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

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

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

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TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEES

ORDINARY MEETING

Wednesday 27 April 2016
1.00pm

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
Wednesday 27 April 2016
1.00pm

Corporate Meeting Room 1
Taranaki District Health Board, New Plymouth

		Pages	Action
1	**Meeting Opening – Karakia** **Kia Uruuru Mai** Kia uru-uru mai a hau-ora, a hau-kaha, a hau-māia ki runga, ki raro, ki roto, ki waho rire-rire hau, pai marire		
2	**Apologies** *Resolution* *That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note the apology from Dr Pat Leary.*		
3	**Public Comment**		Verbal
4	**Interest Register** • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members to verbally advise the Chair of any conflict with any matter that is part of the agenda papers.		Verbally advise Chair Verbally advise Chair
5	**Chairman's Report**		Verbal
6	**Attendance Schedule**		Noting
7	**Presentation:** ***Taranaki Suicide – Prevention and Postvention Action Plan*** Jenny James (Portfolio Manager) and Others		Noting

8	**Minutes – CPHAC and DSAC Meeting** 8.1 Minutes of meeting held on 23 February 2016 *Resolution* *That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 23 February 2016 be received as a true and accurate record.* 8.2 Matters Arising		Resolution
9	**Management Reports** 9.1 Chief Advisor Maori Health 9.2 General Manager Planning, Funding & Population Health *Resolution* • *That the Committees receive and note the Management Report from the Chief Advisor Maori Health* • *That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health*		Resolution Resolution
10	**General Business**		
11	**Date of Next Meeting** Next meeting 29 June 2016		Noting
	Karakia **Kia Uruuru Mai** Kia uru-uru mai a hau-ora, a hau-kaha, a hau-māia ki runga, ki raro, ki roto, ki waho rire-rire hau, pai marire		

Attendance Records 2015 - 2016
TDHB Community Public Health Advisory Committee Meetings

Date	25/08/2015	27/10/2015	15/12/2015	23/02/2016	27/04/2016	29/06/2016	00/00/2016	TOTAL
CPHAC				*				
Pauline Lockett	A	A	✓	A				
Sally Webb (Not a Member)								
Alex Ballantyne	✓	✓	✓	A				
Karen Eagles	A	A	✓	A				
Flora Gilkison - Chair	✓	✓	A	✓				
Richard Handley	✓	✓	✓	A				
Te Aroha Hohaia - Deputy Chair	✓	✓	✓	✓				
Kevin Nielsen	✓	✓	✓	✓				
Alison Rumball	LOA	A	✓	✓				
Aroaro Tamati	✓	A	✓	A				
Co-Opted								
David Tamatea	✓	✓	✓	A				
Pat Leary	✓	✓	AB	✓				

***** Official committee meeting not held due to lack of quorum

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

TARANAKI DISTRICT HEALTH BOARD

COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 23 February 2016
1.00pm
Corporate Meeting Room 1
Base Hospital
New Plymouth

Present
Flora Gilkison (via telephone), Te Aroha Hohaia (arrived at 1.25pm), Kevin Nielsen, Alison Rumball, Pat Leary

In Attendance
Becky Jenkins (General Manager Planning Funding & Population Health TDHB – arrived 1.25pm), Rosemary Clements (Acting Chief Executive TDHB – arrived 1.25pm), Cressida Gates-Thompson (Communications Advisor TDHB) and Tammy Taylor (Minute Taker TDHB)

Zanta Jones (Portfolio Manager, TDHB)

894.0 Welcome
Those in attendance were welcomed. It was noted that the meeting would run slightly differently to the Agenda. This was due to the tangi for Matua Mahoe Waru being held and a number of Committee and TDHB members attending the tangi. The meeting was also moved from a 12.30pm start to 1.00pm to give those attending the tangi the opportunity to travel back for the meeting.

These Minutes reflect the order of the meeting itself rather than the specified Agenda.

895.0 Presentation: Nutrition, Physical Activity and Health Weight in Childhood

A Powerpoint Presentation was delivered by Zanta Jones, Portfolio Manager TDHB.

Points of note included:

- This year BMI is expected to overtake tobacco as the leading preventable risk to New Zealanders' health.
- NZ has the 3rd highest rate of adult obesity in the OECD and rising.

