
- Pathways/services are standardised and regionalised wherever possible
- 30 pathways have been localised and published in Taranaki; 11 have been approved and are awaiting publication, and more are in the process of being adapted/localised
- Taranaki has led pathway development for management to dementia
- A local editor is based in Taranaki to work with clinicians
- Some examples of pathways published in Taranaki are: Deep Vein Thrombosis, Chest Pain, Asthma, Cellulitis and Dementia
- This is more than a GP tool – can be used by GPs, Practice Nurses, SMOs, Allied Health, Radiology, Community Health, Paediatrics, Pharmacy and other areas
- Key objectives for MoM over the next two years:
  - Incentivising use
  - Integrating map into current practice
  - Supporting integrated service development
  - Ensuring alignment of MoM to key national/DHB goals
  - Sector wide engagement in MoM

- Want to get to a place where in the Hospital setting all clinicians know and use the pathways in place. Important that whole medical fraternity helps each other to adhere to what has been agreed
- SMOs and hospital staff have been heavily involved in pathway development.
- MoM gives departments a structured process for integration discussions with the community
- The Provider Arm and the referrer need to help each other adhere to what has been locally agreed
- When looking at specific conditions, there is an area behind the main window that give examples of Maori and Pacific statistics
- MoM is a vital tool for hospitals – can use for internal checking and helps the community to adhere to that interface between primary and secondary care
- Midlands Health Network have been very supportive of MoM and started the programme with a pilot

Mr Macaskill-Smith was asked for any comments at the completion of the presentation and the following was noted:

- MHN pushed hard for the DHB to adopt MoM and there is not a consistent approach across the region
- Regionally there have been a lot of maps developed but alignment to key pieces of work that MHN and the DHB are working on collaboratively could be strengthened
- Low utilisation of pathways in Taranaki but can see the pathways utilised fit into a small band. Need Primary Care to identify the challenges and put a plan in place to address this low utilisation

A full copy of the presentation is available on request.

Dr Gilkison thanked Dr Tomic and invited any questions and comments from Committee members.

#### Discussion

- All patients should be insisting that their GP use MoM – but first they need to be aware it exists.
- TDHB can advise the MoM Governance Group how they expect the consumer can play a part in helping the community clinician to adhere to what has been agreed
- Consumers should not only be asking their GPs but should be following up this with their hospital to ensure the whole system is aligned
- MoM may at some stage be made public but not sure of the use to the average consumer except to ask the question of whether services are aligned
- These maps allow people who are new practitioners in New Zealand to keep a safe pathway, as well as useful to trainees
- Data shows what pathways are being accessed and who they are being accessed by and monthly reports are provided to the MoM Governance Group. The data will not show if people have adhered to the pathway or show where there may be blockages in the system
- Will hopefully have the ability to link to e-referrals in the near future

- Benefit profiles start as soon as a path is localised. These are submitted and discussed at a regional level and these can be sent back by the Governance Group if baseline data has not been provided
- The question was asked what the Midland DHBs are expected to do in support of the MoM objectives
  - Mrs Clements advised that a paper had been sent to all CEs for their consideration which included a number of recommendations.
  - Dr Gilkison asked for this to be added to the Action List so that a response could be monitored.
- It was agreed the Committee Members would like to look at MoM again in a years time to see the developments

Thanks were again given to Dr Tomic and Mr Macaskill Smith for his input.

#### **854.0 Fluoride Discussion**

Due to Mrs Clements having to leave the meeting early, the Community Water Fluoridation entry from Mrs Jenkins' Report was discussed and points noted as follows:

- The three local District Councils are currently undertaking consultation on their Long Term Plans
- The Board has a Position Statement around Community Water Fluoridation which was endorsed three years ago
  - A copy of the current Position Statement is included in Mrs Jenkins report, along with a refreshed version
  - Mrs Jenkins advised the Committee that the content of the refreshed statement is largely the same but the wording and emphasis has been refreshed.

The refreshed Position Statement was noted and unanimously endorsed at the meeting.

Mrs Jenkins spoke further to the parts of her report around Fluoridation and engagement with the District Councils in terms of their Long Term Plans. Mr Handley asked that all Councillors be sent a copy of the Position Statement, once it has been endorsed by the Board.

#### Resolution

*That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee endorse the Position Statement around Fluoridation and recommend it to the Board.*

*Hohaia/Tamati  
Carried*

#### **855.0 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 24 February 2015 as a true and accurate record, subject to the below two amendments.*

Two amendments were requested to the Minutes as follows:

- a) Under Point 843.0, remove sentence as below  
*“Many people do not want to be entranced by a rest home facility and do wish to stay in their own homes.”*
- b) Apologies  
Add Ms Tamati as an apology.

*Eagles/Hohaia  
Carried*

## **856.0 Management Reports**

### **856.1 Māori Health Report**

The Chief Advisor Māori Health took her report as read highlighting the following:

- A newsletter has been drafted and endorsed by TWPK which covers the four Māori Health Plan Priority Areas. Copies will be available to Committee Members once this is finalised. Language will be simple and easy to understand and newsletter features graphics.
- Parihaka Discussion – a range of Government Agencies have been brought together to respond to the aspirations of the Parihaka community. This is an example of Whānau Ora in action.
- Kawe Tutaki Report is due to be submitted by 1 July and copies of this report should be available for general distribution once submitted.
- Ms Hohaia declared that she will be facilitating a meeting at Parihaka on Wednesday 29 April.
- Can figures be included from 2011 so that trends can be monitored? Ms Henare advised that a web-based tool will be launched shortly and this will feature lines to monitor trends.
- Sir Mason Drury has been invited to attend the joint Board/TWPK meeting being held on 26 May.

### Resolution

*That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive and note the Management Report from the Chief Advisor, Maori Health*

*Ballantyne/Eagles  
Carried*

### **856.2 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 points noted:

- Port View Rest Home Closure has been completed. All 19 residents have been placed within other care facilities.
- The DHB has received a letter from Mayor Volzke concerning further engagement around Stratford Maternity Hub. The DHB has responded to this letter and is in the process of setting up a stakeholder meeting. From May, the DHB will be report back to the Board against the individual recommendations on a regular basis.

- The DHB was commended on actions mentioned in Mrs Jenkins report relating to Stratford Maternity and the engagement to take place.
- The question was asked around encouraging Marae to be smokefree and it was noted this has been asked previously. Mrs Jenkins will follow up with the Public Health Unit and will provide a response at the next meeting.
- Extension to the Community Pharmacy agreements is progressing – this is essentially a roll-over of the existing agreement. The longer term strategic direction is a focus for future direction of community pharmacy. .
- A slight error was pointed out in respect of a percentage figure mentioned in the table for Primary Options Quarter 2.
- Is the DHB doing anything around sugar/soft drinks – Mrs Jenkins advised that Mrs Kemp (Quality & Risk Manager) is doing work with the Workplace Wellness Group. Mrs Clements suggested that this be raised at the next Board Meeting as there are commercial issues that need to be considered.
- The survey undertaken to identify palliative care education needs received very low uptake from local GPs.
- Acknowledged that financial target still challenging but the funder is still working toward this target.
- Te Atiawa Practice closed 18 months ago. Patient records were transferred from Te Atiawa to Tui Ora Family Health (approx. 1500 patients). Over two thirds of those patients have been re-enrolled with either Tui Ora Family Health or another local practice.

