Distribution:

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:
Chief Executive
General Manager Finance / Commercial
General Manager Planning, Funding & Population Health
Chief Operating Officer, 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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Listing on following page

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEES

ORDINARY MEETING

Wednesday 26 October 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 26 October 2016
1.00pm

Corporate Meeting Room 1
Taranaki District Health Board, New Plymouth

		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 apology from Pat Leary (Committee Member)*	
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:** *Water and Health* Dr Jonathan Jarman – Medical Officer of Health Matthew Parkinson – Drinking Water Assessor/Health Protection Officer	Noting

8	**Minutes – CPHAC and DSAC Meeting** 8.1. Minutes of Meeting held on 24 August 2016 *<u>Resolution</u>* *That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 24 August 2016 be received as a true and accurate record.* 8.2 Matters Arising	Resolution
9	**Management Reports** 9.1 General Manager Planning, Funding & Population Health *<u>Resolution</u>* • *That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health*	Resolution
10	**General Business**	
11	**Date of Next Meeting** Next meeting 14 December 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 2016 - 2017
TDHB Community Public Health Advisory Committee Meetings

Date	24/08/2016	26/10/2016	14/12/2016	00/0/0000	00/0/0000	00/0/0000	TOTAL
CPHAC							
Pauline Lockett	✓						
Sally Webb (Not a Member)							
Alex Ballantyne	A						
Karen Eagles	A						
Flora Gilkison - Chair and Deputy Chair	✓						
Richard Handley	✓						
Te Aroha Hohaia - Deputy Chair and Chair	✓						
Kevin Nielsen	✓						
Alison Rumball	✓						
Aroaro Tamati	✓						
Co-Opted							
David Tamatea	✓						
Pat Leary	A						

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent

1. Flora Gilkison - Chair / Te Aroha Hohaia - Deputy Chair

2. Te Aroha Hohaia - Chair / Flora Gilkison - Deputy Chair

COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Wednesday 24 August 2016
1.00pm
Corporate Meeting Room 1
Base Hospital
New Plymouth

Present
Te Aroha Hohaia (Chair), Flora Gilkison, Richard Handley, Pauline Lockett, Kevin Nielsen, Alison Rumball, David Tamatea, Aroaro Tamati, Rosemary Clements, Becky Jenkins, Ngawai Henare, Matua Ramon Tito

In Attendance
Dr Nicola Nelson, Dr Jonathan Jarman

924.0 Welcome
Ms Hohaia welcomed everyone to the meeting and Matua Ramon Tito opened the meeting with a karakia.

925.0 Apologies
Resolution
That the apologies from Alex Ballantyne, and Karen Eagles (Committee Members) be received and noted.

Handley/Nielsen
Carried

926.0 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.

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

928.0 Chair's Report
No report from the Chair.

929.0 Presentation: *Child Poverty and the UNICEF Child Friendly City Initiative*
Dr Nicola Nelson and Dr Jonathan Jarman

Dr Nicola Nelson (Paediatrician) spoke to a presentation entitled *Poverty in Paradise.*

Points of note from the presentation include:

- Child poverty – children born into families with insufficient income or material resources to enable them to thrive.
- In Taranaki it is estimated that 6000 children live in poverty
- 4,680 children live in Taranaki communities with high deprivation scores (NZDep 9 & 10)
    - 1692 in Waitara; 1371 in New Plymouth; 1617 in the six southern communities
- Not only are children suffering from poverty but many are suffering because of parental addictions (drugs, alcohol and gambling), domestic violence and parental mental illness. In addition:
    - **Intergenerational effects** – unemployment, DV, loss of self-esteem and aspirations
    - **Transiency**- impact on schooling and social isolation
- Early intervention is vital and in the long term more cost effective
- Local Council's have a key role to play in creating a healthy environment that supports children's development and enables them to thrive.
- A child centred approach with children being part of the solution and not the problem is required.
- UNICEF has taken this idea and created the 'Child Friendly Cities Initiative' which provides a framework to guide communities.
- This initiative embeds the key principles of the United Nations Convention of the rights of the child into local government.
- The key principles of the Convention are:
    - Non discrimination
    - Having the best interests of the child at heart
    - Every child has the right to life and to develop to their potential
    - Listening to and respecting children
- Whangarei is the first city in New Zealand to register to work towards becoming a Child Friendly City. Wellington, Christchurch, Hutt City and the Waitemata are also working towards this goal.
- Dr Nelson is hoping that this Committee will give their support to the concept of New Plymouth becoming a Child Friendly City so that approaches can be made to relevant agencies to partner with the DHB.