- The MOH Childhood Obesity Plan was released in October 2015 with the aim to prevent and manage obesity in children and young people.
  - 3 focus areas – *i)* targeted interventions for those that are obese; *ii)* increased support for those at risk of becoming obese; and *iii)* broad approaches to make healthier choices easier for all New Zealanders
- New health target is central to the Plan – 'By December 2017, 95% of obese children identified (BMI≥98th percentile) in the B4SC programme will be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions'.
- No additional funding earmarked for TDHB until 2018/19 for 'family-based nutrition and physical activity lifestyle interventions'.
- TDHB has a range of existing nutrition, physical activity, and healthy weight initiatives that are already contributing to the Childhood Obesity Plan:
  a) B4 School Checks
  b) Taranaki Mama Pepe Hauora Programme
  c) Green Prescription
  d) Whanau Pakari
  e) Health Promoting Schools
  f) TDHB Sugar Sweetened Beverages Working Group
  g) TDHB Healthy Food & Beverage Environments Policy
  h) Healthy Eating Physical Activity Working Group

Mrs Jenkins, Mrs Clements and Ms Hohaia joined the meeting at 1.25pm.

- Current priorities for the DHB currently are: Health Targets, Mama Pepe Hauora Programme, TDHB Healthy Food and Beverage Environments Policy.
- Future opportunities for TDHB are:
  - Extend Mama Pepe Hauora approach and settings
  - Leverage off the national review of the Active Movement resources to initiate development of a Train-the-Trainer toolkit
  - Develop intersectoral relationships to create supportive environments for desired behaviors and address underlying drivers of obesity
  - Commit to long-term investment and collaborative planning
  - Advocate for regulatory change

Mrs Jones responded to questions regarding the presentation.

896.0 General Note from Chair

Dr Gilkison advised those present that with only five Committee Members present, this did not represent a quorum (six members). Therefore, the Minutes of the previous meeting and the two Management Reports would need to be ratified at the April Meeting. The meeting could continue without reports being ratified.

897.0 Apologies

For Noting

That the apologies from Pauline Lockett, Karen Eagles, Richard Handley, Alex Ballantyne and David Tamatea (Committee Members) be received and noted.

Apologies Noted

898.0 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.

ADD:
Dr Gilkison is now the General Manager of Masterton Medical Limited

REMOVE
Dr Gilkison as Chief Executive of Orthopaedic Association

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

900.0 Chair's Report
Dr Gilkison advised that she had no specific report but was pleased with the presentation given by Mrs Jones on childhood obesity.

Dr Gilkison asked Ms Hohaia if she would like to comment on the future direction of CPHAC/DSAC. Ms Hohaia would like to:

- Go back to the TOR and the basic purpose of the Committees which is to advise the Board on health improvement outcomes (CPHAC) and disability issues (DSAC).
- Pull back on some items that should be seen as 'business as usual' and focus on strategic issues.
- See reports presented that help the Committee performs its function.
- Allow Management Reports to simply be noted and any queries to be directed to relevant staff members separately.
- Encourage staff and acknowledge those things done well.
- More engagement with those who come into the Committee's scope (including practitioners, clinicians) to hear what they are saying and being able to inform the planning cycle.

Mrs Rumball also suggested involvement from other organisations such as Positive Ageing and the Disability Action Group.

Mrs Rumball left the meeting at 2.05pm.

900.0 Minutes of Previous Meeting
For Noting
That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee receive the Minutes of the meeting held on 15 December 2015 which will be ratified at the following meeting.

The Task List was updated accordingly.

901.0 Management Reports

901.1 Māori Health Report
In the absence of the Chief Advisor of Maori Health, any comments are to be deferred until the next meeting.

901.2 Planning, Funding and Population Health Report
The General Manager of Planning, Funding and Population Health took her report as read and was happy to accept any questions.

- Dr Gilkison asked about the link between 'Lift the Lip' and Oral Health. Mrs Jenkins advised that there had been 'Lift the Lip' campaigns in Taranaki and agreed there is a link between obesity prevention and oral health.
- Mr Neilsen asked about 'Cultural Health Index Training' as mentioned in the report. Mrs Jenkins will provide a full response for the next meeting, but understood this as an index around water as a source of food and recreation..
- Dr Leary asked about IDFs and the fact that the figures are down. Mrs Jenkins responded that the DHB is very close to plan this year, whereas in the past numbers have been over plan. The reasons for under-delivery are currently being looked at and this seems to relate primarily to neonatal and cardio-thoracic. The DHB is exploring whether there is a time lag issue around these areas or a legitimate reduction in volumes.

Mrs Clements responded to a question from Dr Leary concerning the relationship between Fulford Radiology and Taranaki DHB and the referral process..

For Noting
That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee receive the Management Reports from the General Manager, Planning, Funding & Population Health and the Chief Advisor Maori Health which will be ratified at the following meeting.

902.0 General Business
Nil.

903.0 Next Meeting
The date of the next meeting is Wednesday 27 April 2016. The meeting will be held in Corporate Meeting Room 1, TDHB, unless otherwise advised.