Resolution

*That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive and note the Management Report from the General Manager, Planning, Funding & Population Health.*

*Rumball/Hohaia  
Carried*

**857.0 Next Meeting**

The date of the next meeting is Tuesday 23 June 2015, Corporate Meeting Room 1, TDHB.

The meeting was closed by Matua Ray at 2.50pm.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

<b>TDHB Community &amp; Public Health Advisory /Disability Support Advisory Committee Task List</b>						
<b>Action No</b>	<b>Date Raised</b>	<b>Action Description</b>	<b>Status</b>	<b>Assigned</b>	<b>Due Date</b>	<b>Updates</b>
41	15 June 2015 (transferred)	InterRAI report – update	WIP	GM P&F	August meeting	This task was transferred from Board task list and 28 May Board meeting
40	28 April 2015	Soft Drinks on Premises— Update to CPHAC once discussed at Board Meeting	WIP	Q&R		Under consideration by Wellness Committee. Update to be provided through Q&R Report
39	28 April 2015	An update on if/how Marae are being encouraged to be Smokefree.		GM PF&PH	Next meeting	
38	28 April 2015	Map of Medicine – A paper was sent to regional CEs with a number of recommendations. Has TDHB CE responded to recommendations?		GM PF&PH		Presentation made at June National CE meeting – support for ongoing development
37	28 April 2015	Load Map of Medicine presentation into Resource Centre of Board Books		PA to GM PF&PH	ASAP	
36	28 April 2015	Management to consider submission from Age Concern on “New Plymouth District – An Aged Friendly City” re endorsing strategy and provide advice to CPHAC	WIP	GM PF&PH	Future meeting	
35	28 April 2015	Load Age Concern presentation into Resource Centre of Board Books		PA to GM PF&PH	ASAP	
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		
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		GMPF&PH	When	Group is in

CPHAC/DSAC - June 2015 - Minutes of Previous Meeting

		once this information is known.			details available	development but has not yet met
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

**TO** Community and Public Health and Disability Support Advisory Committee



**FROM** Ngawai Henare, Chief Advisor  
Maori Health

**DATE** 9 June 2015

**SUBJECT** MAORI HEALTH REPORT

## RECOMMENDATION

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

### 1. INTRODUCTION

This report summarises Maori Health Plan performance as well as other activities to date.

### 2. MAORI HEALTH PLAN MONITORING REPORT

2.1 Maori Health Plan national indicator performance to date is summarised below.

Indicator	Target	Period	Taranaki (European /Other)	Taranaki (Maori)	Gap	Change	Trend	Tairāhiti (Maori)	Lakes (Maori)	Bay of Plenty (Maori)	Waikato (Maori)
PHO Enrolment	100	Apr-Jun 2015	99.2	90.6	8.6	0.8		100.0	98.9	92.8	95.6
ASH (0-74 yrs)	1976	Year to Dec 2014	1536	2927	1392	91		3546	3420	3827	3632
ASH (0-4 yrs)	4428	Year to Dec 2014	3567	6393	2826	-173		7998	7143	7123	7326
ASH (45-64 yrs)	2255	Year to Dec 2014	1378	3373	1995	-55		4068	4202	5395	4827
Breastfeeding (6 wks)	68	2015 Q3	67.7	57.8	10.1	-12		58.3	51.4	71.0	62.1
Breastfeeding (3 mths)	54	2015 Q3	59.1	48.4	10.7	3.7		50.0	47.0	47.4	40.6
Breastfeeding (6 mths)	59	2015 Q3	64.1	56.0	8.1	6.7		75.0	50.9	60.7	48.6
Cardiovascular Risk Assessment	90	2015 Q3	90.7	86.5	4.2	2.3		86.2	82.1	81.5	84.3
Angiogram in High-Risk Patients	70	2015 Q3	75.0	100.0	-25	0		60.0	75.0	43.8	53.6
Post-Angio Data Collection	95	2015 Q3	90.6	100.0	-9.4	0		100.0	75.0	100.0	78.1
Breast Screening (50-69 yrs)	70	2015 Q3	75.6	61.3	14.5	0.4		66.6	65.0	58.9	57.7
Cervical Screening (25-69 yrs)	80	2015 Q3	83.7	65.3	18.4	-0.1		66.0	69.5	63.0	60.3
Smoking Cessation (Hospital)	95	2015 Q3	93.6	93.6	0	-4.1		97.7	97.9	91.3	96.5
Smoking Cessation (Primary)	90	2015 Q3	86.0	91.0	-5	2		93.0	84.0	101.0	90.0
Immunisation (6 mths)	95	2015 Q3	91.2	90.3	0.9	-2.2		89.7	95.2	88.5	90.1
Immunisation (Influenza)	75	2015 Q2	70.0	69.0	1	0		63.0	66.0	66.0	70.0
Mental Health	0	2015 Q3	82	180	98	5		403	290	206	377

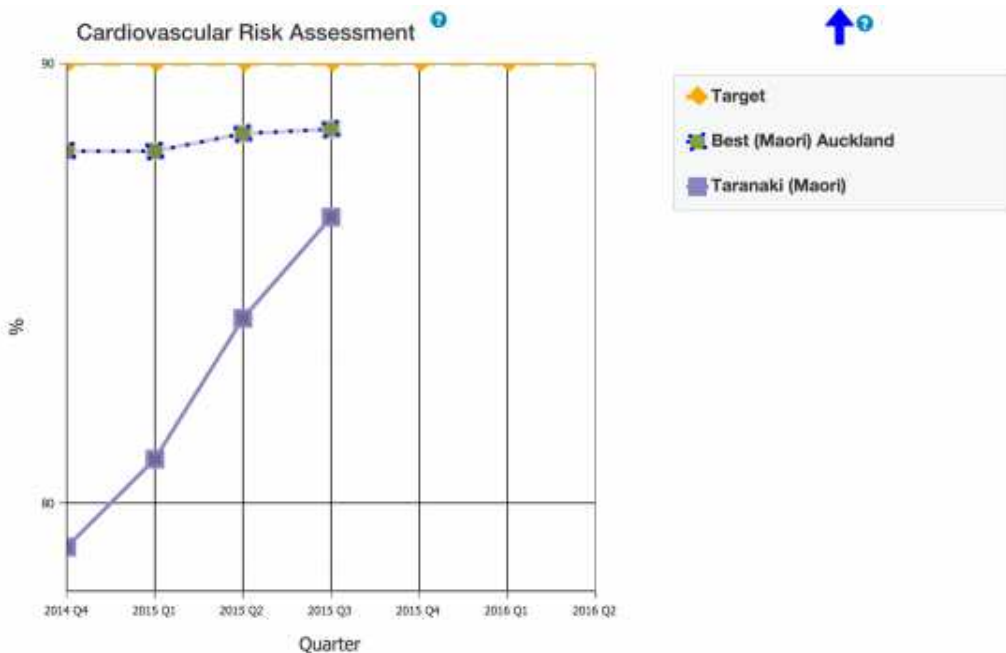


Performance of local indicators are summarised below.