Dr Jonathan Jarman (Medical Officer of Health) spoke to a presentation entitled *Going Upstream, the Social Determinants of Health, and the "Child Friendly Cities" Initiative.*

Points of note from the presentation include:

- Healthcare is very much like a New Zealand river
    - Most of the health resources are spent at the end of the river when it discharges into the sea
    - The river, when it started was clean and pristine – how much of health resources are directed to the drivers of poor health, before the river is damaged?
- Clinical care contributes to only 20% of mortality and morbidity rates – therefore there is a lot more outside of the DHB and primary care that relates to people's health.
- The bias of a 'downstream focus' – The intervention focus too often becomes about changing the behaviours of individuals at risk of disease. Interventions with such a downstream focus are much more likely to increase inequity.
- Social Determinants of Health – factors that influence the health of individuals and populations: a good start, a good future, good care, good support.
- Also important to look at Colonisation, Self-Determination, Cultural Continuity, Wai Ora / Mauri Ora / Whanau Ora.
- Dr Jarman went to Whangarei to see a 'Child Friendly City' – this is defined as being actively engaged in ensuring every young citizen can:
    - Move safely around the city
    - Meet friends and play
    - Have green spaces for plants and animals
    - Live in unpolluted environment
    - Participate in cultural and social events
    - Have a voice in civic matters
    - Be an equal citizen of their city with access to services, regardless of ethnic origin, religion, income, gender or level of ability
- Child centred policy design is about applying a children's lens onto policy.
- Whangarei have an enthusiastic Steering Group including representatives from primary care, District Councils, DHB, Plunket, MSD and PHOs.
- Dr Jarman spoke of the strengths, weaknesses, opportunities and threats of the Child Friendly Cities Initiative.
- What is the aim of Child Friendly Cities? Giving every child in New Zealand the best possible chance to reach their potential.

Ms Hohaia asked for any questions.

- Mr Nielsen if there was any evidence of improvement in the health status of children in countries that have already undertaken this initiative. Dr Nelson responded that more research was needed in this area but general feedback received was very positive. UNICEF New Zealand is currently looking at the accreditation process to make it more applicable to New Zealand, particularly around the Treaty of Waitangi.
- UNICEF New Zealand is looking at other major organisations to partner with for this initiative. In Taranaki there has been interest from the TSB Community Trust to be involved as well as New Plymouth InjurySafe.
- Mr Handley referred to change in the Social Sector Trial. There may be learnings from the Social Sector Trial that can be examined when looking at the Child Friendly City Initiative.
- Dr Nelson stressed the importance of relationships and being able to work with many different organisations that all have different agendas. Taranaki is

a small community, and does have positive interagency relationships as well as a strong body of people interested in this initiative and improving child health.

- Mrs Lockett asked what the Committee was being asked to do to get to the next stage of this initiative.
    - Dr Nelson responded that this point support was being sought for the actual concept, to enable approaches to be made to other partners to test levels of commitment
    - Discussion followed concerning the Aged Friendly Community initiative and a previous presentation made to the Committee. If the wording was amended to "Age" Friendly Communities – this could incorporate the Child Friendly City?
- Mrs Jenkins commented on the name "Child Friendly City" and the discussion being around New Plymouth – is this to be Taranaki wide?
    - The framework that UNICEF has is around "City" but this could be adapted and should be used as a starting point but could be used in South and North Taranaki
- Mrs Clements suggested that the initiative be discussed for the whole of Taranaki as the Board would want to approve a way forward for the whole of Taranaki rather than just North.

***Motion* moved to present to the Board:**

Support for the concept of "Age Friendly Communities" across Taranaki, of which the Child Friendly City Initiative would be a part of.

Hohaia/Rumball
Carried

It was requested that both presentations be available on Board Books for Committee members and it was suggested they be available for the next joint Board/TWPK Meeting.

930.0 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 29 June 2016 as a true and accurate record.

Gilkison/Tamatea
Carried

The Task List was updated accordingly.

931.0 Management Reports

931.1 Planning, Funding and Population Health Report

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

- Mrs Jenkins drew attention to the System Level Measures section of her report and the discussion held at the joint Board/TWPK meeting earlier in the day. An Action Plan is currently being worked on around the four key measures.
- Mrs Lockett acknowledged the achievement of 91.8% for Cardio Vascular Risk Assessments and asked about the follow up process in relation to those assessments.
    - Mrs Jenkins to follow up on this and will respond at the next meeting
- In terms of Before School Checks – there is reference to dedicated resource being required to increase the uptake to meet timeframes. Mrs Lockett asked for clarification around this.
    - Mrs Jenkins responded that this was short term only and a Business Case is under way.
- Mr Handley asked for an update on the Integration Project and Mrs Jenkins advised that a second workshop had been held and everything was moving according to plan. A new model of care for services being closer to home is being worked and the Steering Group is looking at governance, IT and operationalising the model.
- Mrs Rumball noted that the Transport Survey had been undertaken for Transport to Waikato. Results are starting to come in and these will be made available to the Committee as soon as they are collated.