The meeting was closed by Mrs Hohaia at 2.15pm.

_____ _____
Chair Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
54	23 February 2016	Explanation of "Cultural Health Index Training"	NEW	GMP&F	For next meeting	
~~53~~	~~15 December 2015~~	~~Instances of Legionnaires Disease in Taranaki requested.~~	~~NEW~~	~~GM P&F~~	~~For next meeting~~	~~Included in February GM P&F Report~~
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 Māori Health Plan, 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~~		~~Loaded onto Board Books.~~
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. (Total Māori Health Workforce)		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 Māori Health

DATE 18 April 2016

SUBJECT MĀORI HEALTH REPORT

RECOMMENDATION

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

1. INTRODUCTION

This report summarises Māori health community-based interests and initiatives and includes initiatives reported in the February 2016 report.

1.1 Framework for Māori Review of Research in DHB's

A research project undertaken for the Waitemata and Capital and Coast DHB's resulted in the development of a national framework to improve efficiency and effectiveness of research projects and their contribution to improving Māori health. The framework compels researchers to consider the impact of research on improving outcomes for Māori much more rigorously than has occurred in the past.

1.2 RBA Training

The Ministry of Health through the Māori Provider Development Scheme (MPDS) has funded RBA training for the Te Kawau Maro workforce. The DHB is required to coordinate the training which is scheduled to take place in May 2016.

The aim of the training is to help shift the workforce into working within a strengths-based approach to achieving outcomes and their contribution towards Māori health outcomes.

1.3 Te Kawau Maro – Mama, Matua, Pepe, Tamariki Model of Care

Participation in the project team to design and implement new models of care to address needs of Mama, Matua, Pepi, Tamariki provides opportunity to build closer relationships with the Te Kawau Maro Alliance partners Tui Ora, Ngati Ruanui and Ngaruahinerangi.

The project is about to initiate 'road map testing' of pathways that have been developed. The testing at this stage will involve each provider working with one whānaui. The delay in getting this under way has been the result of staffing changings that have occurred within the providers themselves.

The TDHB is involved in leading or as participants in other projects to improve outcomes for children, for example the Midland Health Network's Child Health

Service Level Alliance Team and the Maternity Care Wellbeing and Child Protection (MCWCP) Multi-Agency Group (MAG).

The Child Health Service Level Alliance Team, which has now been initiated, aims to support alignment and prioritisation of a range of child health projects.

1.4 Whānau Ora Developments

The MOH is leading significant changes in the Whānau Ora space which take into account the Whānau Ora Outcomes Framework agreed to by the Whānau Ora Partnership Group (WOPG) in November 2015. Chaired by the Minister for Whānau Ora, the WOPG is a Crown-Iwi advisory body responsible for strategic leadership of Whānau Ora and comprises six representatives from the National Iwi Chairs Forum and six Ministers representing the Crown – Ministers of Māori Development and Whānaui Ora, Health, Finance, Education, Social Development and Business, Innovation and Employment.

A significant shift has been signaled in that 2016/17 annual planning guidelines identify five key areas – mental health, childhood asthma, oral health, obesity and tobacco – that health sector activity will focus on to progress achievement of Whānau Ora short-term outcomes. Some of these key areas are already priorities within the Māori Health Plan and/or the Annual Plan and therefore align strongly with these expectations.

1.5 Midland Region Iwi Relationship Board (MIRB)

The Midland Iwi Relationship group consisting of representation from the Iwi Relationship Boards of the five Midland region DHBs is currently reviewing its strategic agenda. Joined recently by representation from the Waikato DHB's Iwi Māori Council, the group is now supported by Iwi representation from all Midland DHB's.

In January 2016 the MIRB agreed to incorporate the TDHB Pae Ora Framework to guide its activities. The Strategic Plan currently being developed is expected to reflect a strong Pae Ora theme.

Ngawai Henare
Chief Advisor Māori Health

TARANAKI DISTRICT HEALTH BOARD

TO Community & Public Health, Disability Support Advisory Committees

FROM Becky Jenkins, GM Planning, Funding and Population Health

MEMORANDUM

DATE April 2016

SUBJECT Planning, Funding and Population Health Report for the Period to end March 2016

RECOMMENDATION

That the Committee's

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

1.0 INTRODUCTION

This report provides the Committee with an overview on Planning, Funding and Population Health activities during the period to the end of March 2016.

2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

The Committees are asked to receive and note the report.