Local Priorities						
Measure	Target	Maori	Non-Maori	Progress to Target	Disparity Gap	Reducing Disparity Progress
DNA rate for outpatient appointments (Q2)	5%	21%	7%	↓	14%	☒
Access by Taiohi M ori to packages of primary mental health care	34	56	135	✓	79	

2.2 Highlights to note are:

- Performance sustained over the past six months on the five targets that are met as well as the five areas in which inequalities have been eliminated;
- The pre-school dental enrolment result should be read in the context that recent work has resulted in the enrolment of the majority of the Taranaki pre-school population to the point of exceeding the target of 85%. Significant discrepancies have been identified in the accuracy of ethnicity data within the dental services information system, while a significant change to the enrolment system has resulted in all pre-school children being automatically enrolled at birth, replacing the requirement for parents to enrol their pepi and tamariki. As far as ethnicity data accuracy is concerned, we are awaiting support from the MOH to implement an ethnicity data audit tool to improve the accuracy of ethnicity data across the DHB;
- One area of improvement where TDHB is leading the country is cardiovascular risk assessment (CVRA) (More Heart and Diabetes Checks) as seen in the graph below.



- At the current rate of improvement, next quarter Taranaki is set to overtake the current lead performer namely Auckland DHB. This indicator is especially important because CV disease is the leading cause of death for

Māori. Improving this indicator (along with prevention and management) will lead to longer life expectancy for Māori adults in TDHB

2.3 Reduction of the Breast screening rate by 5% is cause for concern and the lack of improvement in a number of other indicators is cause for concern. Intended actions of the newly formed Maori Health Plan Steering Group will prioritise indicators for action and consider what steps will be taken to achieve consistent improvements.

#### 2.4 DNA Project Update

**Colposcopy:** the past three months have been very productive with a number of initiatives completing their trial and being progressed to business as usual. Key activities include:

- Development of the Colposcopy Dashboard, a live data set of colposcopy clinic attendance of non-Māori, Māori and total clinic data. This has enabled identification of those at high risk of non attendance to whom targeted support would be provided, and to monitor the effectiveness of these interventions.
- Developed and implemented a patient pamphlet. Supported by our own Consumer Representative, this pamphlet is simple, has very specific messages and provides 'peer' recognition to our targeted audience. This was tested by sending it to all Māori women with a scheduled first appointment, and has now been extended it to all women as standard mail out information. This resource is not currently produced in te reo Māori however moves are afoot to have this done.
- Initiated a Māori Women's Patient Experience Survey. This survey asks clients to feed back on their experience of the pathway and service. The survey uses a combination of reo Māori and English content which appears to have had a positive affect while the feedback itself has been useful in terms of identifying both negative and positive experiences of the service. The survey has now been implemented as standard procedure for Maori women. A decision on whether it may be adopted for all patients is under consideration.

A key intervention in the DNA project has been for the Maori Health team of Kaimahi Hauora initiating an early intervention approach by:

- contacting newly referred Māori women prior to their first appointment, and
- contacting Māori women who are categorised as very high DNA prior to their next scheduled appointment.

This particular work started toward the end of April and continued throughout May. We are delighted that we achieved a significant reduction in DNA for May as evidenced in the attached chart at Appendix A. The team will continue with this approach for the next two months and monitor results to track its on-going impact.

It became apparent that many of the very high DNA clients had an established pattern of disengagement not only to Colposcopy but to other outpatient specialist services. We are exploring the use of DNA as an identifier of high need clients and developing an alternative patient pathway using a Pae Ora model approach. It is hoped that this work could have a significant impact across the DHB.

**Menemene Mai:** Success has been achieved in enrolling pre-school tamariki / children into the Community Oral Health Service (COHS). This was brought about by implementing a system change to automatically enrol children at birth and requiring parents to 'opt off' the oral health register rather than require parents to 'opt on' to enrolment. Internal results show 99% of Taranaki pre-school children are now enrolled with the dental service using the Statistics NZ population data as a proxy measure. This represents an increase of 40% on the 59% baseline for 2014/15.

Having identified the majority of the pre-school dental population, work is under way to develop and implement processes to ensure early and on-going management of oral health takes place. The Rangiataea Clinic has been identified as the best site to initiate this work as its high Maori population and relatively high DNA rates will enable interventions to be tested. In addition the team is working with the Kura Kaupapa Maori which on-site to test the new Patient Consent Forms and a support system for children to attend clinics with siblings in attendance. Other initiatives involved include:

- Testing of alternative communication tools e.g. e-txts to parents as a follow up/reminder of appointments
- Data management improvements to ensure accurate ethnicity data capture as well as other recording of information
- Identification of very high DNA whanau and individuals to trigger additional support interventions

- 2.5 The Maori Health Plan Steering Group met on Monday 18 May 2015. The majority of the time was spent familiarising the members with the Maori Health Plan's evolution and monitoring framework. Following in-depth discussion it was decided that the group will examine each indicator in detail to select those that will be prioritised for attention. The group meets again in August when it is expected that prioritisation will occur.
- 2.6 A web-based Maori Health Plan monitoring tool was launched in Tauranga on 11 June 2015. The tool is now publicly available at [www.trendly.co.nz](http://www.trendly.co.nz) though a DHB email address is required to access the full suite of indicators.

### 3. TE MATAKITE, MAORI HEALTH PLAN 2015-16

- 3.1 The second draft Maori Health Plan was submitted on the due date of Tuesday 26 May 2015 and MOH feedback was received on 11 June. To date 11 of the 18 action plans have been approved, five are approved subject to technical issues being resolved, and 2 have been declined. Indicator champions are working on addressing the issues in time to meet the MOH date for submitting final plans on or before 20 June 2015.

## 4. OTHER INITIATIVES

### 4.1 Parihaka Discussion

A hui at Parihaka was held on 29 April with Kawe Tutaki, residents of Parihaka and agency officials to gain an in-depth understanding of the needs and aspirations of the Parihaka community. This was followed by a meeting on 18 May with officials from the social sector stream to discuss our respective contributions to meeting the aspirations and how that information would be provided to Kawe Tutaki for incorporation into the report to Ministers Findlayson and Flavell due this month.

Attached (Appendix B) is a schedule of the services and support that has been offered to Kawe Tutaki by the TDHB. Note that in the immediate short term the priority needs are related to internal infrastructure – power, water supplies maintenance and sewerage reticulation – to sustain the current residents and support a growing local population.

Initial discussions with Tui Ora Ltd and the new manager from Coastal Care based in Opunake are promising, both having indicated strong interest in discussing service possibilities with Kawe Tutaki.

