**Distribution:**

**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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**Public:**
Listing on following page

TARANAKI DISTRICT HEALTH BOARD

# AGENDA

# COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEES

# ORDINARY MEETING

**Tuesday 25 August 2015**
**3.00pm**

**Corporate Meeting Room 1**
**Base Hospital**
**David Street**
**New Plymouth**

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

# COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

**MEETING AGENDA**
**Tuesday 25 August 2015**
**3.00pm**

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

| | | Pages | Action |
|---|---|---|---|
| 1 | **Apologies**<br>*Resolution*<br>*That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note apologies from Karen Eagles (Board members) and Tony Foulkes (Chief Executive).* | | |
| 2 | **Public Comment** | | Verbal |
| 3 | **Interest Register**<br>• Members to verbally advise all changes to the interest register, and amend the register circulated; and<br>• Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers. | | Verbally advise Chair<br><br>Verbally advise Chair |
| 4 | **Chairman's Report** | | Verbal |
| 5 | **Attendance Schedule** | | Noting |
| 6 | **Minutes – CPHAC and DSAC Meeting**<br>6.1 Minutes of meeting held on 23 June 2015<br><br>*Resolution*<br>*That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 23 June 2015 be received as a true and accurate record.*<br><br>6.2 Matters Arising | | Resolution |

| | | | |
|---|---|---|---|
| 7 | **Management Reports**<br>7.1 Chief Advisor Maori Health<br><br>7.2 General Manager Planning, Funding & Population Health<br><br><u>*Resolution*</u><br>• *That the Committees receive and note the Management Report from the Chief Advisor Maori Health*<br>• *That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health* | | Resolution<br><br>Resolution |
| 8 | **General Business** | | |
| 9 | **Date of Next Meeting**<br><br>Next meeting 27 October 2015 | | Noting |

## Strategic Linkages – Agenda Items

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

| | *No Presentations* | *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 | 26/08/2014 | 28/10/2014 | 9/12/2014 | 24/02/2015 | Apr-15 | Jun-15 | TOTAL |
|---|---|---|---|---|---|---|---|
| **CPHAC** | | | | | | | |
| Pauline Lockett | ✓ | A | ✓ | ✓ | A | ✓ | 4 of 6 |
| Sally Webb (Not a Member) | | | | | | | |
| Alex Ballantyne | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Karen Eagles | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Flora Gilkison - Chair | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Richard Handley | A | ✓ | ✓ | ✓ | ✓ | ✓ | 5 of 6 |
| Te Aroha Hohaia - Deputy Chair | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 of 6 |
| Pat Leary | ✓ | A | ✓ | ✓ | A | ✓ | 4 of 6 |
| Kevin Nielsen | ✓ | A | ✓ | ✓ | ✓ | ✓ | 5 of 6 |
| Alison Rumball | ✓ | ✓ | ✓ | A | ✓ | A | 4 of 6 |
| Aroaro Tamati | ✓ | ✓ | A | ✓ | ✓ | ✓ | 5 of 6 |
| **Co-Opted** | | | | | | | |
| David Tamatea | ✓ | ✓ | ✓ | ✓ | A | ✓ | 5 of 6 |

| KEY | |
|---|---|
| ✓ | Attended |
| A | Apology |
| LOA | Leave of Absence |
| AB | Absent |

**COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES**

**MINUTES – PUBLIC (Unconfirmed)**

**Tuesday 23 June 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, Aroaro Tamati and David Tamatea

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

Dr Tom Bull – Medical Officer/ED, Taranaki Base Hospital
Dr Di Stokes – Medical Officer/Geriatrician, Taranaki Base Hospital
Channa Perry – Portfolio Manager, Taranaki DHB

**858.0 Apologies**
*Resolution*
*That the apologies from Alison Rumball (Committee Member), Sally Webb (Committee Member), Rosemary Clements (Acting Chief Executive TDHB) and Tony Foulkes (Chief Executive TDHB) be received and noted.*
*It was noted that Karen Eagles was listed as an apology in error on the Agenda circulated.*

*Eagles/Tamatea*
*Carried*

**859.0 Welcome**
Matua Ramon Tito opened the meeting with a karakia.

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

**861.0 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:

- Richard Handley
    - Delete – New WAVES
    - Add – Taranaki Youth Health Trust
- Pat Leary
    - Add – Director, Eden One Limited

**862.0 Chairman's Report**
No formal report from the Chair.

**863.0 Power Point Presentations – Advance Care Planning**
Mrs Jenkins welcomed the guest presenters: Mr Kevin Neilsen (representing the Hospice perspective for Advance Care Planning (ACP), Dr Di Stokes and Dr Tom Bull. It was noted that Ms Channa Perry was available to answer any additional questions if required.

8.6.3.1 Hospice Taranaki
Key points covered in the presentation included:

- Advance care planning gives everyone a chance to say what is important to them. It helps people understand what the future might hold and to say what treatment they would and would not want. It helps people, their families and their healthcare teams plan for future and end of life care.
- This makes it much easier for families and healthcare providers to know what the person would want.
- Not talking about dying and death has many unwanted consequences.
- Hospice Taranaki wants to encourage people to communicate:
- To date Hospice has facilitated a presentation by Dr Barry Snow (for staff and public); have had two staff attended training, Nursing team did on-line training, arranged three public forums – *Let's Talk – Let's Plan* and participated in ACP awareness day.
- Four key goals are:

8.6.3.2 Taranaki Base Hospital
Key points covered in the presentation by Dr Stokes and Dr Bull included:

- Two patterns of death and dying.
- A large health budget is spent in the last six months of life.
- Who needs an Advance Care Plan?
- Steps in the Advance Care Plan process:
- The role of the ACP Steering Group.
- ACP in the Emergency Department:

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

<u>Discussion</u>

- The question was asked whether ED was ready for ACP and to listen to family/whānau of patients? Dr Bull responded that ED was very ready and he

and his colleagues wanted this put in place locally. Unlike hospitals in the UK, our ED doctors are not trained specifically in Palliative Care.