3.0 PLANNING UPDATES

3.1 New Zealand Health Strategy

The New Zealand Health Strategy was launched on 18 April by the Minister of Health. The Health Strategy has not been updated since 2000. The new Strategy sets a clear direction for the health system over the next 10 years and covers five strategic themes:

a) People powered
b) Closer to home
c) Value and high performance
d) One Team
e) Smart system

The new Strategy will ensure integration of health and social services, a health workforce that is well equipped and supported by strong leaders and networks, more involvement in service design by users, and a system well placed to take advantage of emerging technologies.

3.2 Fluoridation

On 12 April 2016, the Health Minister and Associate Minister of Health released a Press Release to say that DHBs rather than local authorities will decide on which community water supplies are fluoridated. A Bill is expected to be introduced to Parliament later this year. Members of the public and organisations will have an opportunity to make submissions to the Health Select Committee as it considers the Bill.

4.0 INFORMATION ITEMS

4.1 Increased Immunisation

For the period ending 31 March 2016 the locally calculated figures for immunisation were:

8 month coverage	**24 month coverage**	**5 year coverage**
93.9% total population	92.8% total population	87.3% total population
97.4% NZE	92.9% NZE	90.4% NZE
89.6% Māori	94.0% Māori	81.9% Māori
93.5% National average	93.5% National average	84.7% National average

For March 2016 there were 54 referrals for Outreach Immunisation Services (OIS), 51 children were immunised and there are 82 outstanding referrals. Over the coming months we will be focusing on reducing the number of referrals to OIS with an aim of more children being immunised in Primary Care.

The Ministry of Health's focus for Immunisation Week is targeting immunisation during pregnancy – with the theme that protecting baby begins in pregnancy. Taranaki DHB continue to develop up locally focused activites during Immunisation Week (2-8 May).

4.2 Primary Care

4.2.1 Better Help for Smokers to Quit in Primary Care – Specialist Stop Smoking Service South Taranaki

Taranaki DHB commissioned Inspiring Limited to facilitate and support capacity and capability building for specialist stop smoking – Aukati KaiPaipa (AKP) service delivered by Ngati Ruanui Healthcare sub-contractor to Te Kawau Maro Alliance. Inspiring Limited has undertaken a comprehensive analysis of all aspects for the service delivery and will be completing a full report based on the findings and include recommendations to increase the number of successful quits attempts achieved by clients.

4.2.2 Management of Primary Care Acute Demand and Primary Options

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. Taranaki DHB and MHN are working together to reduce avoidable hospital admissions by General Practices providing some of these services in the community. The ED re-direction is aimed at re-engaging people presenting to the Emergency Departments with low acuity conditions with their General Practice.

4.2.3 Pharmacy

Taranaki DHB along with all the DHBs is currently engaging with Community Pharmacy on a solution to the Pharmaceutical Margins issue.

4.3 Prime Minister's Youth Mental Health Project

Taranaki DHB and Tui Ora are working with Spotswood College and Devon Intermediate on the development of a Youth Coordinator role to run as a pilot for a two year period. The aim of the role (Youth on Track) is to provide an early intervention and prevention approach to young people who have been identified as at risk. This is an initiative that fits with the multi-agency Youth Offending Team, who are also exploring funding streams to support a second Youth Co-ordinator role that will be dealing with the higher risk young people coming through the court system.

4.4 Health of Older People

4.4.1 Consumer Reference Groups

Health of Older People

The group continues to meet monthly. The Acting Chief Executive of Taranaki DHB attended the most recent meeting in April to talk on the topic of Outpatient Transport to Waikato. An undertaking was given to survey those patients travelling to Waikato over a six week period about their experience to see if there is a need for further assistance in this area.

Two members of the Group accompanied the HOP Portfolio Manager and Associate Portfolio Manager to Palmerston North in March, to provide feedback to MOH on the National Health of Older People Strategy. They were both able to provide a valuable rural perspective on challenges facing older people, and were very appreciative of the opportunity to participate.

Disability Action Group

The group met in February with continued feedback and improvements being made to facilities including an update to the disability access map which shows accessible parking and toilets.

Disability Action Group member Lance Girling-Butcher has recently been announced as the first Super Senior Champion by Seniors Minister, Maggie Barry, for his outstanding work in advocating for Taranaki to become an age-friendly society. The Champions will be inspirational role models who embody the idea of positive ageing. They will raise awareness of our ageing population, how we can make our towns and

cities better places to be old, and advocate for the voices of seniors to be heard in their communities.

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. Taranaki DHB put in place a national contract variation with local HBSS providers for 29 February 2016 as required by the MoH. Potential risk to the DHB of a significant increase in expenditure on exceptional travel over 15km is being assessed and options for local controls will be implemented as appropriate through the NASC.

