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T A Hohaia – Deputy Chair  
K Nielsen  
A Rumball  
A Tamati  
D Tamatea

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General Manager Planning, Funding &  
Population Health  
Chief Operating Officer & Chief Nursing  
Advisor Hospital Services  
Chief Advisor Maori Health  
Chief Medical Advisor  
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TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC  
HEALTH ADVISORY  
COMMITTEE/DISABILITY  
SUPPORT ADVISORY  
COMMITTEES

ORDINARY MEETING

Tuesday 15 December 2015  
12.30pm

Corporate Meeting Room 1  
Taranaki DHB  
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 15 December 2015  
12.30pm

**Corporate Meeting Room 1**  
**Taranaki District Health Board, 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 the apology from 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>Presentation:</b> <b><i>Information Technology and Health Care</i></b> Ngaio Crook, Chief Information Officer		Noting
7	<b>Minutes – CPHAC and DSAC Meeting</b> <a href="#">7.1 Minutes of meeting held on 27 October 2015</a>  <u>Resolution</u> <i>That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 27 October 2015 be received as a true and accurate record.</i>		Resolution

	7.2 Matters Arising		
8	<b>Management Reports</b> 8.1 Chief Advisor Maori Health  8.2 General Manager Planning, Funding & Population Health  <u>Resolution</u> <ul style="list-style-type: none"> <li>• That the Committees receive and note the Management Report from the Chief Advisor Maori Health</li> <li>• That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health</li> </ul>		Resolution  Resolution
9	<b>General Business</b>		
10	<b>Date of Next Meeting</b>  Next meeting 23 February 2016		Noting

## Strategic Linkages – Agenda Items

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

	<i>Presentations</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 2015 - 2016  
TDHB Community Public Health Advisory Committee Meetings

Date	25/08/2015	27/10/2015	15/12/2015	00/02/2016	00/04/2016	00/06/2016	00/07/2016	TOTAL
<b>CPHAC</b>								
Pauline Lockett	A	A						
Sally Webb (Not a Member)								
Alex Ballantyne	✓	✓						
Karen Eagles	A	A						
Flora Gilkison - Chair	✓	✓						
Richard Handley	✓	✓						
Te Aroha Hohaia - Deputy Chair	✓	✓						
Kevin Nielsen	✓	✓						
Alison Rumball	LOA	A						
Aroaro Tamati	✓	A						
<b>Co-Opted</b>								
David Tamatea	✓	✓						
Pat Leary	✓	✓						

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



## COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

### MINUTES – PUBLIC (Unconfirmed)

Tuesday 27 October 2015

12.30pm

CoastalCare Health and Community Centre

26 Napier Street

Opunake

#### Present

Flora Gilkison (Chair), Alex Ballantyne, Richard Handley, Te Aroha Hohaia, Pat Leary, Kevin Nielsen and David Tamatea

#### In Attendance

Becky Jenkins (General Manager Planning Funding & Population Health TDHB), Ngawai Henare (Chief Advisor Maori Health TDHB), Cressida Gates-Thompson (Communications Advisor TDHB) and Tammy Taylor (Minute Taker TDHB)

Adrienne Hickey (CoastalCare Health and Community Centre)

#### 875.0 Apologies

##### Resolution

*That the apologies from Pauline Lockett, Karen Eagles, Alison Rumball, Aroaro Tamati (Committee Members), Rosemary Clements (Acting Chief Executive TDHB) and Tony Foulkes (Chief Executive TDHB) be received and noted.*

*Hohaia/Tamatea  
Carried*

#### 876.0 Welcome

Ms Hohaia opened the meeting with a karakia and welcomed attendees as Dr Gilkison had advised she would arrive slightly late for the meeting.

#### 877.0 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.

#### 878.0 Attendance Schedule

The attendance schedule was noted and updated as required.

### **879.0 History and Tour of CoastalCare Facility**

Adrienne Hickey (Secretary of Coastal Taranaki Health Trust) explained the background behind the facility. Of note:

- The facility opened on 2 April 2015.
- Concept behind the facility is to have a home for all health and social services to provide a better outcome for the population of Coastal Taranaki and to ensure local services were provided.
- Service approximately 4,000 people.
- The site includes a Pharmacy, GP services, DHB lease rooms and provide services as does Tui Ora Limited, Plunket, counsellors, nutrition services, Food Bank, Budget advice will commence shortly. St John's operate from the building.
- Currently looking at securing the services of a dentist to begin in April 2016.
- CoastalCare sees itself running an integrated service model.
- Has been a shortage of Doctors and Dr Anderson has been travelling to Opunake from his Oakura practice. Dr Anderson has assured the Trust that a permanent GP will be in place by late October 2015.
- The Trust aims to provide an up-to-date facility where the Trust owns all the equipment – the GP would lease the space and equipment from the Trust. The Trust does not employ any staff directly.