Resolution
That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health

Lockett/Rumball
Carried

931.2 Māori Health Report Quarterly Report
This report was discussed previously at the joint Board/TWPK Meeting.

Resolution
That the Committees receive and note the Quarterly Report from the Chief Advisor Maori Health.

Lockett/Rumball
Carried

932.0 General Business

- Ms Hohaia mentioned the current issues in the Hawkes Bay around the drinking water supply and asked what sort of alert this had put Taranaki DHB on.
    - Mrs Jenkins replied that one of our Drinking Water Assessors was in Hawkes Bay assisting the relevant agencies
    - It was agreed that Drinking Water would be put on the Agenda for the next Committee Meeting and the Drinking Water Assessor could talk of his experiences in the Hawkes Bay, as well as getting a local Council perspective in terms of their communicating any alerts to the community, and the DHBs Emergency Response Team

933.0 Next Meeting

The date of the next meeting is Wednesday 26 October 2016. The meeting will be held in Corporate Meeting Room 1, TDHB, unless otherwise advised.

The meeting was closed by Matua Ramon Tito at 2pm.

_____ _____

Chair Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~63~~	~~24 August 2016~~	~~Schedule Drinking Water as theme for next CPHAC/DSAC~~	~~NEW~~	~~GMPF&PH~~	~~Next Meeting~~	~~Scheduled for October Meeting~~
62	24 August 2016	Confirm follow up process for Cardiovascular Risk Assessments, once assessment has been done, as per query from Mrs Lockett.	NEW	GMPF&PH	By next meeting	
~~61~~	~~24 August 2016~~	~~Load presentations from Dr Jarman and Dr Nelson (Child Friendly City) onto Board Books~~	~~NEW~~	~~GMPF&PH~~	~~By next meeting~~	
~~60~~	~~29 June 2016~~	~~Before Schools Checks:~~ ~~Advise of any change to service that may have stopped communication with an ECE for last three years (as discussed by Aroaro Tamati)~~	~~NEW~~	~~GMPF&PH~~	~~For next meeting~~	~~This was followed by with the B4SC Coordinator and PHN and the issue has been rectified. Other ECEs are currently being worked through to ensure processes are in place.~~
~~33~~	~~24 February 2015~~	~~Discuss contract requirements of NGOs and possible reporting framework.~~		~~Chair & CE~~		~~Pending~~

TARANAKI DISTRICT HEALTH BOARD

TO Community & Public Health, Disability Support Advisory Committees

FROM Becky Jenkins, GM Planning, Funding and Population Health

MEMORANDUM

DATE October 2016

SUBJECT Planning, Funding and Population Health Report for the Period to end September 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 September 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 Annual Plans 2016/17

Both the Taranaki District Annual Plan 2016/17 and the Public Health Unit Annual Plan have been approved.

4.0 INFORMATION ITEMS

4.1 Increased Immunisation

For the month ending 30 September 2016 the statistics for Taranaki uptake of immunisation for the month are as follows:

8 month coverage	24 month coverage	5 year coverage
Māori 90%	Māori 95%	Māori 87%
Total 92%	Total 92%	Total 90%

24 month coverage for Maori children reached target in September, however the rates for 8 month and 5 years were less than year end June 2016.

For July to September there there were 132 referrals for Outreach Immunisation Services (OIS) and 113 children were immunised. The numbers of outstanding referrals at the end of the period decreased from 78 to 61.

We will be working more closely with the Maori Womens Welfare League (MWWL) to increase the uptake of a range of scheduled milestones for various communities. The MWWL has a new integrated contracted which pulls together the previous agencies (MOH, MOE, MSD) expectations into one agreement.

4.2 Primary Care

4.2.1 System Level Measures Framework

The System Level Measures Framework reflects the vision of the priorities of the updated New Zealand Health Strategy. The System Level Measures Framework is system level performance measurements of the whole health system as envisioned in the Strategy.