4.5 Mental Health Service Development Plan

4.5.1 Suicide Prevention and Postvention Action Plan 2015-2017

The Suicide Prevention and Postvention Coordinator role has been filled. The position starts on 2 May 2016. The Advisory Group will be reinstated later in May 2016 to provide the Governance for implementation of the Action Plan.

4.5.2 Mental Health and Addictions Service Level Alliance Team

A Mental Health and Addictions Service Level Alliance Team (SLAT) has been established. The team is currently working through what the work programme will be. Two key priority areas have been identified, improving access to services – single point of access/every door is the right door and the implementation of Equally Well.

Single Point of Access – is about ensuring the population are able to be directed to the right service, making sure people do not get lost in the system, prompt responsive services and ease of access.

Equally Well – The socio-economic consequences associated with mental illness and/or addiction can have a serious impact on the physical health of people affected. Consequences include restricted access to employment, social stigma and isolation, poverty and poor housing. However socio-economic status does not fully explain the disparities in health status or outcomes. Equally Well recognises that people who experience mental illness and/or addiction have a greater exposure to risk factors associated with physical illnesses such as tobacco smoking, poor nutrition, reduced physical activity and higher levels of alcohol use. The work will provide clarity over the roles and responsibilities for health professional for the physical health needs for those accessing MH&A services a well establishing consistent assessment, monitoring and documentation of physical health status.

We are able to engage Te Pou (national workforce development agency for MH&A) to facilitate the development of a Taranaki Equally Well Implementation Plan.

4.6 Maternal and Child Health

4.6.1 Child Health SLAT

An update was given in the last report with regard to membership of the SLAT and its functions. A meeting of the SLAT will be held in May and this will be attended by MoH staff to discuss Taranaki DHBs response to the Childhood Obesity Action Plan.

4.6.2 Breastfeeding

To date referrals for the Community Lactation Service have well exceeded expectation while Peer Support referrals are down on previous quarters. The management of these referral numbers is still being considered. Plunket provided Community Lactation Consultant Support to 26 in and around Stratford in Quarter 3. TDHB have been working closely with the MoH to develop a framework for consistent and accurate reporting of breastfeeding date.

4.7 Physical Activity and Nutrition

4.7.1 Green Prescription

In Quarter 2 Green Prescription (GRx) for Adults received 312 referrals, the GRx Adult quarterly referral target is 412, thus 76% of the quarterly target was achieved. GRx provides three to four months of support, advice, and information to referred adults, either face-to-face or over the phone, to support them to maintain the recommended guidelines for physical activity.

Of those referred for the year to date (974), 27% (259) had already been *Discharged: Independently Active* – which means they had completed the service and were able to maintain regular activity on their own. Of those *Discharged – Independently Active* 24% (62) were Māori. 20% (197) had been Discharged for other reasons (ie dropped out, unable to contact, moved away etc).

GRx Active Families is delivered via the Whanau Pakari programme, which is a one-year multi-disciplinary 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.

A total of 17 GRx Active Families referrals were received in Quarter 3; 29% of all referrals were Māori, 59% were female, and 65% aged 5 to 12 years. With respect to the new childhood obesity health target for 2016/17, Whanau Pakari recorded 3 (18%) referrals were received from Before Schools Checks (B4SC) Coordinators in Quarter 3. However the Whanau Pakari team is working hard to increase the number of referrals from South Taranaki via relationships with Public Health Nurses and Iwi.

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 February 2016. At that point, the Personal Health Inpatient case-weighted discharges (cwds), which accounts for approximately 59% of the total IDF budgeted expenditure, were 2,898 Cwds. This is 257 Cwds under the budgeted 3,155 Cwds. Year-to-date in dollar terms, this amounts to $1,221,156 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 February and March 2016.

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 Public Health Infrastructure

The Public Health Unit submitted its Draft Annual Plan 2016-17 to the Ministry of Health. This is the first year it has been required to be using Results Based Accountability (RBA) framework. The PHU plan shows clear links and integration with the DHB Annual Plan and Māori Health Plan and links to the Regional Services Plan.

5.1.2 Injury Prevention

The Tamariki Māori Falls Prevention Project is a Māori focused project that aims to prevent falls in the home environment to tamariki under five years, through one-on-one sessions to parents and caregivers. Since 2002, Tui Ora Ltd has delivered this project through the Tamariki Ora team. In February a new provider, Plunket Taranaki, commenced delivery of this long running Kidsafe Taranaki Trust project.

5.1.3 Tobacco

The WERO Taranaki New Years Resolution mini competition has reached the eight week mark. There are has been some fantastic results with two teams having all five members Smokefree. The WERO competition ends on 18 April 2016.