Dr Gilkison arrived at 12.50pm

- The facility cost approximately \$2.2m to build.
- This model is different to that used by the old SouthCare practice.
- Mrs Hickey advised the Trust would like to look at an x-ray service being provided and asked what would be needed to make this happen. Dr Gilkison advised an initial approach could be made to the TDHB.
- Mrs Hickey asked where the DHB was positioned in terms of the shortage of GPs being experienced in South Taranaki. Mrs Jenkins responded that the DHBs relationship with general practice is through the Midlands Health Network. The DHB does not provide GP services so works with the PHO on an Alliance Plan. Both parties recognise the issues raised in terms of GPs and a key strategy being used currently is the "Health Care Home" and is about trying to think of different ways to structure general practice in order to build capacity. The DHB does have a strong focus on integration and looking at how the whole system can work together.

A tour of the facility followed.

### **880.0 Chairman's Report**

Dr Gilkison thanked CoastalCare for allowing the meeting to be held there and reiterated the desire of the Committee to visit and learn more about the model being delivered.



## **881.0 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 25 August 2015 as a true and accurate record.*

*Hohaia/Handley  
Carried*

881.1 Mr Handley requested an update around a specific computer application mentioned by Dr Gilkison at the previous meeting. Dr Gilkison advised this was more a long term look at technology and it was suggested that technology be a theme for a future meeting. It was agreed to explore this further following the Joint DHB/MHN Board meeting and the Conference being attended by the DHBs Chief Information Officer.

881.2 Mr Handley asked if the before and after figures for the DNAs for BoP DHB had been provided as requested and was advised these had been added to the Resource Centre in Board Books. The issue of DNAs will be discussed further at the Hospital Advisory Committee meeting.

The Task List was updated accordingly.

## **882.0 Management Reports**

### **882.1 Māori Health Report**

The Chief Advisor Māori Health took her report as read and responded to a range of questions on the report with the following points noted:

- The DHB has progressed in the right direction or met only 38% of the indicators in the Māori Health Plan. For the remaining there is no change or have moved away from the target which is of concern.
  - The regional Māori GMs have agreed to focus on three targets: a) Cancer, b) Breastscreening & Cervical Screening and, c) Child Health/Immunisations
  - Mrs Jenkins asked the group to note in terms of the preventative targets, there may be a range of issues associated with Taranaki's performance including the rebasing of population estimates
- Ms Henare reminded the Committee of the "Trendly" website set up by George Gray to monitor DHBs performance. Mr Nielsen felt that this website is a valuable tool at an operational level, but from a Board/Committee perspective, he would like to receive analysis and direction.
- There are 'Champions' for various Ministry indicators and Mrs Jenkins is the Champion for the Cervical Screening indicator. Mrs Jenkins advised that for the next Māori Health Steering Group meeting she has been asked to present on Cervical Screening.

- Mr Handley asked why the target for DNAs had been revised to 12%. Ms Henare advised that Gillian Campbell would need to respond to that question, Mr Handley asked for this to be followed up and reported back to the Committee.
- There was discussion concerning the talk given by Professor Sir Mason Durie and continuing the momentum from the day. Mr Handley asked that everyone who attended the meeting be followed up.
- The strong results in Dental Enrolments were noted.
- Whakatipuranga Rima Rau – it was noted that 72 people are currently in tertiary studies on a health career pathway, 29 of whom are due to complete their studies at the end of 2015. Mrs Gilkison asked for a follow up on the 29 students to find out how many students moved back to Taranaki once completing their tertiary studies.