#### 4.2 Whakatipuranga Rima Rau Trust

The following activities have taken place to advance Maori workforce development in Taranaki:

- A total of 167 students are participating on the WhyOra programme targeting year 12 and 13 secondary school students. All secondary schools with the exception of Inglewood High School have students participating;
- Mentors from a wide range of health and disability professions within the TDHB and NGO network continue to support delivery of the WhyOra programme;
- 68 students are currently undertaking tertiary studies on a health career pathway. Nine of these are doing first year health science with medical, oral health, Physiotherapy and Pharmacy indicated as likely pathways;
- 21 WRR participants have been placed into employment in the local health sector. Seven of these resulted from cadetships administered by WRR;
- There are currently four cadetships under way in dental therapy, dental assisting, nursing and dietetics. Two are located in Hawera and two in New Plymouth;
- Following two years of discussions with WITT agreement has been reached to deliver Health Assistant certificate training with the first programme scheduled to start in 2016.
- An innovative project began on 4 June 2015 under which St Johns Ambulance is training five Patea residents as paramedics. While their training is undertaken on a voluntary basis it is expected that they will be absorbed into the paid workforce.
- A Memorandum of Understanding was recently entered into with Kia Ora Hauora (KOH) under which WRR's role as coordinator of Maori workforce development activity in Taranaki is acknowledged and supported. The MOU paves the way for WRR and KOH to freely share information regarding Taranaki people in the Maori workforce pipeline. It also strengthens the platform for the two entities to continue to work collaboratively on Maori workforce development in Taranaki.


Ngawai Henare  
Chief Advisor Maori Health

Appendix A - Patient leaflet 1

Appendix B – Parihaka Discussions



**It was not a big deal. I don't know why I kept putting it off**

 **My Health • My Body • My Future  
Your Colposcopy Visit**

This appointment is important to keep you healthy.

We're a supportive family/whanau-friendly service.

Let us know if the appointment time is a problem for you.

**Do you have any questions?**

Call our friendly team.

Phone 06 753 6139, ask for extension 8767.

Appointment details and additional information is enclosed.



## Parihaka Community Development

<b>Immediate Start</b>	<b>Short to Medium Term</b>
<i>Direct TDHB facilitation and/or support</i>	<i>Can be done short-term but flexibility allowed to match the state of readiness of Parihaka community</i>
<p>Facilitate, support and/or deliver existing and potential public health / health promotion projects including:</p> <ul style="list-style-type: none"> <li>• CPR &amp; First Aid Training</li> <li>• Puanga kai Rau – Māori new year activities</li> <li>• 'Active Movement' programme (with Tui Ora)</li> <li>• Kaumatua and community members programme</li> <li>• Whānau Ora wellbeing days</li> <li>• Health education and awareness programmes</li> <li>• Health protection advice as required (e.g. White Tail Spider infestations)</li> <li>• Advise with eco friendly organic solutions.</li> </ul>	<p>Introductions to key primary care providers to discuss provision of services to the Parihaka community. This could be by way of outreach services via an on-site Parihaka-based clinic, or via agreed pathways to other fixed or mobile clinics:</p> <ul style="list-style-type: none"> <li>• Te Kawau Maro alliance (Tui Ora Ltd, Ruanui Health services, Ngaruahine Iwi Health service).</li> <li>• CoastalCare Health and Community Centre, Opunake – provides GP and outreach health services as well as other industry and social services</li> <li>• Any other providers the Parihaka community identifies e.g. Healthy Homes, transport providers, St John's Ambulance, Red Cross, Taranaki Ora (Whanau Ora collective)</li> </ul>
<p>Assessment of drinking water and sewage problems. Medical Officer of Health can produce a report within 2 weeks of site visit. Kawe Tutaki to advise of a suitable time to conduct the site visit if this assessment is needed.</p>	<p>Support and/or introductions to organisations / specialists who can advise on:</p> <ul style="list-style-type: none"> <li>• Assisted aged care facility set up</li> <li>• Provision of services such as Alcohol and drug services, Mental Health services</li> </ul>

<p>Whakatipuranga Rima Rau initiatives to increase the Maori health and disability workforce. Programmes include:</p> <ul style="list-style-type: none"><li>• Programme targeting year 12 and 13 secondary school students who are introduced to a wide range of health service staff who share their health career journeys</li><li>• Science academies for secondary school students to encourage participation in science subjects</li><li>• Intensive support for students working their way through tertiary training on a health career pathway</li><li>• Internships – short term work experience exposure to health career options</li><li>• Cadetships – transition to employment through paid placements (usually clinical, post graduation) with health sector employers</li></ul>	<p>Provision of information / data to inform health needs assessment.</p>
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**TO** Community & Public Health,  
Disability Support Advisory  
Committees

**FROM** Brian Gubb,  
Acting GM Planning, Funding &  
Population Health

**DATE** June 2015

**SUBJECT** Planning, Funding and Population  
Health Report for the Period  
April – June 2015

## MEMORANDUM

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### **RECOMMENDATION**

*That the Committee's*

- *Receive and note the Management Report from General Manager Planning, Funding and Population Health.*
- 

## 1.0 INTRODUCTION

This report provides the Committee with an overview on Planning, Funding and Population Health activities during the period April 2015 to June 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.

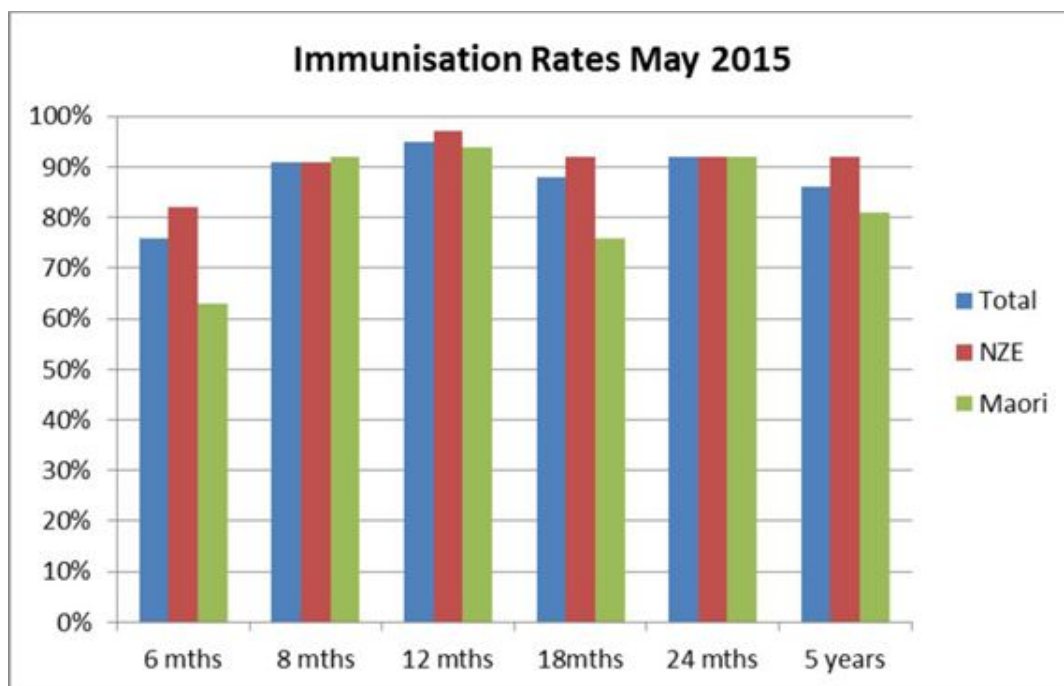
## 3.0 INFORMATION ITEMS

### 3.1 Increased Immunisation

Monitoring of all of the milestone ages for immunisation is now occurring with an emphasis on not only achieving the eight and 24 month targets but timely immunisation for all.

There has been a drop-off in the six month immunisation rates for Māori at 63% however it is pleasing to note that Maori have achieved parity or better compared to New Zealand European in both the eight month rate (92%) and 24 months (92%). Please see graph below. The Operational Taskforce Group continues to meet fortnightly to address a range of process, system and uptake issues.