5.1.4 Recreational Water

During 2016 the PHU had a Māori Health intern under the WRR programme undertaking a project for the Health Protection Unit. The student participated in an environmental health project which reviewed the range of warning signs currently used by local authorities to warn people of the risk to water safety. The student travelled throughout the region visiting popular recreational water sites and determining whether signs were identifiable, and easy to understand from the general public's perspective. She concluded that the effectiveness of signs used by local authorities can be improved by tactical positioning of signs in close proximity to water entry points, using appropriate pictures and icons, incorporating Māori language into warning signs, and through standardisation of signs throughout the region. She also recommended consulting with Māori and local communities with regards to signage suitability (location, size, content).

This research will aid the Taranaki DHB in its collaborative work with local and Regional Councils at better informing the general public on recreational water matters.

Cultural Health Index

In the previous GM Planning Report, reference was made to the 'Cultural Health Index' and Committee Members asked for a definition.

What is the Cultural Health Index?

The Cultural Health Index (CHI) is a tool that Māori can use to assess and manage waterways in their area. It is an index that allows iwi/hapu to assess the cultural and biological health of a stream or catchment of their choosing. All aspects of the CHI are grounded in an iwi perspective of stream health and apply cultural values determined by the iwi/ hapu.

The CHI is made up of three linked components. Each component is assessed separately by the iwi/ hapu and then all three are combined to provide a cultural health measure. Combining the three components – status of the site, mahinga kai values and stream health – gives a comprehensive assessment of the cultural health of the river site.

- Component 1 – Site status
- Component 2 – Mahinga kai
- Component 3 – Cultural stream health

5.1.5 Alcohol Related Harm

Dr Paul Quigley from Wellington Hospital's Emergency Department spoke at a public lecture and a DHB staff lecture in New Plymouth on the 12th February. The topic of his lecture was gathering data in Emergency Departments to monitor alcohol related harm. Both lectures were well attended by a good representation of agencies and hospital clinicians.

In February, the PHU Alcohol Compliance Team participated in a joint Controlled Purchase Operation (CPO) in Stratford with Police and the District Licensing Inspector. Of the 15 premises assessed during the CPO, ID was asked for at all premises visited and resulting in no sales to minors. In this instance Stratford premises achieved a 100% compliance rate, which is a great result for the region.

5.1.6 Submissions

The PHU made one submission as outlined below:

14 April 2016: *Taranaki Regional Council* regarding the New Plymouth District Council Resource Consent Application to intermittently discharge treated municipal wastewater from the Inglewood oxidation ponds system into the Kurapete Stream.

The PHU submitted

a) That Council includes in its Contingency Plan that for any discharge to the Kurapete Stream, signs will be erected at both entrances to Everett Park and remain in place for at least 48 hours.

b) That Māori need to be specified as an affected party in all sewage spills and overflows. Below is our suggested condition: The consent holder shall notify the TDHB – PHU, local Iwi/Hapu, and other potentially affected parties in accordance with their contingency plan in order to enable any actions necessary for the protection of human health'.

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

From 1 July 2015
To 29 February 2016

Month 08

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

This report gives an over-view of the TDHB Funder financial performance for the period ending March 2016.

The overall Funder position for the nine months to March 2016 is a surplus of $13,012K against a budgeted surplus of $10,541K resulting in a positive variance of $2,471K.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$12,576K	$10,541K	$2,035K	F
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$56K	NIL	$56K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(57)K	NIL	$(57)K	U
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$439K	NIL	$439K	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(2)K	NIL	$(2)K	U
Governance			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
NIL	NIL	NIL	F

At this stage in the financial year, it is anticipated that the Funder will achieve its planned surplus of $12.8m for 2015-16.

Detailed financial analysis is attached to this report.

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

Appendix 1: Funder Financials

TO TDHB Board

FROM Becky Jenkins
General Manager Planning, Funding and Population Health

DATE 12 April 2016

SUBJECT March 2016 Funder Financial Results

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

1. Overview

This report gives an over-view of the TDHB Funder financial performance for the period ending March 2016.