The System Level Measures from July 2016 are:

a) Ambulatory Sensitive Hospitalisations (ASH) rates for zero to four year-olds
b) Acute hospital bed days per capita
c) Patient experience of care
d) Amenable mortality rates under 75 years

In 2016/17 measures will be developed in the areas of:

a) Youth access to and utilisation of youth-appropriate health services
b) Proportion of babies who live in a smokefree household at six weeks post birth

Taranaki DHB is jointly developing the plan for 2016-2017 with Pinnacle Midlands Health Network (PMHN) and the Midland DHB's that contract with PMHN. We have agreed the contributory measures regionally and are in the process of agreeing milestones at a local level.

4.2.2 Taranaki Community Health Services integration Project

Taranaki DHB and Pinnacle-Midlands Health Network (PMHN) worked with the DHB Public Health Unit Equity team and facilitated a Health Equity Assessment over the developing proposed model of care to be included in the business case. It has been agreed that a health equity lens must be applied to inform the development of the model to be assured the model will reduce health inequalities and avoid any unintended increase in the current health inequalities between Māori and other ethnicities. The group who assessed the developing model of care included Māori health consumers, rural health consumers and older peoples health consumers as

well as health practitioners and managers. The outcomes of the assessment were fed into the work being undertaken by the various work streams involved in the project.

4.2.3 Pharmacy

Taranaki DHB is working with the Pharmacy team at DHBSS and all other DHB's to develop a new model of care to be included in the 2017-2018 Community Pharmacy Services Agreement (CPSA). Currently the work done at the nationwide stakeholders workshops late last year is being socialised. A document outlining the recommendations from the stakeholder meetings will be sent to all Pharmacies and other stakeholders later this month. Once a model of care is agreed Taranaki DHB will meet with Community Pharmacists to discuss the proposal.

4.3 Prime Minister's Youth Mental Health Project

The Youth Mental Health Project is intended to promote the mental health and wellbeing of young people with or at risk of developing mild to moderate mental health issues. The project consists of 26 initiatives across the Ministries of Health, Education, Social Development and Te Puni Kokiri.

SuPERU was engaged to conduct an evaluation on the project and a paper (including and outcomes framework) is currently with Cabinet for review. SuPERU's purpose is to increase the use of evidence by people across the social sector to make better decisions about funding, policies and services.

The initiatives for Health include:

- School Based Health Services and the implementation of the Quality Improvement Framework within schools
- HEEADSSS Wellness Check in schools. We are looking to expand the service to support a broader number of schools and the young people on their at risk registers
- Primary Mental Health, Primary Care Responsiveness to Youth, CAMHS and AOD Follow-ups and CAMHS & Youth AOD – further work in these areas are part of the MH&A Service Level Alliance Team.

4.4 Health of Older People

4.4.1 Consumer Reference Groups

<u>Health of Older People</u>

The Consumer Group contributed towards the DHB's feedback on the Draft NZ Health of Older People Strategy. Specific issues of concern were older people's mental health, addressing social isolation, access to services in rural areas, GP coverage (in rural areas and out of hours particularly) and the value of the Age Friendly Communities initiative.

Transport to Waikato surveys were distributed and have since been returned. A total of 223 surveys were sent with a response rate of 37%. The data has been collated and is currently under analysis to better understand trends and, where possible, develop recommendations.

Disability Action Group
The group was recently approached by the CNS – Infection Prevention and Control to obtain input on developing a policy relating to animals with TDHB facilities. A focus group has been set up with interested members for further contribution to progress this policy.

Rural Advisory Group
The group has been approached by the Public Health Unit to act as a reference group for a VTEC (verotoxigenic E Coli) project. VTEC is a toxin producing bacteria carried in the intestines of cattle and other animals, which is affecting the health of young children particularly in South Taranaki. The disease is highly infectious and can cause life-threatening complications in a proportion of cases. The group will continue to provide support on how best to inform the rural community, create awareness of this disease and ways to prevent contracting the illness.

4.4.2 Home Based Support Services (HBSS) – Regularisation of Workforce Pilot

MoH, DHBs, Unions and HBSS Provider representatives have established a national working group to transition the majority of the HBSS Workforce to a regularised environment, as part of the national In-between Travel (IBT) Settlement Agreement. This includes providing a percentage of the HBSS workforce with guaranteed hours and embedded training at levels commensurate with the needs of populations across the country. Wages will be linked to required levels of qualifications and a casemix/caseload mechanism is to be developed to ensure fair and safe allocation of clients to home care workers at a safe staffing level.

The IBT Settlement Agreement commits all parties (including DHBs) to transition the majority of the workforce to a regularised environment.