- Would an on-line version of an Advance Care Plan be available on line for people to complete? Discussion followed around ACPs being held in the home of people where ambulance staff or family can access them. Storage is an important issue to be identified.
- It was agreed that the ACP is a living document and will need to be able to be changed over time as people's preferences will change.
- The GP is the main point of contact for most of the population – ED is asking for more input from GPs so that people do not end up in ED. Dr Gilkison was asked if someone from Midlands Health Network could be invited to give their perspective on how ACPs could work at a Primary Care level.
- There needs to be a better link between the Hospital, GPs, MHN and Hospice.
- If there is going to be a greater demand for Palliative Care in the future – where will this take place? It was stated that this was about a "palliative approach" rather than palliative care and this can be done at home, hospital or in age care.
- Acknowledgement of the thought given to tikanga Māori values when looking at ACP, outlined in the presentations today.
- Hospice core philosophy is to support people at home if the person has family support and the vast amount of their work is in the community.
- There is a need to socialise across the whole community the need for ACP and Mrs Henare expressed an interest in a member of the Māori Health Team being part of the Steering Group that has been set up by the DHB.

Dr Gilkison again thanked the presenters for their time and their presentations.

Mr Handley asked for Mrs Jenkins thoughts on developing a local strategy for ACP and Mrs Jenkins responded that the state of readiness was at different stages across the health sector. Need to understand if there is a national strategy being discussed before a local strategy can be put together. Mr Handley requested that Mrs Jenkins prepare a report by the end of this year giving an update on national direction and conversations with the PHO.

## 864.0 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 28 April 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 856.1 amend date so that bullet point reads:
*"Kawe Tutaki Report is due to be submitted by mid July and copies of this report should be available for general distribution once submitted."*

b) Under Point 856.1 amend spelling of name to Sir Mason Durie and date of meeting that Sir Mason Durie is attending should read 25 August.

*Handley/Eagles*
*Carried*

The Task List was updated accordingly.

## 865.0 Management Reports

865.1 Māori Health Report

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

- Congratulations were offered on the DNA project in terms of reducing the DNAs.
- Ms Skipper was asked for any comments around the DNA project and has done a lot of work with Menemene Mai and Colposcopy including:
    - The very high DNA patients are being telephoned
        - Three weeks before appointment
        - One week before and asked if they have transport arranged
        - Last call is made two days before appointment
- The screenshot in the report showing national indicator performance is very difficult to read. Mrs Henare advised that this was available through the new web based tool and members are able to dial into this directly. Web address for this site is: www.trendly.co.nz – as noted in the current report.
- Mrs Lockett queried ASH figures within the national indicators in that Taranaki figures seems a lot lower than other DHBs. Mrs Henare explained that ASH data very specific to each DHB and comparisons very difficult.
- Mrs Henare referenced a graph in her report which was not included. A hard copy was circulated to the Committee during the meeting.
- Cardiovascular Risk Assessment has seen a great improvement. Activities listed in the Māori Health Plan are activities that have been agreed with the PHO. At the current rate of improvement, Taranaki is set to overtake the current lead performer for the next quarter.
- It has been identified that a lot of preschoolers have enrolled in oral health but what about those children at school? Mr Ballantyne asked what these numbers would be. Dr Gilkison asked for this to be added to the Task List for Mrs Henare to respond to at the next meeting.

*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*

*Eagles/Hohaia*
*Carried*

Dr Gilkison and Dr Leary left the meeting at 3pm. Ms Hohaia took over as Chair.

865.2 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:

- Mrs Jenkins acknowledged the significant amount of work from the DHB Team that went into all the submissions to all the different Councils and particularly the fluoride submission.
- At the previous meeting, the Committee expressed an interested in the outcomes of the Mama Pepe Hauora SLAT. As part of the GMs report is a "Contributions to Outcomes Map". Mrs Jenkins ran through this to explain the components and elements that Te Kawau Maro Alliance is contributing to.
- The Funder is confident that the $10M planned surplus will be achieved at year end.
- It was noted that revenue has been received for Newborn Hearing Screening from the MOH. This has been received by all DHBs. Expenditure would have been incurred as a result of rolling out this programme so this will be a net effect.
- It was queried why funding for a Smokefree Coordinator was listed under 'Governance'. Mrs Jenkins explained that historically there is a post in Planning and Funding and the funding was attributed to Smokefree when it has been part of the overall infrastructure. There is no additional expenditure.
- Stratford Maternity – the DHB is continuing to progress discussions around the maternal and child hub. There was a meeting with the community around this but the community is signaling a post-natal facility and other parties are involved in these discussions. The DHB is waiting to hear back from the community on whether a hub model is to be explored.
- Mrs Jenkins to advise at the next meeting with regard to a statement in her previous report concerning the number of patients not re-enrolled with Tui Ora Family Health from the Te Atiawa practice. This is in response to a question by Ms Tamati.

*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.*

*Eagles/Tamatea*
*Carried*

**866.0 Next Meeting**

The date of the next meeting is Tuesday 25 August 2015, Corporate Meeting Room 1, TDHB (unless advised otherwise).

Mrs Eagles asked that she be noted as an apology for the August meeting.

The meeting was closed by Matua Ray at 3.15pm.

_____ _____

Chair Date

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

| Action No | Date Raised | Action Description | Status | Assigned | Due Date | Updates |
|---|---|---|---|---|---|---|
| 45 | 26 june 2015 | Menemene Mai Project: Request for the number of pre-schoolers enrolled with oral service and the number of school children enrolled. | NEW | CAMH | August meeting | |
| ~~44~~ | ~~26 June 2015~~ | ~~Number of Te Atiawa patients enrolled with Tui Ora Family Health and those not enrolled~~ | ~~NEW~~ | ~~GM P&F~~ | ~~August meeting~~ | ~~Included in GMP&F Report~~ |
| 43 | 26 June 2015 | Report to CPHAC/DSAC concerning any national direction on Advance Care Planning and the beginning of a local strategy, following conversations with the PHO | NEW | GM P&F | End of year | |
| 42 | 26 June 2015 | Invite MHN representative to discuss Advanced Care Plans at a Primary Care level | NEW | GM P&F | End of year | |
| 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<br><br>GM P&F clarified the Committee's understanding – analysis in growth of HOP expenditure and the impact of InterRAI. This is a work in progress |
| ~~39~~ | ~~28 April 2015~~ | ~~An update on if/how Marae are being encouraged to be Smokefree.~~ | | ~~GM PF&PH~~ | ~~Next meeting~~ | ~~No dedicated activity in the region at this stage. Different Marae have different tikana and interpretations around smokefree. Cannot therefore give any numbers.~~ |