The overall Funder position for the nine months to March 2016 is a surplus of $13,012K against a budgeted surplus of $10,541K resulting in a positive variance of $2,471K.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$12,576K	$10,541K	$2,035K	F
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$56K	NIL	$56K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(57)K	NIL	$(57)K	U
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$439K	NIL	$439K	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(2)K	NIL	$(2)K	U
Governance			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
NIL	NIL	NIL	F

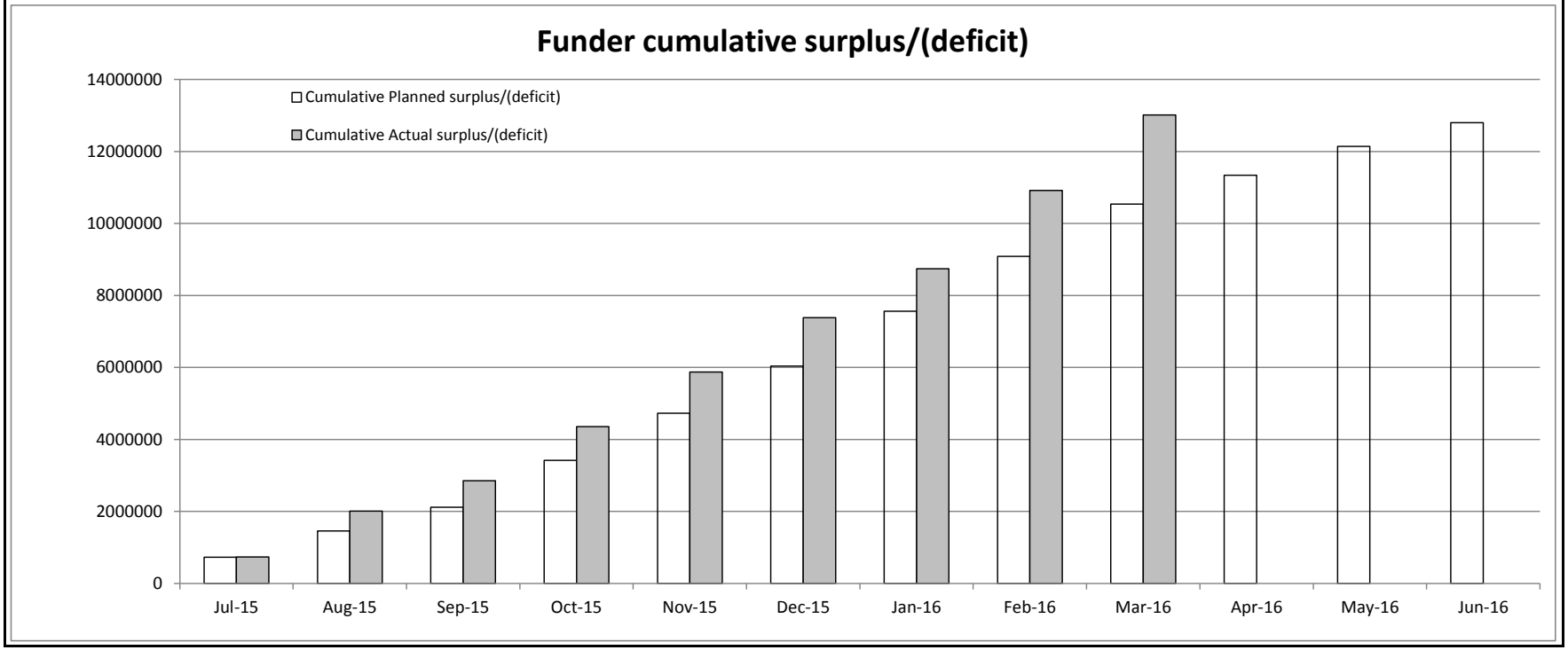
At this stage in the financial year, it is anticipated that the Funder will achieve its planned surplus of $12.8m for 2015-16.

Detailed financial analysis is attached to this report.

Becky Jenkins
General Manager – Planning, Funding & Population Health

Summary of the Funder financial performance 2015-16

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(28,161,495)	(28,014,753)	(146,744)	(252,817,615)	(252,132,765)	(684,849)	(336,177,027)
NGO Expenditure	12,628,872	13,094,207	(465,334)	115,813,566	117,847,858	(2,034,290)	157,130,477
Provider Arm Expenditure	13,440,079	13,467,891	(27,812)	123,992,142	123,744,068	248,075	166,246,550
Total Expenditure	26,068,951	26,562,098	(493,146)	239,805,708	241,591,926	(1,786,215)	323,377,027
Surplus/(Deficit)	2,092,544	1,452,654	639,890	13,011,907	10,540,843	2,471,064	(12,800,000)



Personal Health

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(21,015,344)	(20,940,032)	(75,313)	(189,152,170)	(188,460,284)	(691,886)	(251,280,382)
NGO Expenditure	8,166,761	8,466,050	(299,289)	74,624,499	76,194,450	(1,569,950)	101,592,600
Provider Arm Expenditure	10,991,333	11,021,328	(29,995)	101,951,812	101,724,992	226,820	136,887,782
Total Expenditure	19,158,094	19,487,378	(329,284)	176,576,311	177,919,442	(1,343,130)	238,480,382
Surplus/(Deficit)	1,857,251	1,452,654	404,597	12,575,859	10,540,843	2,035,016	(12,800,000)