Resolution

*That CPHAC recommend to the DHB Board that it would like the ability to focus on those targets agreed as priority areas by regional Māori GMs: a) Cancer, b) Breast Screening & Cervical Screening and, c) Child Health/Immunisations*

*Moved: Handley/Ballantyne*

882.2 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:

- There are a number of Policy updates happening currently including the NZ Health Strategy, Health of Older People's Strategy and Childhood Obesity Plan.
- The Midland Health Network (MHN) Quarterly Report has been included for the Committee's information. Each DHB will be profiled by MHN and Taranaki will feature at a later date. The Work Plan consists of shared objectives between the DHB and PHO and it was noted that the PHO is very happy with the amount of cooperation it receives from Taranaki DHB.
- The concept of "Health Care Home" was discussed at the request of Mr Handley. It was noted that this will be covered more fully at the joint Board Meeting between the DHB and MHN in November.
- A copy of the Public Health Unit Annual Plan has also been included for noting.
  - The Public Health Unit is funded by the Ministry of Health and there is a requirement to provide an Annual Plan, which needs to align with the DHBs Annual Plan, the Māori Health Plan and Regional Services Plan
  - Mr Handley felt that justice was not done to the Public Health Unit Annual Plan. However, it was noted that this is an operational report and only for noting. In future a retrospective look could be taken)
- The Funder Financial results for the first three months of the year are tracking to plan.
- Discussion followed concerning the Childhood Obesity Plan and the timeliness of such a plan.

Mrs Gilkison expressed her disappointment that there were not more members of the local community present. This is something the DHB needs to consider for the future.

Resolution

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

*Hohaia/Neilsen  
Carried*

**883.0 Next Meeting**

The date of the next meeting is Tuesday 15 December 2015. Meeting to be held in Corporate Meeting Room 1, TDHB, unless otherwise advised.

The meeting was closed by Mrs Hohaia at 2.25pm.

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Chair

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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>
52	27 October 2015	Whakatipuranga Rima Rau – of the 29 students due to complete their studies at the end of 2015 – how many have moved back to Taranaki to work?	NEW	CAMH	2016 Meeting	
51	27 October 2015	Explanation required around revised target for DNAs being moved to 12%	NEW	CAMH	For next meeting	Has been moved to 12% to reflect 2015/16 target in the <u>Māori Health Plan</u> , approved by Te Kete Hauora (Māori Health Directorate, MOH). Regardless of target, should be aiming for a DNA of 0.
49	25 August 2015	Distribute copy of Action Plan for Social Sector Trial	NEW	GM P&F		
46	25 August 2015	Talk to Chief Information Officer re delivering a presentation following the October Health Infomatics Conference.	NEW	GMP&F	Oct or Dec Meeting	Presentation date dependent on when in October the Conference is being held.
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	Refer to GMP&F Report December COHAC Meeting
42	26 June 2015	Invite MHN representative to discuss Advanced Care Plans at a Primary Care level	NEW	GM P&F	End of year	Refer to GMP&F Report December COHAC Meeting
33	24 February 2015	Discuss contract requirements of NGOs and possible reporting framework.		Chair & CE		Pending
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.
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**TO** Community & Public Health,  
Disability Support Advisory  
Committees

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

## **MEMORANDUM**

**DATE** December 2015

**SUBJECT** **Maori Health Report**

### ***RECOMMENDATION***

*That the Community and Public Health Advisory Committee receive and note this report.*

#### **1. INTRODUCTION**

This report summarises Maori Health Plan performance and other Maori health- related activities to date.

#### **2. MAORI HEALTH PLAN MONITORING REPORT**

##### **2.1 Maori Health Plan Performance**

There is no update to information provided in the November Board report.

The Maori Health Plan Steering Group met and confirmed the approach to focus on improving the Cervical Screening indicator. A presentation and discussion with indicator champion Becky Jenkins, GM Planning, Funding and Population Health and her operational team.

#### **3. OTHER BUSINESS**

##### **3.1 Whakatipuranga Rima Rau**

At a governance level the Whakatipuranga Rima Rau Board has decided on the need to rebrand. In future the project will be known as WhyOra, the name given to the programme by a former staff member of the Maori Health Unit on inception of the WhyOra website around 2008.

Currently the team is preparing its programmes for 2016 as well as connecting with students to support their progression through to the next stages of their health career journeys.

### 3.2 Taranaki Funders Strategic Forum

The forum met on 8 December to continue the exploration of collaborating for collective impact. Representation from the following agencies and groups are involved in the discussions to date:

- TSB Community Trust
- MSD Community Investments
- MSD Work and Income
- Department of Conservation
- Te Puni Kokiri
- Taranaki DHB
- Ministry of Justice
- Department of Corrections
- Department of Internal Affairs
- New Plymouth District Council
- South Taranaki District Council
- Te Whare Punanga Korero

Consideration is currently being given to what a dashboard of progress will consist of.

### 3.3 RBA Training

The Ministry of Health through the Maori Provider Development Scheme (MPDS) has funded RBA training for the Te Kawau Maro workforce. The DHB is required to coordinate the training which is planned to get under way in February / March 2016.