| | | | | | | |
|---|---|---|---|---|---|---|
| ~~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~~ | ~~WIP~~ | ~~This submission has endorsed by the NPDC, therefore CPHAC do not need to write to them encourage them to endorse.~~<br>~~Can at a later stage have input into the strategy.~~ |
| ~~34~~ | ~~24 February 2015~~ | ~~Māori Health Plan Indicator Tables – figures to be grouped regionally with Midland Region appearing first.~~ | | ~~CAMH~~ | ~~Next meeting~~ | ~~In the current report there are regional comparisons included. This info comes from the new web based tool.~~ |
| 33 | 24 February 2015 | Discuss contract requirements of NGOs and possible reporting framework. | | Chair & CE | | Pending |
| ~~31~~ | ~~24 February 2015~~ | ~~Advise on Older Peoples Reference Group Meeting in South Taranaki~~ | | ~~GMPF&PH~~ | ~~Next meeting~~ | ~~This has been discussed with the OPRG but the level of interest received from South Taranaki is low. There is a ST Community Forum and the linkages between both of these groups are looking at being strengthened.~~ |
| 30 | 24 February 2015 | Advise who is on the Rural Health Advisory Group once this information is known. | | GMPF&PH | When details available | This group has now met twice and the membership is comprehensive. Group still working on TOR and more info will be provided at a later date. |
| 29 | 24 February 2015 | Provide actual numbers Māori workforce through WRR. | | CAMH | For next meeting | This is continuing. Discussions had with |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | Māori Health, P&F and HR and agree information will be useful to have. The collection of data has begun. |

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

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

**DATE** 17 August 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 Plan performance as well as other Maori health-related activities.

# 2. MAORI HEALTH PLAN MONITORING REPORT

2.1 At the time of writing this report, Quarter 4 2014-15 results were not available. Quarter 4 results willl be reported at the next meeting.

2.2 Maori Health Plan Steering Group

The Steering Group met on 11 August, joined for the first time by Chad Paraone representing the Midland Health Network PHO and Hayden Wano, Tui Ora CEO. The group spent time reconsidering its purpose and finally agreed to focus on a single challenging indicator as a manageable approach given the present resource limitations.

The group heard from BOPDHB DNA indicator champion Peter Chandler, Chief Operating Officer, who shared some of the key factors that gave rise to notable reductions in DNA rates in the BOP. These included:

- Dropping the name “DNA’s” as this gives a patient-blaming type connotation and using instead the term “Failed Appointments” which gives a more systems-focused orientation. This in itself is a major shift in thinking required of health professionals, away from a typically patient-blaming connotation on DNA’s and being more inward looking at internal systems;
- The whole approach to addressing failed appointments is now based on ‘Customer service’
- Every patient involved in a failed appointment is contacted and interviewed to find out what the issues were from the patient’s perspective. The interviewers are required to strictly follow a scripted set of interview questions;
- There is deliberate thought now about whether outpatient appointments are really needed. This has resulted in a reduced number of appointments being made;
- Failed appointments now have case management support wrapped around the patients concerned.

Members of the TDHB's DNA project team were present for the presentation and will consider the BOPDHB experiences in the context of our own DNA projects.

# 3. OTHER INITIATIVES

## 3.1 Parihaka Discussion:

The final report from Kawe Tutaki was presented to Ministers Flavell and Finlayson by the due date of 31 July. The final draft report and an accompanying Needs Assessment was presented at Parihaka on 19 July.

## 3.2 Midlands Engagements

**The Midlands Iwi Relationship Board (MIRB) / GM's Maori** group met on 24 July in Auckland. Midland Chair Sally Webb and CEO Jim Green, Tairawhiti attended the meeting where they discussed:

- Protecting the investment in Maori health, in particular Maori-specific services
- Review of the NZ Health Strategy
- Enabling the MIRB to have strategic input to the preparation and monitoring of the Regional Services Plan
- Enabling the MIRB to engage with regional DHB Chairs.

The meeting also looked at how each of the DHB's iwi relationship boards are set up and how their relationships with the DHB's work, noting a wide variation on how this occurs from DHB to DHB.

**The Midland Maori GM's also attended the Midland GM's Planning and Funding** quarterly meeting on 3 August. This was a good forum for sharing and updating of information with specific discussion on integrating the He Ritenga Cultural Audit tool into Health Share audits, activities of Children's Teams that are functioning in Waikato and Lakes DHB's, development of flexible packages of home based care with an associated funding mechanism, and the status of the regional Home and Community Support services redesign.

We also shared the development of Whanau Ora / Pae Ora frameworks by ourselves and BOPDHB as well as other Maori Health initiatives occurring across the region.

Dr George Gray attended the forum to present on the web-based Maori Health Plan Monitoring Tool www.trendly.co.nz which was received enthusiastically.

Both GM's Planning and Funding and GM's Maori share in the view that the forum is worthwhile and we will continue to meet in the future.

## 3.3 Profiling of Maori Health Plan, Monitoring and Performance

There has been a focus on profiling the Maori Health Plan, the Maori Health Plan Monitoring Tool and the TDHB's performance against the Maori Health Plan indicators to raise awareness of the importance of focusing on Maori health and the progress seen to date as measured by the Maori Health Plan indicators. Presentations have been made to:

- Hospital managers
- Planning and Funding portfolio managers

- Taranaki Ki Te Tonga iwi and Maori providers forum
- South Taranaki Community Forum
- Ngati Ruanui Health Care Team meeting
- National MP's for Taranaki Jonathan Young, Hon Chester Borrows and Barbara Kuriger

Further presentations are being scheduled to raise awareness in/with other key stakeholder groups as well.