Commentary on Variances

Revenue	Revenue received not anticipated in the budget includes funding for under 13 year olds and additional funding for palliative care services.
Expenditure	Funding for a Stratford Maternity facility remains in the 15-16 budget.
	Immunisation cost will predominately be incurred from Mar16 to Jun16.
	A provision for strategic investment has been included in the 15-16 budget which is yet to be fully utilised.
	Additional funding earmarked for palliative care services has been passed onto Hospice Taranaki.
	A provision has been made in the budget for an IDF negative washup. Current IDF expenditure levels are trending below that anticipated in the budget. In the past this has been a volitile area and will continue to be monitored regularly. The actual IDF washup for 2014-15 has been calculated at $190k less than the accued amount. This credit has been included in the 2015-16 accounts.
	Additional funding transferred to the Provider Arm includes B4SC, Maternity Quality and Safety Programme

Mental Health

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(2,603,604)	(2,603,604)	0	(23,430,935)	(23,432,435)	1,500	(31,243,246)
NGO Expenditure	989,552	956,406	33,146	8,550,347	8,607,652	(57,304)	11,476,869
Provider Arm Expenditure	1,647,198	1,647,198	0	14,824,783	14,824,783	0	19,766,377
Total Expenditure	2,636,750	2,603,604	33,146	23,375,130	23,432,435	(57,304)	31,243,246
Surplus/(Deficit)	(33,146)	0	(33,146)	55,805	1	55,804	0

Commentary on Variances

Revenue	No significant variances have been reported for the year to date.
Expenditure	Healthshare mental health audit costs are less than anticipated in the budget and are now catured as part of general audit costs within Governance. This reduction in expected costs will be utilised for additional services during the remainder of the year.

Population Health

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(101,559)	(104,209)	2,650	(984,899)	(937,880)	(47,019)	(1,250,508)
NGO Expenditure	77,448	67,750	9,698	694,017	609,748	84,269	812,998
Provider Arm Expenditure	38,642	36,459	2,183	347,775	328,132	19,643	437,510
Total Expenditure	116,089	104,209	11,881	1,041,792	937,880	103,912	1,250,508
Surplus/(Deficit)	(14,531)	0	(14,531)	(56,893)	0	(56,893)	0

Commentary on Variances

Revenue	Additional funding for Newborn Hearing Screening was not anticipated in the budget.
Expenditure	New smoking cessation contracts for 2015-16 have now been executed back dated to July15
	Additional funding for Newborn Hearing Screening has been passed on to the Provider Arm

Health of Older People

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(3,940,294)	(3,866,213)	(74,081)	(34,743,360)	(34,795,916)	52,556	(46,394,557)
NGO Expenditure	3,165,908	3,368,075	(202,166)	29,819,813	30,312,672	(492,859)	40,416,896
Provider Arm Expenditure	498,138	498,138	0	4,484,857	4,483,246	1,612	5,977,661
Total Expenditure	3,664,047	3,866,213	(202,166)	34,304,670	34,795,918	(491,247)	46,394,557
Surplus/(Deficit)	276,247	0	276,247	438,690	(1)	438,691	0

Commentary on Variances

Revenue	Funding through the CFA for Home Based Support Services which had been anticipated in the 2015-16 budget has not been received.
Expenditure	Home Based Support Service costs are trending below the levels seen in 2014-15.
	Residential Care (Rest Home) costs are trending above the levels seen in 2014-15.
	Residential Care (Hospital) costs are trending below the levels seen in 2014-15.

Maori Health

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(286,058)	(286,058)	0	(2,574,518)	(2,574,518)	0	(3,432,691)
NGO Expenditure	229,203	235,926	(6,723)	2,124,890	2,123,336	1,554	2,831,114
Provider Arm Expenditure	50,131	50,131	0	451,183	451,183	0	601,577
Total Expenditure	279,334	286,057	(6,723)	2,576,073	2,574,519	1,554	3,432,691
Surplus/(Deficit)	6,723	0	6,723	(1,554)	0	(1,554)	0

Commentary on Variances

Revenue	No variances have been reported for the year to date.
Expenditure	No significant variances have been reported for the year to date.

Governance

Mar-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(214,637)	(214,637)	0	(1,931,733)	(1,931,732)	0	(2,575,643)
Expenditure	214,637	214,637	0	1,931,732	1,931,732	0	2,575,643
Surplus/(Deficit)	0	0	0	0	0	0	0

Commentary on Variances

Revenue	No variances have been reported for the year to date.
Expenditure	No variances have been reported for the year to date.