The aim of the training is to help shift the workforce into a new way of thinking, looking at and recording the work they do and to understand how this contributes to the achievement of the agreed outcomes of Te Kawau Maro as well as the DHB's wider Pae Ora-based outcomes.

### 3.4 Review of Cultural Competency Programme

On 27 November a representation of clinical, administration, management and allied health staff participated in a cultural competency programme facilitated by John Hurihanganui of Ngāti Tahu, Ngāti Whaoa (Te Arawa), Ngāti Porou, Ngāti Whakauae).

The purpose of bringing John in to deliver this training was to consider its applicability to the Taranaki DHB situation.

The training was largely an intelligent and challenging conversation about our roles and contributions as workers in the health sector. The three-hour session was one of the most interesting and outstanding conversations I have

experienced in some time, which drew on the experiences and perspectives of the participants to explore cultural competence in a holistic sense, not just as Maori.

The resounding feedback from those that participated in the programme was extremely positive. Further discussions are occurring to locate this particular programme into a wider cultural competency development programme for all Board members and staff of the TDHB.

This is an area of keen interest to Te Whare Punanga Korero. Recommendations regarding implementation will follow further discussion with TWPK and will be subject to its endorsement of the programme.

### 3.5 Te Kawau Maro – Mama Matua Pepe Tamariki Model of Care

Participation in the team to design and implement a new model of care for Mama, Pepi, Tamariki provides opportunity to build relationships. The project is about to initiate the implementation phase which involves 'road map testing' of pathways. The testing at this stage will be limited to each provider working with one whanau.

The TDHB is involved in leading or as participants in other projects to improve outcomes for children, for example the Child Health Service Level Alliance Team.

At this stage it is unclear whether and how these projects are expected to align however with consistent input on behalf of Maori health, the perspective of Pae Ora will continue to be emphasised.

Ngawai Henare  
Chief Advisor Maori Health





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

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

**DATE** December 2015

**SUBJECT** Planning, Funding and Population  
Health Report for the Period to  
end November 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.*

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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 November 2015

## 2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

The Committees are asked to receive and note the report.

## 3.0 PLANNING UPDATES

### 3.1 Childhood Obesity

The Health Minister recently announced a comprehensive plan to reduce childhood obesity. The targeted initiatives are illustrated in the below diagram. Taranaki DHB is currently reviewing the Action Plan and implications for 2016-17 Planning.

## 4.0 INFORMATION ITEMS

### 4.1 Increased Immunisation

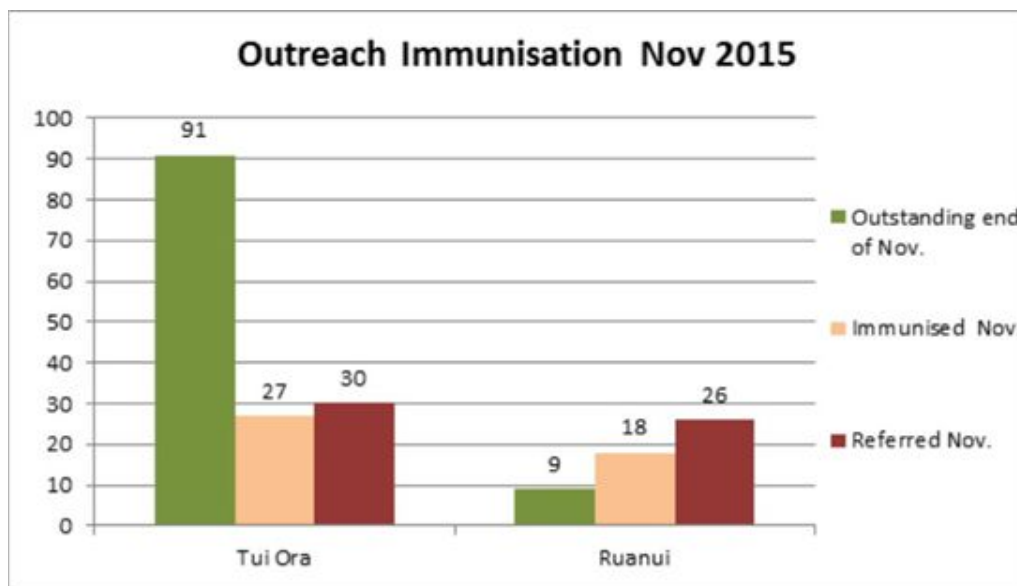
For the period ending 31 November 2015 the locally calculated figures for immunisation were:

- 8 month coverage  
91% total population  
85% Maori  
95% New Zealand European

In comparison, national figures are 93.4% for total population and 90.8% for Maori

- 24 month coverage  
94% total population  
95% Maori  
92% New Zealand European

The total number of outreach children waiting for immunisations at the end of November was 100. There were 30 new referrals to Tui Ora during the month and 26 to Ngati Ruanui. Given the backlog of outstanding immunisations with Tui Ora, they have increased the Outreach Immunisation resource by 0.5 FTE. This should result in an increase in the uptake of the backlog.