## 3.2 Primary Care

### 3.2.1 Better Help for Smokers to Quit in Primary Care

The DHB final result for Quarter 3 is 86.4%; this represents a slight increase of 0.7% on the previous quarter. The Midland Health Network liaison team are continuing to promote and reinforce to practice staff the patient prompt tool and best practice intelligence report they can use to assist with identifying those patients who still require brief advice to meet the target for Quarter 4.

### 3.2.2 Auahi Kore / Smokefree Communities

Taranaki DHB will be commissioning further investment to address limited capacity for specialist stop smoking provision in South Taranaki. This contract will be with Tui Ora Ltd on behalf of Te Kawau Mārō and the service provider will be with the Ngati Ruanui Tahua, Aukati KaiPaipa – stop smoking service based in Hawera.

### 3.2.3 Map of Medicine

Taranaki DHB clinicians have been involved in localising 58 Map of Medicine care pathways that are either published and accessible or waiting to be published. The number of GP's utilising the Map of Medicine care pathways continues to increase. The next Midland Regional Governance meeting is scheduled for 18 June.

### 3.2.4 Primary Options

Referral numbers in New Plymouth continue to increase as practices become more comfortable with providing these services and accessing the Primary Options funding to support their patients. The referral numbers to Primary Options for the year to date are 570 referrals with 25 of the 30 MHN General Practices making at least one referral. Currently there are nine Primary Option pathways available to General Practices.

The Acute Demand Management Project team is initiating an evaluation of the service as it has been in place for almost 12 months. The evaluation will be used to determine what additional pathways would be best added to the suite of Primary Options that would deliver the best outcomes for the Taranaki population and support reducing Hospital admissions.

### **3.2.5 Community Pharmacy**

The latest nationally agreed Community Pharmacy Services Agreement (CPSA) has been offered to Community Pharmacies. This provides for a 24 month extension to their current contract with a price adjustment. While 24 months is available, the intent is to develop a new CPSA to be implemented on 1 July 2016 if possible.

At the request of Community Pharmacies a brief meeting was held between pharmacists and DHB management to discuss concerns around the national contracting process. It was acknowledged that while there were frustrations over the outcome of National negotiations the DHB appreciated the significant input by Community Pharmacies into the care of the local community.

A Pharmaceutical Margins task force that has representation which includes DHB, MoH, Pharmacy Sector Agents and PHARMAC has been established to review the management of drug margins into the future.

## **3.3 Prime Minister's Youth Mental Health Project**

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

As part of the wider evaluation of the Social Sector Trials a resource has been contracted to conduct fieldwork exploring aspects of the Trials including:

- Gathering insight into the range of Trial approaches being used across sites, and their perceived effectiveness in improving local systems of service delivery
- Capturing qualitative, local level experiences of systems changes that have occurred as the result of Trials
- Identifying lessons about Trials, their sustainability and about successful social sector integration approaches more broadly, from site experiences

This piece of work is a critical component that allows us to understand how the Trials are operating on the ground and how this relates to the quantitative outcomes data that we are also producing. This work will also provide information into the decision making processes around any future Social Sector Trial model.

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

### **3.4.1 Implementation of Taranaki Palliative Care Plan**

Hospice Taranaki is implementing a programme to increase palliative care education to the range of non-specialist palliative care providers.

The TDHB Provider Arm and Hospice representatives have met to discuss the opportunity to formalise and further develop palliative and end of life care in a more integrated way across our hospital inpatient services and the Hospice. A Memorandum of Understanding is currently being drafted to reflect best practice.

### 3.5 Breast Screening

The BreastScreen Coast to Coast (BSCC) Mobile Unit will be in Waitara on 20 June 2015 and will remain there until 30 July 2015. The Independent Service Provider - Ngati Ruanui Health Centre and BSCC have been undertaking promotional activities for this service. This has included posters in and around Waitara and Bell Block, liaisons with GP's and networking with groups including Māori Women's Welfare League, Marae, Kohanga and Kura. Waitara Whanau Hauora Day is planned for 7 July 2015 and the BSCC screening unit will be on site. The BSCC Mobile Unit will be in Stratford from 3 August–18 September 2015.

### 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. An Action Plan has been developed since the Planning Workshop in February, and current projects include developing a newsletter for the group to share health literacy information. An information leaflet for older people that outlines the services available in Older People's Health and Rehabilitation has been finalised. TDHB Falls Steering Group has received feedback from the group on a revised TDHB Falls Leaflet. The Group has been invited to play an advisory role in the development of a TDHB Health of Older People Strategy over the next year, and this involvement has been welcomed.

#### 3.6.2 In Between Travel (IBT)

Negotiations and development of an agreed funding model for In Between Travel (IBT) are ongoing between MoH and HCSS provider representatives. Full implementation of the settlement will not be achievable by 1 July 2015 so an interim funding solution has been developed. This will remain in place until 1 March 2016, at which point a new agreed funding model will be implemented.

At this stage the effects of these changes are expected to be cost neutral.

#### 3.6.3 TDHB Health of Older People Strategy

A Health of Older People Strategy to guide future development of health and health related services for older people in Taranaki will be developed over the next year. The Strategy will utilise the national Positive Ageing Strategy as a framework, focusing on the determinants of older people's health such as housing, income, transport and employment along with access and availability of health services. The Pae Ora Framework will also be utilised in the development of the health section of the strategy. Extensive community consultation will be carried out as part of this process, including engagement with older people and kaumatua across the region.

### 3.7 Mental Health Service Development Plan

Taranaki DHB is leading the development of the Suicide Prevention Postvention Action Plan 2015-2017. The governance structure is inclusive of our agency partners and community interest groups. This is an intensive piece of work in June with the draft Plan due to the Ministry of Health on 30 June and final Plan by 20 July. The implementation of the Plan begins in 2015/16. As a result of a widely distributed

survey on the prevention and postvention activity and stocktake of services delivered we have received a significant amount of information to help inform the Action Plan.

## 3.8 Maternal and Child Health

### 3.8.1 Primary Maternity Facility Services Stratford

A meeting was held with a range of Stakeholders in Stratford on 20 May 2015 to determine a way forward for the exploration of a Maternal and Child Hub for Stratford and the surrounding community. At the time of writing this report project documentation has been drafted and will be discussed and finalised at a meeting being held on 18 June 2015. At this point the governance structure to support this piece of work and is expected to be agreed.

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

In November 2014 the Te Kawau Mārō (TKM) Alliance partners, (Te Whakatuhonotanga Alliance Leadership Team (ALT)) agreed that the first project the ALT will provide leadership to would be the development of a proposed new Whānau Ora Model of Care for Mama, Matua, Pepe and Tamariki (MMPT) in the Taranaki region. As a result, a project brief was developed and a Governance structure established for the MMPT Service Level Alliance Team (SLAT). A number of workstreams were established as part of the project.

The outcome sought from the SLAT was the development of a Whānau Ora Model of Care (MOC), from conception through to five years of age and the development of an RBA Contributions to Outcomes framework to measure results achieved under the new MOC.