To test how best to transition, two national pilots are planned. Taranaki is one of two DHBs participating in a 'virtual pilot' that is currently collecting data on visit cancellations. This data is intended to provide information on the potential impact of short notice cancellations in a future regularised environment. This information will be used to inform a Ministry of Health budget bid later in the financial year for funding to support the implementation of regularisation.

4.4.3 Home Based Support Services (HBSS) – Enhanced HBSS Pilot Project

TDHB are currently trialling an Enhanced HBSS service which provides intensive home support packages for older people to allow them the option of returning home following a hospital discharge (when the only other alternative is permanent residential care entry). The home support packages (delivered by a contracted HBSS provider) are initially very high (higher than the current weekly funding cap in place for HBSS). The older person receiving the service is re-assessed weekly and the package is tapered down as they become more independent. Support is provided using a restorative model (enabling people to do things for themselves rather than doing things for them) and the person is visited at home by an Occupational Therapist. One person has completed the six week pilot and feedback has been excellent. A second person is currently using the service and will be reviewed over coming weeks. The plan is to pilot the service with 5 clients, after which it will be evaluated to determine whether it should be continued.

4.5 Mental Health Service Development Plan

4.5.1 Suicide Prevention and Postvention Action Plan 2015-2017

The Postvention Pathway Working Group is established and the agency responsibilities and necessary documentation are currently being finalised.

The implementation of the Plan is being branded. It is currently with the graphic designer and a by line/tag line is still being worked on and seeking sector feedback.

The theme for Mental Health Awareness Week this year is Connect With Nature, there is a range of events planned throughout the week of the 10th – 15th October.

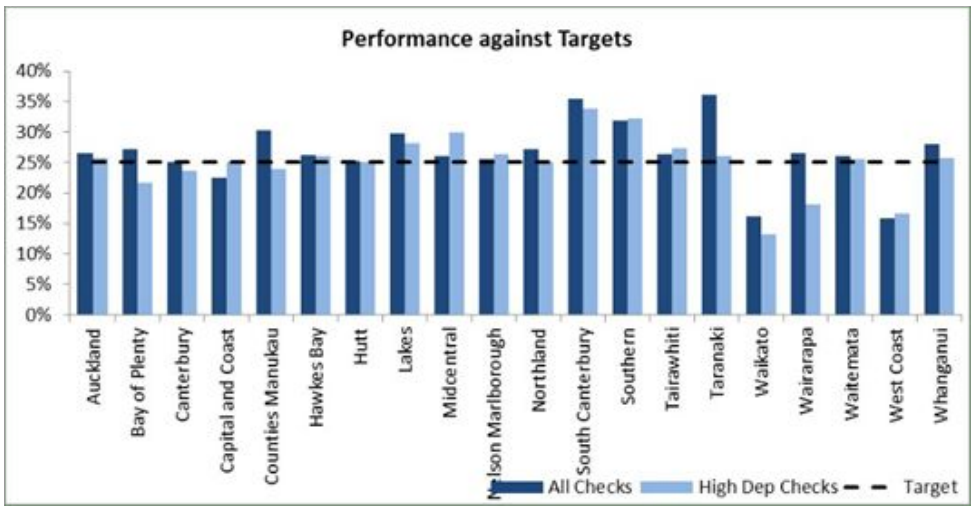
4.6 Maternal and Child Health

4.6.1 B4 School Checks

For the quarter ending 30 September Taranaki had completed 36% of the checks, the target was 25% and the national average was 26%. For high deprivation population Taranaki completed 26% of the checks, the target was 25% and the national average was 24%. The decline rate is 2% which is the same as the national average.

We are continuing work through the resource requirements for a one-off catch up programme to shift the backlog of children to ensure checks are started earlier. Taranaki has 51% of children with completed checks within the MOH guidelines compared to 86% for the national average.

Taranaki's failed hearing rates are significantly higher than the national average at 17% compared to national average of 6%. There are a number of systemic issues that are being looked at to understand why this could be the case.



4.6.2 Child Health SLAT

The Child Health SLAT, at its August meeting, agreed that the SLAT was now complete. The group identified that they would like to re-form to continue to work on and provide oversight to a number of continuing and new child health priorities in light

of the current context. The group is yet to determine what this might look like but the priorities include oversight and monitoring of the WCTO Quality Improvement Plan (including increased enrolment, immunisation, NCHIP etc), the new Child Obesity Health Target, and other opportunities to link more strongly and create greater efficiencies with the Maternity Quality and Safety Plan, Immunisation Steering Group and the likes.