Ngawai Henare
Chief Advisor Maori Health

TARANAKI DISTRICT HEALTH BOARD

**TO** Community & Public Health, Disability Support Advisory Committees

**FROM** Becky Jenkins, GM Planning, Funding & Population Health

**MEMORANDUM**

**DATE** August 2015

**SUBJECT** Planning, Funding and Population Health Report for the Period to end July 2015

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## *RECOMMENDATION*

*That the Committee's*

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

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# 1.0 INTRODUCTION

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

# 2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

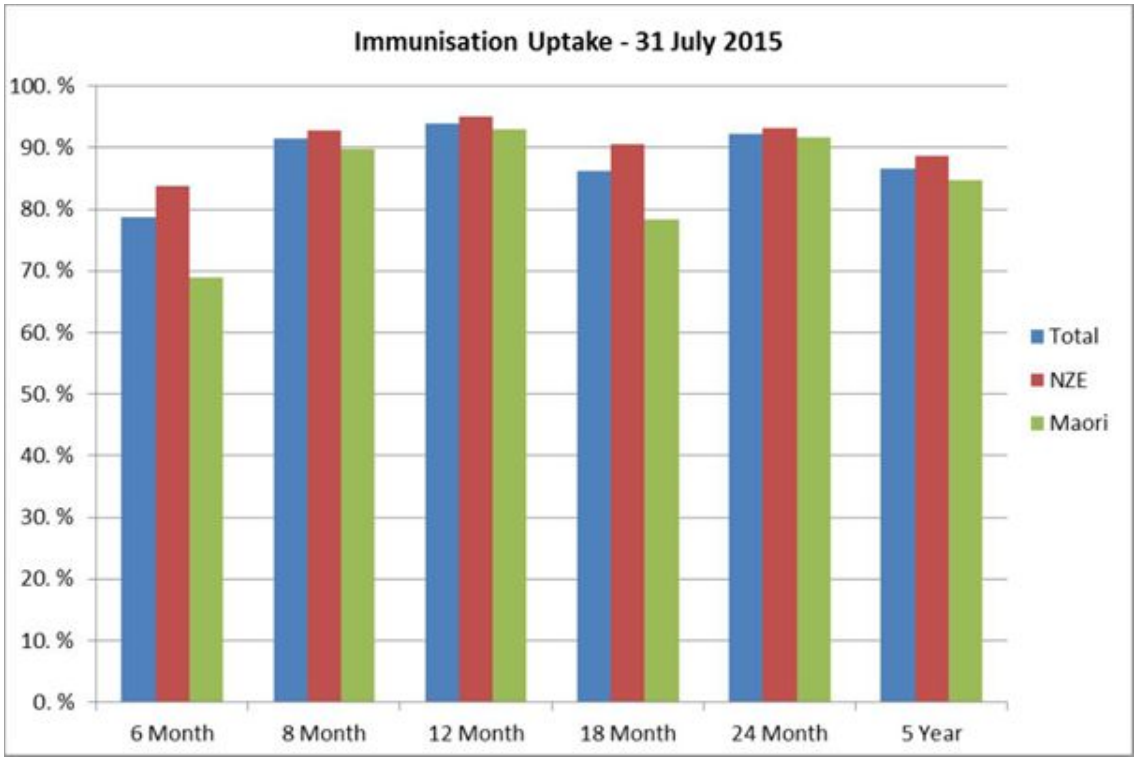
The Committees are asked to receive and note the report.

# 3.0 INFORMATION ITEMS

## 3.1 Increased Immunisation

For period ending 31 July 2015 the eight month milestone was 91% for total population and 89% Māori. The 24 month milestone was 92% total population with 92% Māori. Both milestone targets are 95%. As a national comparison, the eight month total population was 92%, for Māori 90% and at 24 months the national comparison was 93% for total population and for 92% for Maori.

The six month milestone is significantly below the others with 79% immunised, 84% for NZE and 69% for Māori.




## 3.2 Primary Care

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

The DHB preliminary result is 88.2% at Quarter 4; this represents a 1.8% increase on the last quarter and very close to achieving the 90% target. The DHB have negotiated 2015-16 agreement with Midland Regional Heath Network Charitable Trust to deliver specialist stop smoking services within Taranaki for general practices. The new service specification is outcomes based on 180 successful quits validated by a carbon monoxide monitor at 4, 8 and 12 weeks focus on TDHB priority population groups.

### 3.2.2 Auahi Kore / Smokefree Communities

Taranaki DHB will be commissioning further investment to address limited capacity for specialist stop smoking provision in Central and North Taranaki. This contract will be with Tui Ora Ltd on behalf of Te Kawau Mārō and the service provider will be with Tui Ora's Aukati KaiPaipa – stop smoking service based in New Plymouth.

### 3.2.3 Map of Medicine

Taranaki DHB clinicians continue to be involved in localising Map of Medicine care pathways that are either published and available to the Taranaki GPs or waiting to be published. The number of GP's utilising the Map of Medicine care pathways continues to increase. Strategic discussions are under way to enable core pathways across the Midland Region to grow and be embedded into systems.

### 3.2.4 Primary Options

Midlands Health Network is contracted to provide 744 Primary Options referrals and 3180 ED Redirects per year. In the 2014/15 contract year 700 Primary Options referrals were received (variance of 44) and 220 ED Redirects (variance of 2,960) were received.

In Quarter 4 Primary Options referrals continue to grow and exceed contracted volumes. The percentage of referrals successfully managed in primary care was experienced with 93% in Quarter 4 (Q3 = 95%). This is well above other MHN regions.

Top pathways continue to be DVT (30%) and Cellulitis (22%). However it has been refreshing to see the Quarter 4 growth driven by increased utilisation of other ways such as respiratory and gastroenterological conditions. The aim of Primary Options is to have patients successfully managed in Primary Care and reducing the number of avoidable hospital admissions.

### 3.2.5 Community Pharmacy

All of the Taranaki Community Pharmacy owners have signed their variation to the Community Pharmacy Services Agreement (CPSA) to extend the term of the agreement to June 2017. Work has now begun on developing the new CPSA which is intended to be implemented on 1 July 2016. The additional 12 months of the contract extension to 30 June 2017 will only be used if work on the new CPSA is not complete and agreed by the DHB, Ministry of Health and sector agents prior to 30 June 2016.