The MMPT Whānau Ora Model of Care that has now been developed can be used across future SLATS. This MOC is central to the business of TKM and its strategic direction and therefore a significant achievement of the SLAT.

The project was able to identify the workforce requirements and competencies needed to implement the model of care. Other support systems have also been defined, some of which will cross all of the SLAT work.

This piece of work has now been completed and signed off by the ALT and a process for implementation will be determined. Please find attached the Contributions to Outcomes Map (Appendix 1).

### 3.8.3 Breastfeeding

The next Mama Pepe Hauora Report is not due until July 2015. The DHB is currently reviewing contracts in order to ensure continuation of delivery of Community Breastfeeding Support Services across Taranaki (including Community Lactation Consultant Services and Peer Support Counselling). Group breastfeeding education sessions will also be provided to ante-natal and post-natal groups.

### 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. "Disability MAY Affect You Day 2015" was held on Thursday 7 May in the Base Hospital atrium. The theme was equipment aids and support. A number of groups set up stands throughout the atrium with very positive feedback in regards to the location and accessibility by public and staff. This also resulted in a positive media article. Meaningful connections were made and Chris Rolston from Taranaki Down Syndrome had this to say: *"best May Day ever had. Foot traffic with public and staff increased on previous years with location. Also had contact with families that need our support so that was a major plus for us this year. A plus to do it networking with each other and making ourselves known in the community was a good thing"*.

### 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 March 2015. At that point, the Personal Health Inpatient case-weighted discharges (cwds), which accounts for approximately 59% of the total IDF budgeted expenditure, were 3,456 cwds. This is now only 27 cwds over the budgeted 3,429 cwds. In dollar terms, this amounts to \$126.4K over-expenditure, YTD. This variance is down from an over delivery of 131 cwds or \$613.3K as at last report, which is a significant favourable swing.

## 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 30 April 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

Considerable work was undertaken supporting the retention and extension of community water fluoridation in Taranaki.

The Taranaki Oral Health Group co-ordinated submissions to the three District Council's supporting Community Water Fluoridation as part of the Long Term Plan (LTP) planning process, as well as verbal submissions at the LTP hearings for New Plymouth District Council (NPDC) and South Taranaki District Council.

At the New Plymouth District Council deliberations on 9 June, the Council agreed to seek a report from the NPDC Chief Executive presenting options which would include the re-introduction of community water fluoridation.

As part of their Long Term Plan deliberations, Stratford District Council and South Taranaki District Council have both agreed to retain currently fluoridated areas. The South Taranaki District Council plans to commence fluoridation of the Patea and Waverley water supplies following the Court of Appeal hearing in September.

#### **4.2.1 Information Management**

The Midland Intelligence Group has decided on a new Work Plan. This will review how all the Public Health Units have approached opposing new liquor licensing applications and sharing resources on effective strategies.

#### **4.2.2 Workforce Development**

Dr Jonathan Jarman arranged for Dr Barry Lavallee to visit and present on the impact of racism on health. Dr Lavallee presented at a number of forums including Parihaka, Tu Tama Wahine, Grand Round and at the Public Health Unit.

#### **4.2.3 Social Environments**

The PHU along with other Trustees of the Patea Youth Trust took part in consultation conducted by the South Taranaki Social Sector Trials team (SWEET) for the Patea area. Various collaborative activities are currently being planned by the Patea Youth Trust and SWEET.

#### **4.2.4 Health Promoting Schools**

Some concerns have been raised regarding the new 2015/16 service specification for Health Promoting Schools, in particular the challenges of taking a community development approach in the context of a number of prescriptive changes and new targets for engagement of low decile schools. These issues are being discussed at both the Midlands Public Health Network group and with the Ministry of Health.

#### **4.2.5 Injury Prevention**

The Kidsafe Trust Child Falls Prevention workshops have exceeded expectations, with more workshops being delivered than initially planned. A Māori Health Provider and members of Kidsafe Taranaki Trust are also now delivering this workshop to their clients. Significant quality improvements are being made to this project, which has already been shared nationally by Safekids Aotearoa.

#### **4.2.6 Hazardous Substances**

During April the Taranaki PHU attended a liaison meeting with the Department of Conservation to discuss Iwi engagement in general and to plan for any proposed aerial Vertebrate Toxic Agents operations in 2016.

#### **4.2.7 Recreational Water**

Meetings have been held with Taranaki hapu representatives and Te Whare Punanga Korero to outline the waste-water overflow project that the PHU is working towards. A plan to progress with the project and the intended involvement of hapu was discussed and documented. This includes support to identify areas of cultural food collection and/or spiritual importance which will aid in identifying key affected areas in which sewage discharges would have a detrimental affect not just on the water quality but on the cultural importance of the waterway.

#### **4.2.8 Tobacco**

The Taranaki Smokefree Coalition presented to the South Taranaki District Council on increasing smokefree public spaces in Hawera. The Coalition also encouraged members and the general public to make online feedback to the NPDC smokefree submission for increased smokefree public spaces. This followed the PHU survey of 42 High St retailers in Hawera which found 76% supported a smokefree CBD.

#### 4.2.9 Reducing Alcohol Related Harm

A 'high risk' application for a new bottle store in Hawera was formally opposed by the Medical Officer of Health (MOoH) during the licencing application. The MOoH and wider Alcohol Team provided evidence at the subsequent District Licencing Committee (DLC) hearing on 9 April. The DLC made the decision to grant the licence as they believed that once the sale of alcohol has occurred (in compliance with the licence) the licensee cannot reasonably be expected to have control over the consumption of alcohol. This was a very disappointing outcome for Public Health in an area where there is a lot of alcohol related harm. Local Iwi are appealing the decision.

Three Drinksafe workshops were carried out in New Plymouth on 12 May in conjunction with New Plymouth District Council. These were delivered just prior to the FIFA world cup games being hosted in New Plymouth. Over 100 bar staff from on, club and off licenses attended the workshops.

#### 4.2.10 Communicable Disease

During April two cases of VTEC (a Shiga toxin producing E.coli) were notified to the PHU and investigated. The Taranaki Region currently has a higher rate of VTEC infections compared to the national average. More work is being undertaken to decrease the rates of zoonotic diseases in rural areas via the PHU's longer term Zoonotic Disease Project Plan.

#### 4.2.11 Submissions

New Plymouth District Council – Draft Open Space, Sport and Recreation Strategy submitted 31/03/15

- Supports the draft strategy and consider it to be very well researched
- Does not support reducing the overall number of play spaces in the district as this may limit access for families without cars
- Supports NPDC in creating environments that promote community health and wellbeing, including the provision of age-friendly outdoor green spaces
- Supports the NPDC in working with Taranaki Regional Council and Tangata Whenua to improve and protect the quality of recreationally used waterways
- Acknowledge the benefits of this strategy in combatting obesity

New Plymouth District Council – Draft Long Term Plan submitted 24/4/15

- Supports initiatives that would lead to any improvement in Maori Health outcomes
- Supports the introduction of community water fluoridation to the water supplies within the New Plymouth District
- Supports the ongoing implementation of LET'S GO Project
- Support the continuation of the Community Development Service
- Support outcomes of the 'Shaping our Future Together Blueprint' 30 year plan and activities to make New Plymouth District a desirable place to live

Stratford District Council – Draft Long Term Plan submitted 28/4/15

- Supports initiatives that would lead to any improvement in Maori Health Outcomes
- Supports the retention of community water fluoridation in the Stratford water supply

- Supports the upgrade of rural roads that will be impacted by forestry operations to reduce health risks to people who live by and travel on these roads (from dust plumes and road crashes)

South Taranaki District Council – Draft Long Term Plan submitted 7/5/15

- Supports initiatives that would lead to any improvement in Maori Health Outcomes
- Supports community water fluoridation to the water supplies within the South Taranaki District Council (retention of fluoridation in Hawera, the planned extension to Patea and Waverley and consider extending fluoridation to other water supplies (Eltham, Manaia and Opunake)
- Supports proceeding with the Walkways/Cycleways Project



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

From 1 July 2014

To 30 April 2015

Month 10

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

This report gives an overview of the TDHB Funder financial performance for the period ending May 2015.