Work continues on a Communications Plan with an aim to help increase the uptake of immunisation in Taranaki. In addition, the Health Promotion Agency and Ministry of Health have developed a new 'Lets Talk Immunisation' resource and this is currently in the process of sign off and release. It is designed to support Midwives and health professionals to have confident conversations with expectant parents about immunisation. There will also be an online campaign for immunisation, which provides information for those who are vaccine hesitant and wanting information. In New Zealand there are 30,000 online searches for immunisation information per month, which is 10 times the level of searches for quitting smoking.

The Ministry of Health will be supporting DHB's for Immunisation Week being held on 2-9 May 2016. The theme will be 'protecting baby begins at pregnancy'.

## 4.2 Primary Care

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

Midland Health Network Taranaki has yet to achieve the target, however under the new methodology still achieved 85%. The DHB and PHO are working closely to help achieve the target and deliver high quality stop smoking advice and specialist stop smoking support to smokers within General Practices.

### 4.2.2 Map of Medicine

The number of GP's utilising the Map of Medicine care pathways continues to increase. Strategic discussions continue to enable core pathways across the Midland Region to grow and be embedded into systems. The review of Map of Medicine is continuing and is expected to be complete early in 2016.

### 4.2.3 Management of Primary Care Acute Demand and Primary Options

Since the implementation of the ED Redirection of low acuity presentations back into Primary Care in 2014 the growth of ED presentations has reduced and significantly the admission rate from ED into Taranaki Base Hospital has increased from 17% (2013) to 23% (2015). This indicates the people seeking care from the ED are more appropriate with more acute and emergency care being provided.

The intention of Primary Options is for lower acuity conditions previously provided by Hospital Services to be provided by General Practices in the community transferring the care from Hospital services to Primary Care. These conditions include:

- Cellulitis
- DVT
- Asthma
- Gastroenteritis
- CAP
- ACS
- Renal Colic
- Fever in Children

### 4.2.4 Pharmacy

The 20 DHB's are working together with Pharmacy sector agents to understand the effect on Community Pharmacies of the changes in Pharmaceutical margins to the overall profit margin and whether or not this is affecting the sustainability of Community Pharmacies.

DHB Shared Services task force on Pharmaceutical Margins is due to report back to both the DHB's and sector next year.

DHB Shared Services is currently working on the new Community Services Agreement (CPSA) on behalf of the 20 DHB's. The new CPSA is expected to be implemented from July 2016.

Some Community Pharmacies are charging service users an additional charge that is related to the pharmacy's procurement and stockholding costs. Any Pharmacy identified as charging additional charges for pharmaceuticals that are fully subsidised (as set out in the Pharmaceutical Schedule) are being contacted.

### 4.3 Prime Minister's Youth Mental Health Project

#### Children of Parents with Mental Illness and or Addictions (COPMIA)

In October this year the MOH released the guidelines for Mental Health and Addictions Services for supporting parents with mental illness and/or addictions and their children (Supporting Parents Health Children). The guidelines call for adult services to adopt a service model that embeds family and whānau focused practice thereby ensuring that parents within services are identified and that processes are in place to support them and their children.

While it is recognised that it will take time to change practices, the Midland Regional Portfolio Managers are developing a survey based on the guidelines to understand what is currently being delivered to help inform actions that will need to be implemented.

### 4.4 Health of Older People

#### **4.4.1 Consumer Reference Groups**

##### Health of Older People

Members of the Health of Older People Consumer Reference Group have been actively canvassing their networks and communities to provide feedback for the development of the Taranaki Health of Older People Strategy. At the same time, MOH have been in Taranaki consulting on the National Health of Older People Strategy. TDHB intends to align our local strategy, with the National strategy once available.

##### Rural Health Advisory Group

The group held their final meeting for 2015 with attraction and retainment of rural GPs and rural GP funding discussed. The Rural Support Trust also updated the group on the work being undertaken in the rural community. One initiative by Dairy NZ is the recruitment of a National Medical Director to govern 10 "Clinical Champions", who will work with regional Rural Support Trusts to support mental health matters in rural communities.