The Pharmaceutical Margins task force with representation which includes DHB, MoH, Pharmacy Sector Agents and PHARMAC is working to address the Pharmacists concerns regarding the reduced Pharmaceutical Margins and the impact on Pharmacy incomes.

### 3.2.6 Tui Ora Family Health – Te Atiawa Health Runanga Medical Trust patients

On 10 June 2013 Te Atiawa Health Runanga Medical Trust General Practice closed due to critical shortage of clinical capacity at the clinic resulting in a risk to the Enrolled Service Users with regard to timely assessment, investigation, diagnosis and treatment. Taranaki DHB entered into an agreement with Midlands Health Network for the patient records to be transferred to Tui Ora Family Health. Enrolled service users were advised they could enrol with Tui Ora Family Health for their Primary Health Care or if they chose to go to another General Practice Tui Ora Family Health would forward on their medical records to the General Practice of their choice. All patients were advised they needed to enrol elsewhere for their Primary Health Care. As at 10 June 2013 Te Atiawa Health Runanga Medical Trust General Practice had 1580 patients enrolled in their care. Tui Ora Family Health has continued to enrol any of these patients that presented to their clinic for care. 712 patients that were previously with Te Atiawa Health Runanga Medical Trust General Practice are now enrolled at Tui Ora Family Health. 331 patients have chosen to enrol at another Taranaki MHN General Practice and 537 people are yet to enrol or have left the province and receive their care elsewhere in New Zealand or overseas. Tui Ora Family Health have continued over this period to sent letters, visited homes and telephone people to advise that they should enrol for Primary Health Care.

## 3.3 Prime Minister's Youth Mental Health Project

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

The action plan has been finalised for the 15/16 year. It has over 30 actions as well as four working groups covering the areas of truancy, youth offending, education, training and employment, and health and wellbeing.

As part of the Primary Mental Health Initiative the Trial is running group based programmes. The programme covers a wide range of topics including, roles we play and judgements we make, emotional regulation and distress tolerances as well as relaxation techniques. The young people work as a group supporting each other along with two trained facilitators. Referrals are received via Schools. The programmes are being formally evaluated in 15/16.

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

### 3.4.1 Implementation of Taranaki Palliative Care Plan

The Minister of Health recently announced in Budget 2015 new funding to support Hospice Services throughout the country. Two separate funding streams were to be made available.

$13M funding (over 4 years) is to be allocated to Hospices via DHBs and allocated on a population based funding approach. TDHB's share of this funding is $360K p.a. and is intended to support Hospice meet cost pressures.

A further $3.1M in the 2015/16 year (increased to $7M p.a. thereafter) is available to DHBs for the development of acceptable service development proposals (re community based generalist palliative care). A local Taranaki steering group has been established in order to establish a proposal that would allow access to approx. $195K p.a. share of the funding.

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 hospitals and Hospice. A Memorandum of Understanding is currently being drafted.

## 3.5 Breast Screening

The BreastScreen Coast to Coast (BSCC) Mobile Unit's visit to Waitara was successful. The total number of women screened on the mobile unit when in Waitara was 495. Of these 66 were new screens and 429 rescreens.

| | Rescreens | New Screens | Total |
|---|---|---|---|
| Māori | 94 | 26 | 120 |
| Pacific | 2 | 2 | 4 |
| Other | 333 | 37 | 370 |
| Not stated | | 1 | 1 |

When comparing the number of women screened in 2013 (*BSA two yearly schedule*) this visit screened 54 more women overall with 24 more Māori women screened in this total.

The BSCC Mobile Unit is in Stratford from 3 August – 18 September 2015. The Independent Service Provider (Ngati Ruanui Health Centre) distributed flyers and posters in Eltham, Inglewood and Stratford. Advertising also occurred through Media Network, Te Korimako and Stratford Press. A health promotion day is being planned for Stratford. Health promotion work is occurring with selected general practices and large businesses such as Fonterra.

## 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. At the annual meeting in July the group were pleased to welcome Agnes Lehrke as the Chair and Barrie Smith as Deputy Chair. Acknowledgements were passed on to John Cunningham and Barrie Smith for their commitment as Co-Chairs over the past year. The guest speaker was Claire Booth from the Health Safety & Quality Commission (HS&QC) who spoke on consumer engagement. Current projects include developing a newsletter for the group to share health literacy information. 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.

Agnes Lehrke has been appointed to the TDHB Interim Consumer Council as a consumer representative on behalf of the Older Persons Consumer Reference Group.

### 3.6.2 Changes to interRAI Needs Assessment Process for Older People

As a result of changes to the Age Related Residential Care (ARRC) agreement for 15/16, a number of changes will take place to the Needs Assessment Service Coordination (NASC) process for older people living in residential care. Changes to the interRAI Long Term Care Facility (iLTCF) assessment tool are being implemented.

When a facility considers that a resident needs a higher level of funded care, aged residential care facilities will now be required to submit a completed iLTCF assessment to CSS for review (rather than CSS undertaking the assessment). CSS will send a Care Manager to the facility to visit the resident, and obtain any further information that is needed before approving or declining the request usually within five working days. Changes of level to hospital level care will be formally approved by a Care Manager, where as changes of level to secure dementia care or

psychogeriatric care will still require geriatrician or psychogeriatrician sign-off. This change may cause some issues within those facilities that are still getting to grips with the interRAI LTCF process; however it is a contractual requirement that facilities have a registered nurse fully trained in iLTCF from 1 July 2015.

### 3.6.3 Individualised Funding for Long Term Support Chronic Health Conditions

Taranaki DHB have engaged in a Midlands-wide selection process to identify a Individualised Funding Host Provider (IFHP) for clients aged under 65 who are funded through the Long Term Supports Chronic Health Conditions (LTSCHC) funding stream. LTSCHC funding was devolved from MoH to DHBs in 2011/12 and funds disability support services for under 65s with high support needs as the result of a disability caused by a chronic health condition.