The overall funder position for the eleven months to May 2015 is a surplus of \$9,455k against a budgeted surplus of \$8,800K resulting in a positive variance of \$655k.

<b><u>Personal Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$10,811K	\$8,816K	\$1,995K	F
<b><u>Mental Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$180K	NIL	\$180K	F
<b><u>Population Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$329K	NIL	\$329k	F
<b><u>Health of Older People</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(1,746)K	\$(16)K	\$(1,729)K	U
<b><u>Māori Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(27)K	NIL	\$(27)K	U
<b><u>Governance</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(92)K	NIL	\$(92)K	U

At this stage in the financial year, the Funder believes that the planned surplus of \$10m will be achieved.

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 Māori Health and General Manager Planning, Funding and Population Health..

### **Brian Gubb**

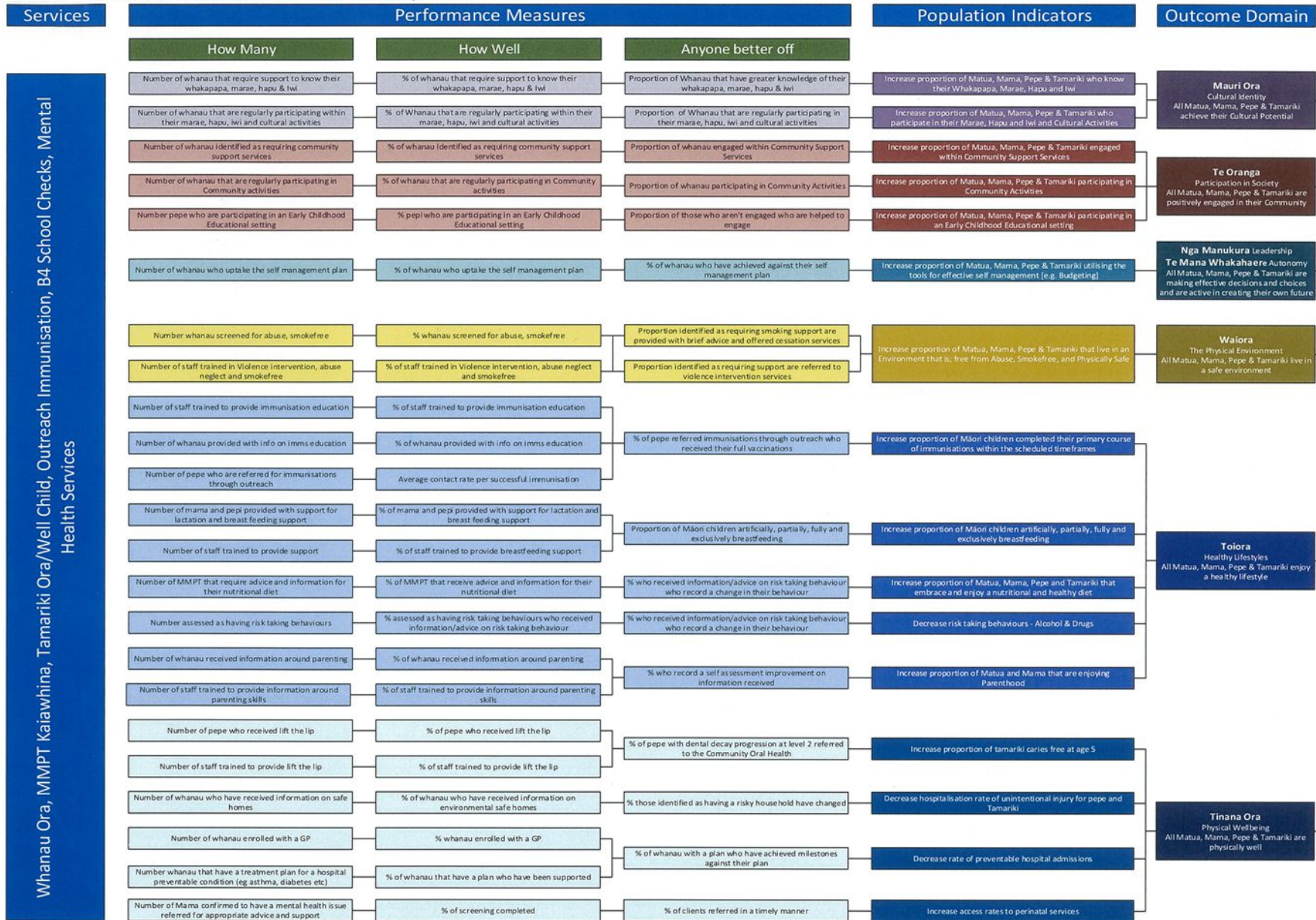
Acting General Manager – Planning, Funding & Population Health

### **Appendices**

Appendix 1 Contribution to Outcomes Table – *Mama, Matua, Pepe and Tamariki*

Appendix 2 Funder Financials

Whanau Ora RBA Contributions to Outcomes Map



All Children have the best start in life

Whanau Ora, MMPT Kaiawhina, Tamariki Ora/Well Child, Outreach Immunisation, B4 School Checks, Mental Health Services

**TO** TDHB Board

**FROM** Brian Gubb  
Acting General Manager Planning,  
Funding and Population Health

**DATE** June 2015

**SUBJECT** May 2015 Funder Financial Results



## MEMORANDUM

### 1. Overview

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

The overall funder position for the eleven months to May 2015 is a surplus of \$9,455k against a budgeted surplus of \$8,800K resulting in a positive variance of \$655k.