##### Disability Action Group

The Disability Action Group continues to meet every two months in New Plymouth and provide invaluable feedback on service design and accessibility of buildings. A Mobility Garden has been built near the main entrance of Base Hospital with the aim of assisting patients in their rehabilitation journey but also to provide a relaxing and sensory experience for the Taranaki public. Within the Mobility Garden, the New Plymouth committee of the Blind Foundation developed the 'scented garden' project to mark the Foundation's 125th Anniversary. Their goal was to provide a restful sanctuary for the sight and hearing impaired to enjoy as they recuperate or visit friends or family/whanau in hospital. The Garden will be formally opened in mid December.

#### **4.4.2 In-Between Travel (IBT)**

In March 2014 Cabinet authorised the MoH to enter negotiations to find a solution to ensure Home Based Support Service (HBSS) support workers are paid for the time they spend travelling between clients. Negotiations have been ongoing and

settlement was reached in September 2015. An interim funding model was put in place with expectation that the final model would be developed for implementation by 28 February 2016. A one band funding model, with additional funding for exceptional travel over 5km, has been agreed. To support this, additional funding of \$36.2million (15/16) and \$38.2million (16/17) is to be devolved to DHBs allocated by PBFF. This funding is intended to partially offset the costs associated with IBT, in addition to the existing funding already passed to HBSS providers for 'fair travel' and 'exceptional/rural travel' in their current contracts with DHBs. A contract variation between DHBs and HBSS support workers will be in place by 1 March 2016. A review will be undertaken by MoH in August 2016 to identify whether further funding changes are required based on actual spend compared to projected spend.

## 4.5 Mental Health Service Development Plan

### 4.5.1 Suicide Prevention and Postvention Action Plan 2015-2017

Process for funding and employing the coordination role is underway and aiming to have this completed in December with anticipation of a Suicide Prevention Coordinator being advertised in the New Year.

### 4.5.2 Next Steps Working Towards “On Track” – *Knowing where we are going*

Taranaki DHB has engaged Phillipa Gaines, who was instrumental in the development of the “On Track” document. Phillipa will be co-facilitating a workshop with the Taranaki Mental Health and Addictions Sector to help develop a common understanding of the future service delivery model as outlined in the Rising to the Challenge and the On Track publications and to identify some practical steps that will help move the sector forward. Preliminary discussions identified high level priorities as the integration between NGO/Primary/Secondary, increasing responsiveness for early intervention and prevention and expanding the continuum of care and one system/one sector.

### 4.5.3 Midlands Regional MH&A Network

There are a number of projects and pieces of work that the Network has either initiated or are currently participating in. These include:

- Auckland Eating Disorders
- Auckland Child and Family Unit Review; and
- AOD Pathway Project

## 4.6 Maternal and Child Health

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

The Te Kawau Mārō Service Level Alliance Team (SLAT) for Mama, Matua, Pepe, Tamariki (MMPT) continues with the second phase of the project. Whānau have been specifically selected as part of the testing of the model of care and interviews have been conducted.

#### Well Child Tamariki Ora (WCTO) Enrolment Project

In September 2015 District Health Boards submitted proposals to increase the enrolment and uptake of WCTO services. Nationally statistics show 7% of babies are not enrolled with a provider and further disparities exist between ethnic groups. This plan will fall under the activities overseen by the Child Health Service Level Alliance Team (SLAT). The Child Health SLAT is an expert team specifically focused on Child Health. The Child Health SLAT will be established for fixed periods with specific outcomes, deliverables, and timeframes outlined in the Terms of Reference. Membership of the SLAT includes TDHB Planning and Funding, TDHB Clinical and Service Leadership, TDHB Information Technology, TDHB Maori Leadership, MHN, WCTO Providers, Maori Health Providers, and Midlands WCTO Quality Improvement Leadership.

The SLAT will also oversee the implementation of a refreshed WCTO Quality Improvement Plan which looks to increase enrolment across Child Health services and the roll-out of the National Child Health Information Platform (NCHIP) and the Child Health Coordination Service (CHCS) in Taranaki.