Following an RFP process, Manawanui in Charge was selected as the IFHP for the Midlands region. The IFHP will manage individualised funding allocations for LTSCHC clients who choose to receive their funding in this way rather than receiving traditional contracted home based support services. Individualised Funding (IF) allows clients greater control over their care packages, including the recruitment of their own home care workers. The employment and payment of these care workers is managed by the Host Provider who manages the IF budget on the client's behalf. The new service will be offered from 1 September 2015.

## 3.7 Mental Health Service Development Plan

Taranaki DHB led the development of the Taranaki Suicide Prevention and Postvention Action Plan 2015-2017. The Plan was developed in conjunction with the NZ Police, Special Education, Youth Justice, Corrections, Justice, MH&A NGO and Provider Arm services, Suicide Prevention Taranaki, and other interest groups. The Plan has been approved by the MOH. One of the key recommendations from the Advisory Group was the recognition of the need for a Coordination position to be established as soon as possible to lead the implementation.

Although the Plan has been completed, the Advisory Group felt strongly about continuing to meet to ensure momentum is continued. The Group are working together to seek opportunities for joint ways of funding the role A Communications Plan and key messages are being developed to support the roll-out of the Plan. .

A number of initiatives continue as the implementation process is worked through, this includes training available to both health professionals and communities. In August three Community Safe Talk workshops have been set up. There are 85 out of the 90 places currently filled with a waiting list of 20 people for the sessions during the day.

In addition, Ministers Coleman and Guy announced a funding boost of $500K across rural New Zealand to support initiatives for addressing mental wellness. The funding will be used to train up to 100 support people to work with the Rural Support Trusts who will help connect farming families with the wide variety of mental health, financial and advice services available. The process for accessing funding is still to be understood.

John Kirwan has been a Westpac Ambassador since 2013. In August and September John is travelling to various places in NZ to share his life experiences and anecdotes with a focus on resilience and courage in the rural community. On Monday 17 August he will be speaking at the Hub in Hawera. There has been significant interest within Taranaki to attend.

## 3.8 Maternal and Child Health

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

The Te Kawau Mārō ALT met in July 2015 to discuss a paper on the implementation of the work completed in the SLAT. As a result it was agreed to set up a project to undertake a change design process, implement the recommendations, system processes and finalise and implement Results Based Accountability (RBA) performance measures and process.

### 3.8.2 Breastfeeding

The final Mama Pepe Hauora quarterly report was received in July and outlined the completion of all but two deliverables (BFCI annual training for three providers and new initiative grants distributed to 4/5 priority communities).

The DHB has finalised a new one year revenue contract with the MOH and a service delivery contract with Tui Ora Limited on behalf of Te Kawau Mārō for the ongoing delivery of the Mama Pepe Hauora Service. This contract will continue to deliver the Community Breastfeeding Support Service including Community Lactation Consultant Services and Peer Support Counselling across Taranaki prioritising high needs communities regardless of Well Child Tamariki Ora provider (minimum 120 referrals per annum). Group breastfeeding education sessions will also be provided to ante-natal and post-natal groups (minimum 12 per annum) and Baby Friendly Community Initiative Education will continue with three providers.

The other arm of the service will include improvement of Early Childhood Education (ECE) environments (minimum 20 ECEs) to support and promote nutrition, physical activity, and breastfeeding including education, mentoring, professional development, policy, incentives, and an award system. This contract commenced on 1 July 2015. Phase 2 of the external evaluation of the MPH programme is still being negotiated but the final report of Phase 1 is due 30 September 2015.

## 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 improvements to the toilet in the old main entrance – which is now accessible and unisex. The group is thankful to the DHB Trust for approving funding for an Amigo T5 Hearing Device for allied health to be located in the Outpatient Physiotherapy Office. A subgroup is working on developing a Disability section for the TDHB's website.

## 3.10 Living Within Our Means

Inter-District Flows (IDFs)

Monitoring of IDF outflows is an established on-going process. The most complete data available from the national data source is now to the end of June 2015. Several DHBs appear to be having late coding/submission issues that may impact on the final year results. At this point, the Personal Health Inpatient case-weighted discharges (cwds), which accounts for approximately 59% of the total IDF budgeted expenditure, were 4,731 cwds. This is 158 cwds over the budgeted 4,572. In dollar terms, this amounts to $739.8K over-expenditure for the year. The main reason for this increase was a very large and late submission by Waikato DHB for Cardio-Thoracic and Vascular surgical services. These latest results mean that the case-weighted discharges for 2014/15 have increased by 4.32% compared to 2013/14 year. The previous increase between 2012/13 and 2013/14 was 2.6 %.

# 4.0 PUBLIC HEALTH UNIT

## 4.1 Annual Plan 2015-16

Taranaki PHU fully delivered against the 2014/15 PHU Annual Plan. The PHU Annual Report was submitted to the MOH on 31 July 2015.

The Ministry has provisionally approved the PHU 2015-16 Annual Plan pending agreement of the financial component.

This report is against the Ministry of Health provisionally approved Annual Work Plan for the Taranaki DHB Public Health Unit (PHU) for the period to 1 July 2015–31 July 2015.

In July the following highlights are reported:

### 4.1.2 Social Environments

Parihaka – Kawe Tutaki (vehicle towards closure) – Following consultation with Taranaki Iwi and Parihaka, Hon Chris Finlayson established a working group in January 2015 along with a secretariat from the Office of Treaty Settlements, to advise the Crown on how it can best support Parihaka to rebuild the capacity of its community to achieve its aspirations. Outlined in the report are 30 recommendations with specifically identified recommendations regarding health. .

### 4.1.3 Healthy Eating and Physical Activity

Four new ‘Breastfeeding Welcome Here’ sites were accredited in July, two of these are new types of sites to join the programme – a mechanic’s workshop and a gym. A Health Promoter and her child profiled in media to raise awareness about breastfeeding and working.

### 4.1.4 Injury Prevention

In response to a general request to the PHU for assistance, the Injury Prevention programme has supported the Taranaki Base Hospital Children’s Ward to set up a

television display of key child safety messages, utilising Safekids Aotearoa digital resources. This will be shown in the ward to families, patients and visitors.