4.6.3 Breastfeeding

The MoH are yet to provide the combined January to June 2016 breastfeeding data, which we expected to receive at the end of August. However, following a visit by the MoH we now understand that it is even more important that the Well Child Tamariki Ora Core 1 check is completed prior to 6 weeks, as if it is completed late the breastfeeding result is not counted in the data which supports the intention of the WCTO Quality Improvement work we are currently undertaking.

By the end of 2015/16 the Mama Pepe Hauora Programme had trained 13 new Breastfeeding Peer Support Counsellors, received 29 Peer Support Counsellor and 149 Community Lactation Consultant referrals, and delivered 14 group breastfeeding education workshops. All three providers are up to date with their annual BFCI education.

The Community Lactation Consultant referrals remained well above the anticipated target while Peer Support referrals remained low, the management of these referral numbers is still being considered in the 2016/17 MPH Service Plan and a new triage process will be implemented in 2016/17. The Community Lactation support for Stratford has been embedded into the Mama Pepe Hauora contract for 2016/17.

4.7 Living Within Our Means

4.7.1 Inter-District Flows (IDFs)

The most recent data we have available for this new financial year is for the period of July and August 2016.

Case weighted Outflows for the period ending August 2016, there were 720 cwds delivered through IDF outflows. This is 84 cwds under the budgeted 805 cwds.

We are currently 77 cwds less than the volume delivered at the same time last year. This infers that we have seen an actual reduction in volume and that this is not just a underspend compared to budget and that TDHB has had some success in holding growth for inpatient services that are sent out of district.

5.0 PUBLIC HEALTH UNIT

5.1 Annual Plan 2016-17

The 2016-2017 Annual Plan has been approved by the Ministry of Health. The following information demonstrates adherence to the Annual Plan.

At this stage of the year the 2016-17 Plan is largely on track with the notable highlights and exceptions identified below.

5.1.1 Building Healthy Public Policy

The Health Equity Team of the Public Health Unit carried out a Health Equity Assessment Tool (HEAT Tool) for the Taranaki Community Health Services Integration Project proposed Integrated Model of Care. The potential impact on health inequalities was assessed and opportunities were identified for the proposed model to improve health equity.

The Health Equity Team facilitated a workshop to apply the HEAT Tool to the proposed model. Workshops participants included TDHB, Pinnacle-Midland Health Network and service users that represented a voice for Māori, older people and those living in rural Taranaki.

A report was provided to the project team summarising key findings from the workshop. The overarching finding from the workshop was that there was strong support from participants for re-orientating health services to be more patient-centric and overall, participants assessed that the proposed model had the potential to positively impact on reducing health inequalities.

5.1.2 Injury Prevention

Stratford District Council has been accredited as a Pan Pacific Safe Community with Taranaki DHB as a signatory partner.

5.1.3 Communicable Disease

Health Protection Officers investigated a cluster of cryptosporidium cases - a total of 20 cases were reported during the month of September. All of the cases had contact with animals, mostly calves, during their incubation period. Health advice was provided to each of the cases during the interviews. The notified cases are being monitored on a regular basis, looking for disease trends and other possible exposures.

The VTEC team have presented their intentions to the DHB Rural Health Advisory Group and they have agreed to be the reference group for this project. The VTEC team are now on the monthly agenda to give them updates and seek support. The team have put together a PowerPoint presentation with a focus on educating local farming groups as well as seeking feedback or a peer review of current resources. The article on VTEC published in the NZ Public Health Surveillance Report, there was widespread news media interest in the article.

5.1.4 Alcohol

During September, opposition letters were sent to the District Licensing Agency about two supermarkets that did not comply with the ‘single sale of alcohol area’ in the Act. As a result of working closely with each of the Licensees, they both made the necessary changes and now comply with the Single Sale of Alcohol in the Act. This was a very positive outcome for both the Public Health Unit and the Licensees as it meant that it did not have to go to a hearing.

5.1.5 Environmental Health – Emergency Management

Following a national request for assistance with the Hawkes Bay (Havelock North) water supply contamination event during late August, a Water Assessor/Health Protection Officer from the PHU was seconded by the MoH to provide drinking-water and management advice to the Hawkes Bay DHB. This secondment was for a two week period and assisted in the rectification of the Havelock North drinking-water supply locally.

5.1.6 Submissions

One submission was made during this period:

South Taranaki District Council – Gambling Venues and Board Agency Venues Policy

The PHU submitted to this policy in support of the policy's proposed reduction in the maximum number of machines from 140 to 120. The PHU asked for a Sinking Lid Policy to be introduced alongside this, whereby when licences are surrendered for gaming machines and gaming machine venues, they are not reallocated. The PHU supported the proposed policy's ban on new standalone Board Agency Venues.