The WCTO Quality Improvement Plan highlighted newborn enrolment, increasing breastfeeding rates, improving oral health, and increasing smokefree mothers as current priorities. However, the stakeholders have agreed that addressing enrolment is the first priority as other activities would be counter-intuitive if children were not enrolled for services prior. NCHIP has been identified as an essential tool to address newborn enrolment rates, timely service delivery, ensuring no child is missed, and provide reporting and monitoring functions. NCHIP provides a single, integrated child-centric view of milestones by collecting data from multiple sources (ie WCTO provider enrolment, newborn check, hearing screening, immunisations etc) and displaying it in one place. A shared view of children, their chosen providers, their health milestone status, and follow-up prompts will be provided. NCHIP will provide comprehensive reporting to identify service delivery gaps or weaknesses and also highlight success or best practice models. The Midlands DHBs have committed funding for the development, implementation and ongoing delivery of this infrastructure.

NCHIP is being rolled out to Midlands DHBs by MHN and is already underway in Waikato and Tairāwhiti, it is due to launch here in Quarter 3.

#### **4.6.2 Breastfeeding**

The Mama Pepe Hauora Service is well underway with Tui Ora Limited (TOL). An external evaluation is continuing to take place alongside service delivery. This service 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. Group breastfeeding education sessions will also be provided to ante-natal and post-natal groups and Baby Friendly Community Initiative Education will continue with three providers.

To date referrals for the Community Lactation Service have well exceeded expectation while Peer Support referrals are well down on previous quarters. A working group including Maternity Services, Plunket, and TOL are planning for how to best manage/triage these referrals whilst streamlining the referral process. TDHB

has also provided Plunket with a contract to deliver additional Community Lactation Consultant Services in Stratford and surrounding communities within the existing Mama Pepe Hauora Community Lactation Service Framework. This is being led by TOL and utilising the skills of their Stratford Plunket Nurse who achieved Lactation Consultant Registration via the TDHB Scholarship in 2014..

The other arm of the service (also known as the “Oranga Mokopuna” programme) includes 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 is underway with 22 ECEs across Taranaki.

## 4.7 Physical Activity and Nutrition

### 4.7.1 Green Prescription

In Quarter 1 Green Prescription (GRx) for Adults received 348 referrals, The GRx Adult quarterly referral target is 412, thus 85% of the quarterly target was achieved (contractually we require Sport Taranaki to achieve 80% of the Ministry of Health target).

GRx Active Families is delivered via the Whanau Pakari programme, which is a one-year multidisciplinary programme for families of obese and overweight children. The programme includes assessment, support, and advice from a Dietitian, Psychologist, and a Physical Activity expert (Active Families Coordinator) overseen by a Paediatrician. The family attends a weekly programme in North or South Taranaki which includes education and physical activity as well as receiving individual home visits.

In Quarter 1 Whanau Pakari received 13 referrals, of those:

- 46% male
- 54% Māori
- 54% aged 5 to 12 years

The number of referrals from Before Schools Checks (B4SC) Coordinators will be added to the Whānau Pakari reporting template in line with the new childhood obesity health target for 2016/17. The Whanau Pakari team is working hard to increase the number of referrals from South Taranaki.

## 4.8 Living Within Our Means

### 4.8.1 Inter-District Flows (IDFs)

Monitoring of IDF outflows continues. The most complete data available from the national data source is to the end of October 2015. At that point, the Personal Health Inpatient case-weighted discharges (cwds), which accounts for approximately 59% of the total IDF budgeted expenditure, were 1,377 Cwts. This is 200 Cwts under the budgeted 1,577. Year-to-date in dollar terms, this amounts to \$936.4K under budget.

## 5.0 PUBLIC HEALTH UNIT

### 5.1 Annual Plan 2015-16

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 November 2015.

At this stage of the year the 2015-16 Plan is largely on track with the notable highlights and exceptions identified below.

#### 5.1.1 Healthy Eating and Physical Activity

There has been much activity with the “Breastfeeding Welcome Here (BFWH)” project during October with the PHU having undertaken 43 site audits. This function is one of the roles of the PHU whereby breastfeeding-friendly public spaces are audited to ensure they pass the Oranga MokoPuna Level One requirements. Many of these sites (27) are early childhood education services (ECES) and include those participating in the Tui Ora-led ‘Oranga MokoPuna’ project. In addition to the ECES, other new sites include Aotea Utanganui Museum of South Taranaki, Hawera and Stratford Pools, Patea Medical Centre, Mountainview Medical Hawera, Work and Income - Waitara.

#### 5.1.2 Injury Prevention

This month the PHU met with the Coordinator of the Taranaki Child & Youth Mortality Review Committee (CYMRC). As a group, Kidsafe analyses hospital admissions data every three years to understand child unintentional injuries that are severe enough to warrant admission to hospital. Until now there had been no formal monitoring by Kidsafe of unintentional injuries to children in Taranaki that result in death. This potential gap in understanding the full picture of child injury has been bridged by a willingness of the CYMRC Coordinator to engage with the Public Health Unit by sharing mortality data, attending Kidsafe meetings and an invitation to Kidsafe to participate in relevant case reviews.