### 4.1.5 Drinking Water

The Annual Survey started on 1st July and will close on 8th August. As at 31st July 2015, SDC, STDC and NPDC compliance visits occurred and the Water Suppliers have completed entry of their survey data. This is a large piece of work which requires all drinking-water supplies in the region to be audited for compliance against the Health Act 1956 and the Drinking Water Standards for New Zealand 2005.

### 4.1.6 Recreational Water

The Health Protection Unit continues to work through the regional recreational water project. The first stage of this project is now completed (North Taranaki) with the information to be assessed and fed back to the New Plymouth District Council to review its Incident Response Plan. Two reported sewage overflows were reported and risk assessed during July. Site visits were undertaken which confirmed the risk assessment's accuracy.

### 4.1.7 Tobacco

A subgroup of the Taranaki Smokefree Coalition have been regularly meeting to plan and implement an action plan to recruit smokers into one of a variety of quit smoking initiatives. The group has produced a pamphlet which is a menu detailing the five quitting options available in Taranaki. This allows people to select the service that best meets their needs.

### 4.1.8 Alcohol Related Harm

The Alcohol Harm Reduction group has launched the 'Toolkit for making submissions on alcohol license applications'. 3000 copies have been produced, funded by Health Promotion Agency, and are available through the resource room coordinator at the Public Health Unit.

### 4.1.9 Submissions

**Submissions made this reporting period:**

NPDC Smokefree Parks Policy Review submitted 12/06/2015 supporting expanding the current Smokefree policy to include:

- Shared spaces (such as the Brougham Street and Huatoki Plaza
- Bus stops, taxi ranks and shared transport stops
- Four metres in front of doorways of public buildings (such as libraries and the Civic Building)

Taranaki Public Health Unit
2015/16 Annual Plan Monthly Progress Report

From 1 July 2014
To 31 July 2015

Month 1

| Core Function One Health Assessment and Surveillance | | |
|---|---|---|
| 1.1 | Information Management | Green |

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

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

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

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

| Integrated Plans | | |
|---|---|---|
| 6.1 | Tobacco | Green |
| 6.2 | Alcohol Related Harm included Taiohi Tu Youth | Green |
| 6.3 | Communicable Disease | Green |

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 over-view of the TDHB Funder financial performance for the period ending July 2015.

The overall funder position for the one month to July 2015 is a surplus of $739k against a budgeted surplus of $729K resulting in a positive variance of $10k.

| **Personal Health** | | | |
|---|---|---|---|
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $710K | $729K | $(19)K | U |
| **Mental Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $15K | NIL | $15K | F |
| **Population Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $27K | NIL | $27k | F |
| **Health of Older People** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $(14)K | NIL | $(14)K | U |
| **Maori Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| NIL | NIL | NIL | F |
| **Governance** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| NIL | NIL | NIL | F |

At this stage in the financial year, the Funder's planned surplus of $12.8m 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 Māori Health and General Manager Planning, Funding and Population Health.

**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** 13 August 2015

MEMORANDUM

**SUBJECT** July 2015 Funder Financial Results

# 1. Overview

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

The overall funder position for the one month to July 2015 is a surplus of $739k against a budgeted surplus of $729K resulting in a positive variance of $10k.

| **Personal Health** | | | |
|---|---|---|---|
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $710K | $729K | $(19)K | U |
| **Mental Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $15K | NIL | $15K | F |
| **Population Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $27K | NIL | $27k | F |
| **Health of Older People** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| $(14)K | NIL | $(14)K | U |
| **Maori Health** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| NIL | NIL | NIL | F |
| **Governance** | | | |
| Actual Surplus / (Deficit) | Budget Surplus / (Deficit) | Variance Surplus / (Deficit) | |
| NIL | NIL | NIL | F |

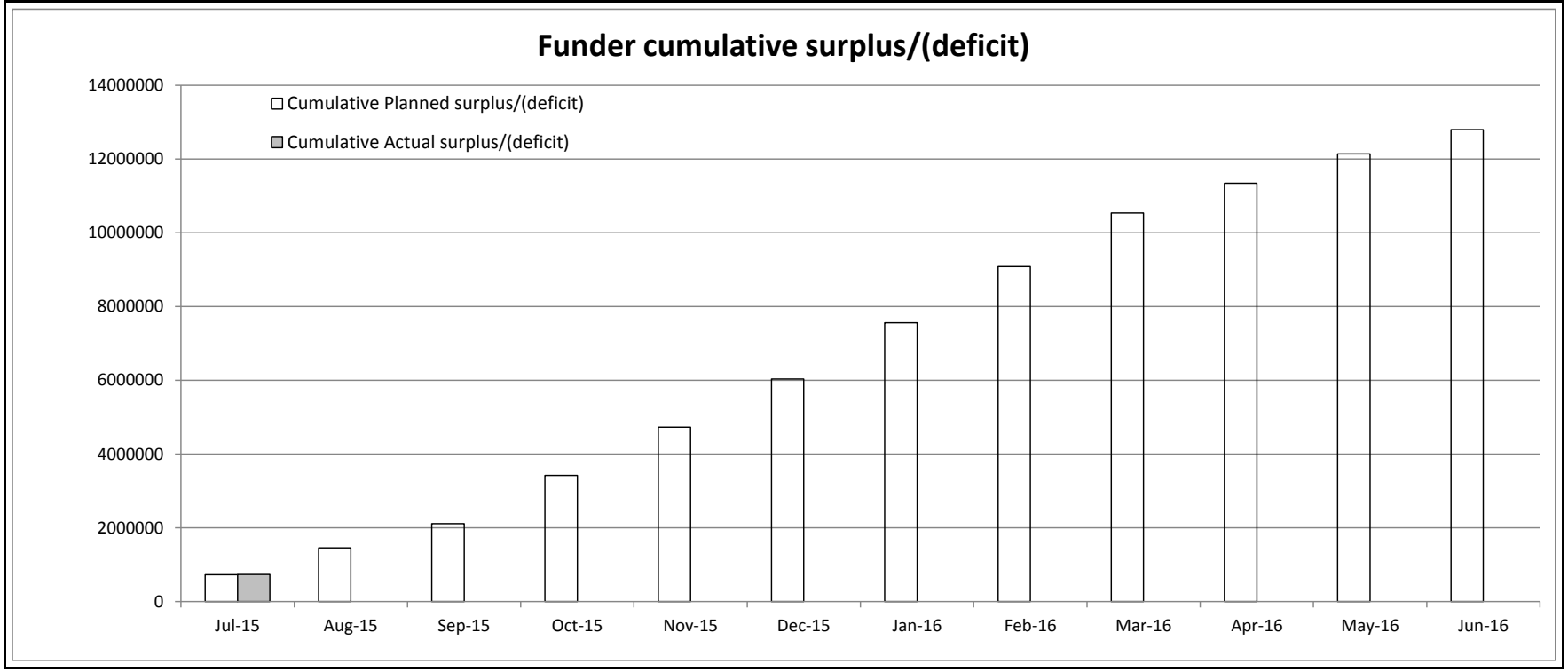
At this stage in the financial year, the Funder's planned surplus of $12.8m is viewed as a challenging target.