Taranaki Public Health Unit
2016/17 Annual Plan Monthly Progress Report

From 1 July 2016
To 30 June 2017

Month 03

1	Public Health Infrastructure	Amber
2	Health Education Resources and Information	Amber
3	Building Healthy Public Policy	
4	Social Environments	Amber
5	Healthy Eating and Physical Activity (including breastfeeding)	Amber
6	Injury Prevention	Amber
7	Alcohol	Amber
8	Tobacco	Amber
9	Communicable Disease	Amber
10	Psychoactive Substances	Amber
11	Environmental Health	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 September 2016.

The overall funder position for the three months to September 2016 is a surplus of $2,885K against a budgeted surplus of $2,228K resulting in a positive variance of $657K.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$2,174K	$2,228K	$(54)K	U
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$20K	NIL	$20K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(41)K	NIL	$(41)k	U
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$764K	NIL	$764K	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(31)K	NIL	$(31)k	U
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 an achievable target. Detailed financial analysis is attached to this report.

8.0 ACTION REQUIRED

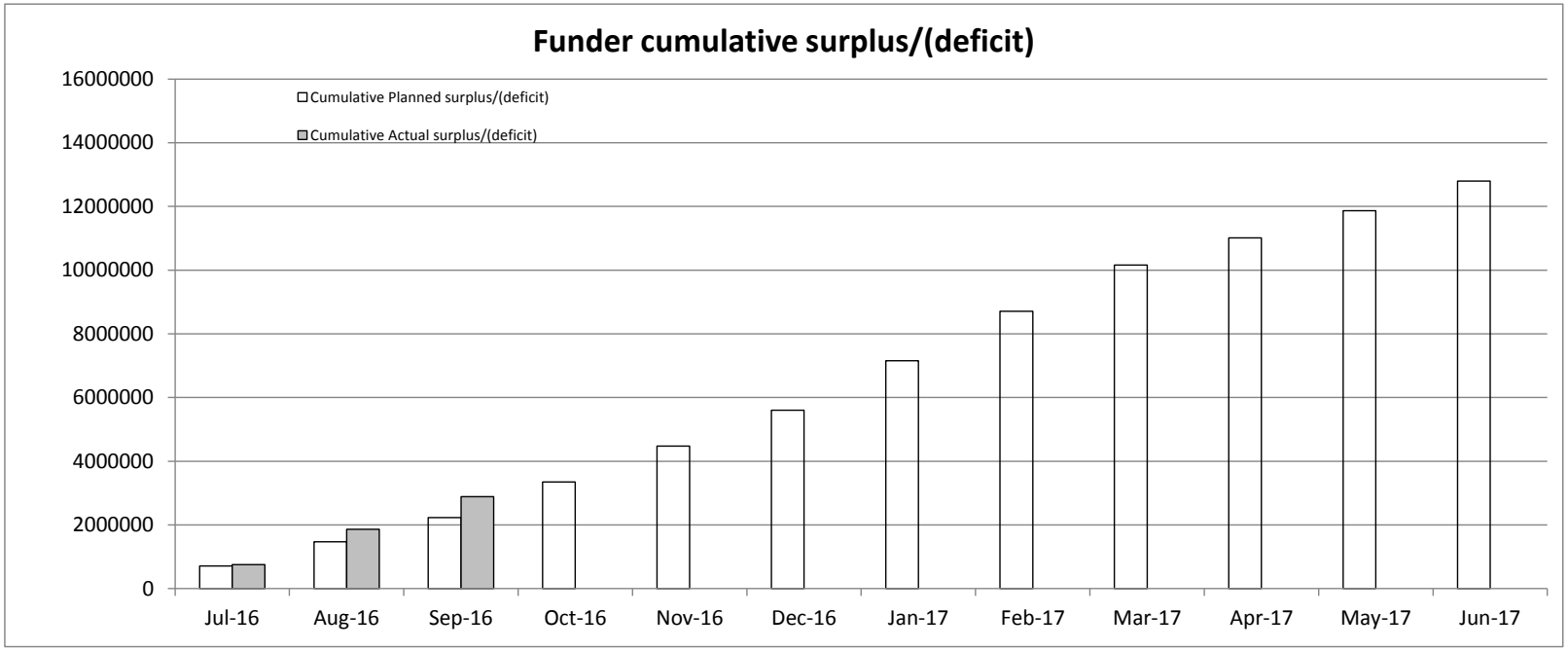
That the Committee's

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

Becky Jenkins
General Manager – Planning, Funding & Population Health

Summary of the Funder financial performance 2016-17

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(29,012,201)	(28,907,844)	(104,358)	(86,921,950)	(86,723,531)	(198,421)	(346,894,116)
NGO Expenditure	13,987,031	13,443,092	543,938	39,764,634	40,379,277	(614,642)	162,148,638
Provider Arm Expenditure	14,754,518	14,119,246	49,260	44,271,952	44,115,774	156,178	171,945,478
Total Expenditure	28,741,549	27,562,338	593,198	84,036,586	84,495,051	(458,464)	334,094,116
Surplus/(Deficit)	270,652	759,493	(488,840)	2,885,362	2,228,479	656,883	(12,800,000)