#### 5.1.3 Border Health

The PHU has been invited to attend a weekly ‘operational border agency meeting’ with Customs and Ministry of Primary Industries (MPI) staff at Port Taranaki. Attendance at this meeting has resulted in strengthened relationships with other border agencies in the Taranaki Region.

#### 5.1.4 Hazardous Substances

On 13 October the Hawera Fire Brigade notified the PHU of a major fire at Hawera Intermediate School. Concerns were held by the Fire Service that some of the material involved in the fire contained asbestos. A Health Protection Officer attended the incident conducting a site risk assessment and taking samples for analysis. The public health risk at that point was determined to be low. Responsibility for further management of potential asbestos related issues was handed over to STDC as the lead agency in this situation due to their statutory powers under the Health Act 1956. The PHU supported the STDC by providing appropriate health Information and risk communication guidance. One of the samples was positive for asbestos. Results were provided to the School Board, STDC, and the Fire Service in a timely manner.



### **5.1.5 Environmental Health**

The PHU made a submission on the South Taranaki District Council (STDC) Proposed District Plan (2015 - 2025). The PHU submission highlighted the need for STDC to further consider and define “other” Council regulatory functions such as the Health Act 1956 and National Environmental Standards for Sources of Human Drinking Water within the Proposed District Plan. The relationship between environmental health and physical health and wellbeing has many cross-overs, and the PHU is committed to achieving the principle of Wai Ora through adopting a multi-faceted approach when considering the impacts on the environment and health and wellbeing and building healthy public policy is one method of achieving this.

### **5.1.6 Tobacco**

‘Stoptober’ which is a 31 day national challenge to quit smoking for the month of October was promoted by the PHU during September and October. The PHU worked proactively with community and individual participants throughout the event to encourage ‘quit smoking’. Those individuals that were interested in quitting smoking were referred to Tui Ora's smoking cessation service, which over the course of the Stoptober event received over 70 referrals.

### **5.1.7 Alcohol**

In conjunction with Police and New Plymouth District Council, the PHU organised for CIB Police investigators to present topics for the Taranaki Regional Drinksafe Workshop. Overall the Workshop had a large number of participants with 70 staff representing bars, clubs and restaurants in attendance.

### **5.1.8 Communicable Disease**

During October and November the PHU investigated three confirmed cases of Legionnaires disease which were notified to the Medical Officer of Health. During each case an officer from the PHU interviewed the cases, and proceeded to undertake an environmental risk assessment which included sampling at the cases residents to determine potential exposures. All three cases were admitted and treated at Taranaki Base Hospital for severe pneumonia. Legionella bacteria can cause pneumonia and can be life-threatening. Information on Legionnaires disease was provided to all cases at the time of the interviews.

During the course of the investigation it was identified that two of the three cases had occupational exposures at the Pahiatua Fonterra Plant during their incubation periods. The Ministry of Health was notified immediately of this possible workplace exposure. The MidCentral PHU was also contacted, as the implicated cooling towers were located within their region. The environmental investigation is continuing to be undertaken by Mid Central Public Health Unit, and Work Safe New Zealand including testing water from the cooling towers.

All the cases have been kept informed on progress of the investigations, and are recovering within the community.

### **5.1.9 Submissions**

A submission was made to South Taranaki District Council (STDC) in respect of a Proposed District Plan (2015 - 2025).

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

From 1 July 2015  
To 30 November 2015

Month 05

1	Public Health Infrastructure	Amber
2	Health Education Resources and Information	Amber
3	Social Environments	Amber
4	Healthy Eating and Physical Activity (including breastfeeding)	Amber
5	Injury Prevention	Amber
6	Border Health	Amber
7	Drinking Water	Amber
8	Hazardous Substances and Contaminated Land	Amber
9	Recreational Water	Amber
10	Environmental Health	Amber
11	Psychoactive Substances	Amber
12	Tobacco	Amber
13	Alcohol Related Harm	Amber
14	Communicable Disease	Amber

**Key**

Red	Not achieved / Behind Plan
Amber	In progress / On track
Green	Completed

## 6.0 HEALTH TARGET RESULTS

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

## 7.0 FINANCIAL REPORT

The October results were reported to the Board at the November Board Meeting. November results are not yet available.

## 8.0 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