Detailed financial analysis is attached to this report.

**Becky Jenkins**
**General Manager – Planning, Funding & Population Health**

# Summary of the Funder financial performance 2014-15

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (28,032,225) | (28,014,753) | (17,474) | (28,032,226) | (28,014,753) | (17,474) | (336,177,027) |
| NGO Expenditure | 13,205,227 | 13,094,207 | 111,021 | 13,205,228 | 13,094,207 | 111,021 | 157,130,477 |
| Provider Arm Expenditure | 14,088,326 | 14,191,617 | (103,292) | 14,088,325 | 14,191,617 | (103,292) | 166,246,550 |
| Total Expenditure | 27,293,553 | 27,285,824 | 7,729 | 27,293,553 | 27,285,824 | 7,729 | 323,377,027 |
| Surplus/(Deficit) | 738,672 | 728,927 | 9,746 | 738,673 | 728,927 | 9,746 | (12,800,000) |



# Personal Health

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (20,961,636) | (20,940,032) | (21,604) | (20,961,636) | (20,940,032) | (21,604) | (251,280,382) |
| NGO Expenditure | 8,609,600 | 8,466,050 | 143,550 | 8,609,600 | 8,466,050 | 143,550 | 101,592,600 |
| Provider Arm Expenditure | 11,641,762 | 11,745,054 | (103,292) | 11,641,762 | 11,745,054 | (103,292) | 136,887,782 |
| Total Expenditure | 20,251,362 | 20,211,104 | 40,258 | 20,251,362 | 20,211,104 | 40,258 | 238,480,382 |
| Surplus/(Deficit) | 710,274 | 728,927 | (18,653) | 710,274 | 728,927 | (18,653) | (12,800,000) |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |

# Mental Health

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (2,603,604) | (2,603,604) | 0 | (2,603,604) | (2,603,604) | 0 | (31,243,246) |
| NGO Expenditure | 941,903 | 956,406 | (14,503) | 941,903 | 956,406 | (14,503) | 11,476,869 |
| Provider Arm Expenditure | 1,647,198 | 1,647,198 | 0 | 1,647,198 | 1,647,198 | 0 | 19,766,377 |
| Total Expenditure | 2,589,101 | 2,603,604 | (14,503) | 2,589,101 | 2,603,604 | (14,503) | 31,243,246 |
| Surplus/(Deficit) | 14,503 | 0 | 14,503 | 14,503 | 0 | 14,503 | 0 |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |

# Population Health

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (121,886) | (104,209) | (17,678) | (121,886) | (104,209) | (17,678) | (1,250,508) |
| NGO Expenditure | 57,973 | 67,750 | (9,777) | 57,973 | 67,750 | (9,777) | 812,998 |
| Provider Arm Expenditure | 36,459 | 36,459 | 0 | 36,459 | 36,459 | 0 | 437,510 |
| Total Expenditure | 94,432 | 104,209 | (9,777) | 94,432 | 104,209 | (9,777) | 1,250,508 |
| Surplus/(Deficit) | 27,455 | 0 | 27,455 | 27,455 | 0 | 27,455 | 0 |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |

# Health of Older People

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (3,844,405) | (3,866,213) | 21,808 | (3,844,405) | (3,866,213) | 21,808 | (46,394,557) |
| NGO Expenditure | 3,360,202 | 3,368,075 | (7,872) | 3,360,202 | 3,368,075 | (7,872) | 40,416,896 |
| Provider Arm Expenditure | 498,138 | 498,138 | 0 | 498,138 | 498,138 | 0 | 5,977,661 |
| Total Expenditure | 3,858,341 | 3,866,213 | (7,872) | 3,858,340 | 3,866,213 | (7,872) | 46,394,557 |
| Surplus/(Deficit) | (13,936) | 0 | (13,936) | (13,936) | 0 | (13,936) | 0 |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |

# Maori Health

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (286,058) | (286,058) | 0 | (286,058) | (286,058) | 0 | (3,432,691) |
| NGO Expenditure | 235,550 | 235,926 | (377) | 235,550 | 235,926 | (377) | 2,831,114 |
| Provider Arm Expenditure | 50,131 | 50,131 | 0 | 50,131 | 50,131 | 0 | 601,577 |
| Total Expenditure | 285,681 | 286,057 | (377) | 285,681 | 286,057 | (377) | 3,432,691 |
| Surplus/(Deficit) | 377 | 0 | 377 | 377 | 0 | 377 | 0 |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |

# Governance

| Jul-15 | Month Actual $ | Month Budget $ | Month Variance $ | YTD Actual $ | YTD Budget $ | YTD Variance $ | Annual Budget $ |
|---|---|---|---|---|---|---|---|
| Revenue | (214,637) | (214,637) | 0 | (214,637) | (214,637) | 0 | (2,575,643) |
| Expenditure | 214,637 | 214,637 | 0 | 214,637 | 214,637 | 0 | 2,575,643 |
| Surplus/(Deficit) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Commentary on Variances

| | |
|---|---|
| Revenue | No significant variances are reported for July being the first month of the new financial year. |
| Expenditure | No significant variances are reported for July being the first month of the new financial year. |