Personal Health

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(21,768,694)	(21,710,912)	(57,783)	(65,354,142)	(65,132,736)	(221,407)	(260,530,942)
NGO Expenditure	9,580,125	8,660,400	919,725	26,150,868	26,031,200	119,668	104,756,333
Provider Arm Expenditure	12,340,279	12,291,019	49,260	37,029,235	36,873,057	156,178	142,974,609
Total Expenditure	21,920,404	20,951,419	968,985	63,180,103	62,904,257	275,846	247,730,942
Surplus/(Deficit)	(151,709)	759,493	(911,202)	2,174,039	2,228,479	(54,440)	(12,800,000)

Commentary on Variances

Revenue	Revenue received in excess of plan is largely due to timing differences.
Expenditure	Community Pharmaceutical costs are trending below the budgeted level.
	A provision for Change Management costs has been included for the period to Sep16.
	Inter-District Flow costs are trending below budget.
	Payments related to provider arm costs for PCTs and community lab tests are based on actual claims.

Mental Health

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(2,604,274)	(2,604,274)	0	(7,812,821)	(7,812,821)	(1)	(31,251,283)
NGO Expenditure	973,886	951,578	22,308	2,834,666	2,854,735	(20,068)	11,418,938
Provider Arm Expenditure	1,652,695	1,652,695	0	4,958,086	4,958,086	0	19,832,345
Total Expenditure	2,626,582	2,604,273	22,308	7,792,752	7,812,821	(20,068)	31,251,283
Surplus/(Deficit)	(22,308)	0	(22,308)	20,069	0	20,069	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.

Population Health

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(154,533)	(102,685)	(51,848)	(287,757)	(308,054)	20,297	(1,232,214)
NGO Expenditure	135,168	66,795	68,373	221,015	200,385	20,630	801,538
Provider Arm Expenditure	35,890	35,890	0	107,669	107,669	0	430,676
Total Expenditure	171,058	102,685	68,373	328,684	308,054	20,630	1,232,214
Surplus/(Deficit)	(16,525)	0	(16,525)	(40,927)	0	(40,927)	0

Commentary on Variances

Revenue	Revenue related to the MoH contract for Mama & Pepe Hauora programme has been accrued for the period to Sep16.
Expenditure	No significant variances have been reported for the year to date.

Health of Older People

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(3,982,916)	(3,988,189)	5,273	(11,961,878)	(11,964,568)	2,690	(47,858,272)
NGO Expenditure	3,051,982	3,527,992	(476,010)	9,817,711	10,583,976	(766,265)	42,335,903
Provider Arm Expenditure	460,197	460,197	0	1,380,592	1,380,592	0	5,522,369
Total Expenditure	3,512,180	3,988,189	(476,010)	11,198,303	11,964,568	(766,265)	47,858,272
Surplus/(Deficit)	470,737	0	470,737	763,574	0	763,574	0

Commentary on Variances

Revenue	No significant variances have been reported for the year to date.
Expenditure	Home Based Support Service costs are trending below the budgeted level.
	Residential Care (Rest Home) costs are trending below the budgeted level.
	Residential Care (Hospital) costs are trending below the budgeted level.

Maori Health

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(286,439)	(286,439)	0	(859,316)	(859,316)	0	(3,437,263)
NGO Expenditure	245,869	236,327	9,542	740,374	708,981	31,393	2,835,926
Provider Arm Expenditure	50,111	50,111	0	150,334	150,334	0	601,337
Total Expenditure	295,981	286,438	9,542	890,708	859,315	31,393	3,437,263
Surplus/(Deficit)	(9,542)	0	(9,542)	(31,393)	0	(31,393)	0

Commentary on Variances

Revenue	No variances have been reported for the year to date.
Expenditure	Costs include TKM mid contract review which was not anticipated in the budget.

Governance

Sep-16	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(215,345)	(215,345)	0	(646,036)	(646,036)	0	(2,584,142)
Expenditure	215,345	215,345	0	646,036	646,036	0	2,584,142
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.