<b><u>Personal Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$10,811K	\$8,816K	\$1,995K	F
<b><u>Mental Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$180K	NIL	\$180K	F
<b><u>Population Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$329K	NIL	\$329k	F
<b><u>Health of Older People</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(1,746)K	\$(16)K	\$(1,729)K	U
<b><u>Maori Health</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(27)K	NIL	\$(27)K	U
<b><u>Governance</u></b>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(92)K	NIL	\$(92)K	U

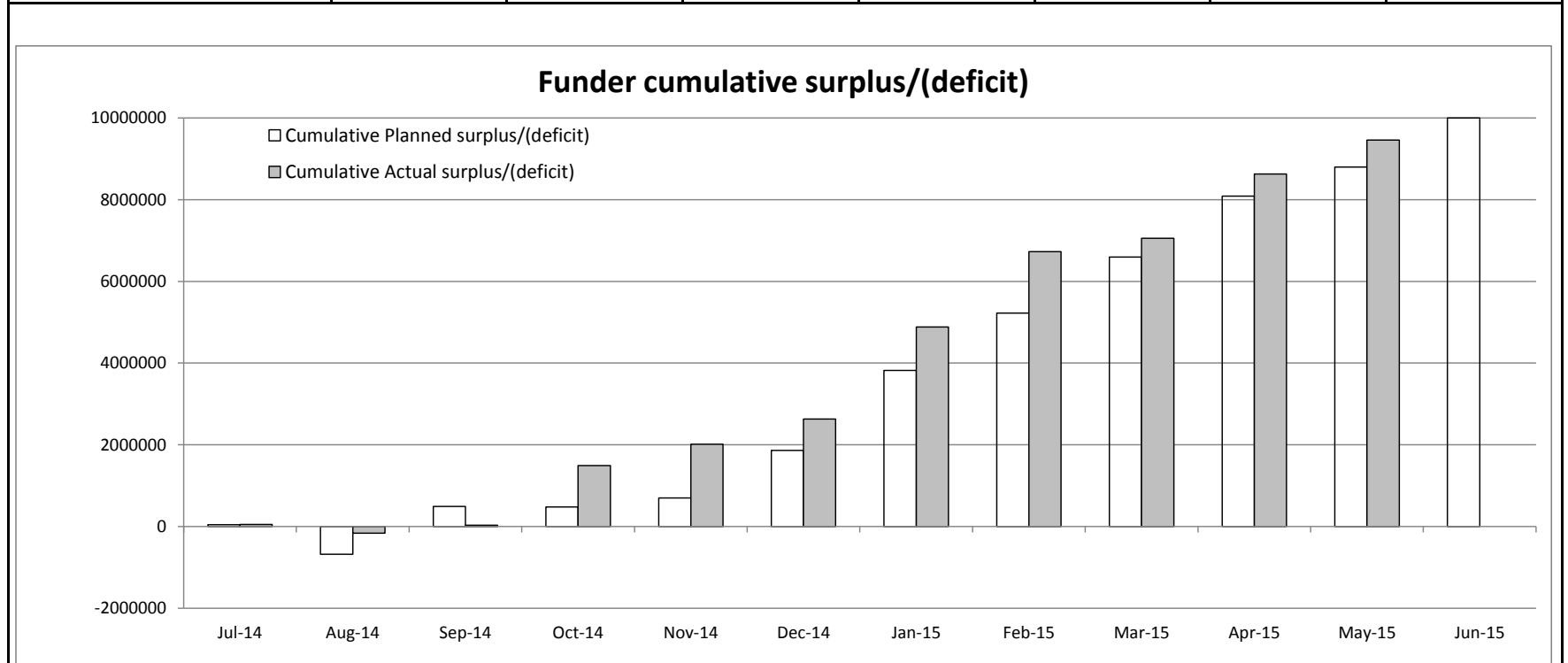
At this stage in the financial year, the Funder believes that the planned surplus of \$10m will be achieved.

Detailed financial analysis is attached to this report.

**Brian Gubb**  
Acting General Manager – Planning, Funding & Population Health

**Summary of the Funder financial performance 2014-15**

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(27,006,234)	(26,646,114)	(360,121)	(295,637,666)	(293,107,243)	(2,530,423)	(319,753,350)
NGO Expenditure	12,567,104	12,338,917	228,187	137,234,601	135,728,090	1,506,511	148,067,014
Provider Arm Expenditure	13,610,293	13,596,987	13,307	148,947,546	148,579,304	368,240	161,686,336
Total Expenditure	26,177,397	25,935,904	241,494	286,182,147	284,307,394	1,874,751	309,753,350
Surplus/(Deficit)	828,837	710,209	118,628	9,455,520	8,799,847	655,673	10,000,000



## Personal Health

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(20,209,469)	(19,905,762)	(303,707)	(220,861,409)	(218,963,378)	(1,898,032)	(238,869,139)
NGO Expenditure	7,969,460	8,099,318	(129,858)	87,752,756	89,092,500	(1,339,744)	97,191,826
Provider Arm Expenditure	11,287,795	11,182,020	105,775	122,297,669	121,054,678	1,242,991	131,677,313
Total Expenditure	19,257,255	19,281,338	(24,083)	210,050,425	210,147,178	(96,753)	228,869,139
Surplus/(Deficit)	952,214	624,423	327,791	10,810,984	8,816,199	1,994,785	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 enrolled 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

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(2,571,676)	(2,570,176)	(1,500)	(28,273,435)	(28,271,936)	(1,499)	(30,842,113)
NGO Expenditure	893,035	842,153	50,882	9,825,679	9,263,681	561,998	10,105,834
Provider Arm Expenditure	1,641,150	1,728,023	(86,873)	18,267,769	19,008,256	(740,487)	20,736,279
Total Expenditure	2,534,185	2,570,176	(35,991)	28,093,448	28,271,937	(178,489)	30,842,113
Surplus/(Deficit)	37,491	0	37,491	179,988	(1)	179,989	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

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(121,051)	(119,440)	(1,610)	(1,484,727)	(1,313,845)	(170,882)	(1,433,285)
NGO Expenditure	56,498	76,782	(20,285)	726,496	844,607	(118,111)	921,389
Provider Arm Expenditure	47,658	42,658	5,000	429,248	469,238	(39,991)	511,896
Total Expenditure	104,156	119,440	(15,285)	1,155,744	1,313,845	(158,102)	1,433,285
Surplus/(Deficit)	16,895	0	16,895	328,983	(1)	328,984	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 realignment of Smokefree Communities funding across both NGO & Provider Arm has taken place.

## Health of Older People

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(3,612,079)	(3,558,776)	(53,304)	(39,606,542)	(39,146,531)	(460,010)	(42,705,300)
NGO Expenditure	3,417,466	3,084,174	333,293	36,323,458	33,925,909	2,397,549	37,010,082
Provider Arm Expenditure	369,888	388,816	(18,928)	5,028,758	5,236,972	(208,214)	5,695,218
Total Expenditure	3,787,354	3,472,990	314,365	41,352,216	39,162,881	2,189,335	42,705,300
Surplus/(Deficit)	(175,275)	85,786	(261,061)	(1,745,674)	(16,350)	(1,729,324)	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

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(286,437)	(286,437)	0	(3,150,805)	(3,150,805)	0	(3,437,242)
NGO Expenditure	230,645	236,490	(5,845)	2,606,212	2,601,393	4,819	2,837,883
Provider Arm Expenditure	49,947	49,947	0	571,687	549,412	22,274	599,359
Total Expenditure	280,591	286,437	(5,845)	3,177,899	3,150,805	27,093	3,437,242
Surplus/(Deficit)	5,845	0	5,845	(27,094)	0	(27,094)	0
<u>Commentary on Variances</u>							
Revenue	Nil comment						
Expenditure	Nil comment						

Governance

May-15	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(205,523)	(205,523)	0	(2,260,748)	(2,260,748)	0	(2,466,271)
Expenditure	213,856	205,523	8,333	2,352,415	2,260,748	91,667	2,466,271
Surplus/(Deficit)	(8,333)	0	(8,333)	(91,667)	0	(91,667)	0

Commentary on Variances

Revenue Nil comment

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