Distribution:

Board Members:
P Lockett
N Volzke
A Brown
R Bruce
H Duynhoven
B Gibson – Deputy Chair
R Handley
T A Hohaia - Chair
D Lean
K Nielsen
A Tamati

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

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

Agenda available on Taranaki DHB website (www.tdhb.org.nz)

TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEE

ORDINARY MEETING

Wednesday 24 May 2017
1.00pm

MWH – Boardroom
Tui Ora Limited
Maratahu Street
New Plymouth

COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA
Wednesday 24 May 2017
1.00pm

MWH Boardroom, Tui Ora Limited
Maratahu Street, 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 the apologies from Pauline Lockett (Committee Member) and Rosemary Clements.*	
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	**Terms of Reference** *Resolution* *That the Community & Public Health Advisory Committee/Disability Support Advisory Committee:* • *Notes the revised Terms of Reference for CPHAC/DSAC* • *Endorses the revised Terms of Reference for CPHAC/DSAC and recommends to Taranaki District Health Board for adoption*	Resolution

8	**Presentation: Māori Health** Presenter: Ngawai Henare, Chief Advisor Māori Health Including: Overview of Māori Health Sector, Pae Ora Framework and Proposed Focus Areas	Noting
9	**Minutes – CPHAC and DSAC Meeting** 9.1. Minutes of Meeting held on 29 March 2017 *Resolution* *That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 29 March 2017 be received as a true and accurate record.* 9.2 Matters Arising	Resolution
10	**Management Reports** 10.1 General Manager – Planning, Funding & Population Health *Resolution* • *That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health*	Resolution
11	**General Business**	
12	**Date of Next Meeting** Next meeting 26 July 2017	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	29/03/2017	24/05/2017	26/07/2017	TOTAL
CPHAC						
Pauline Lockett	✓	A	✓			
Alison Brown			✓			
Rose Bruce			✓			
Harry Duynhoven			✓			
Bev Gibson			✓			
Richard Handley	✓	✓	✓			
Te Aroha Hohaia - Chair	✓	✓	✓			
David Lean			✓			
Kevin Nielsen	✓	A	✓			
Aroaro Tamati	✓	✓	✓			
Neil Volzke			✓			
Alex Ballantyne	A	A				**0/2**
Karen Eagles	A	✓				**1/2**
Flora Gilkison - Chair and Deputy Chair	✓	✓				**2/2**
Alison Rumball	✓	A				**1/2**
Sally Webb (Not a Member)						
Co-Opted						
David Tamatea	✓	A				
Pat Leary	A	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 AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)
DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC)
TERMS OF REFERENCE
(Established Under Section 36) Revised and Updated May 2017

Title of Policy Manual:	Members' Manual
Date Issued:	December 2013
Date Revised:	May 2017 **DRAFT**
Responsibility:	Chief Executive
Authorised By:	Board
Version:	6
Page:	1 of 5

Purpose

The requirement for a DHB to have a Community and Public Health Advisory Committee (CPHAC) and a Disability Support Advisory Committee (DSAC) is prescribed by sections 34 and 35 respectively of the New Zealand Public Health and Disability Act 2000 (the Act). Both committees must provide for Māori representation, and their respective purposes are:

(a) To advise on health improvement measures; and

(b) To advise on disability issues.

Functions

With the refresh of the New Zealand Strategy in 2016 and the Taranaki DHB's growing commitment to taking a strategic and integrated approach to health as espoused in the Taranaki Action Health Plan, CPHAC/DSAC advising the Board will be done by:

(a) Understanding the health needs and disability issues of the district's resident population and what is important to them;

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(b) Evaluating the role, capacity and capability of primary care, community-based services, disability support, and public health initiatives and their support to empower whānau and families to manage their own health outcomes;

(c) Monitoring how individuals and their whānau, with and without disabilities, access health services delivered in the community and how it can be done better;

(d) Monitoring strategies and initiatives that aim to reduce health inequities and improve health outcomes;

(e) Evaluating the impact and contribution of public and health policy to the eight strategic outcomes identified in the New Zealand Disability Strategy 2016-2026 (see Appendix A);

(f) Understanding and informing the priorities and planning for the use of the health funding provided;

(g) Promoting effective co-ordination between the Primary and Secondary Health Sectors and between Disability Support Services, Public Health Services and Hospital Services.

Accountability

(a) CPHAC/DSAC are accountable to the Board;

(b) CPHAC/DSAC may only give advice or release information to other parties under authority from the Board;

(c) CPHAC/DSAC are to comply with the standing orders of the Taranaki District Health Board;

d) CPHAC/DSAC may review and recommend TDHB processes consistent with the New Zealand Health Strategy.

Delegations

The following authorities are delegated to CPHAC/DSAC:

(a) To require the Chief Executive Officer (or delegate) to attend its meetings, provide advice and prepare reports as requested;

(b) To interface with any other committee(s) that may be formed from time to time.

Membership

(a) CPHAC/DSAC's members are to be appointed by the Board;

(b) CPHAC/DSAC shall have the same Chairman and Deputy Chairman, and both are to be appointed by the Board Chairman;

(c) Non-Board members co-opted to CPHAC/DSAC may be appointed for a term not exceeding three years;

(d) Members must provide a statement in good faith that discloses any conflicts of interest that the person has or believes are likely to arise in future, with the DHB;

(e) Members must comply with Board Policies, including the Code of Ethics, Code of Conduct and Communications Policy adopted by the Board.

Meetings

(a) CPHAC/DSAC shall meet in March, May, July, September, November and that holding one of these meetings on a marae be considered on an annual basis;

(b) The Chief Executive (or delegate) will ensure provision of management and administrative support to CPHAC/DSAC.

Appendix A

The New Zealand Disability Strategy Document – Minister for Disability Issues 2001 states 15 objectives as follows:

The New Zealand Disability Strategy 2016 – 26 will guide the work of government agencies on disability issues from 2016 to 2026. The Strategy outlines the following vision, principles, approaches and outcomes:

The vision of the Disability Strategy 2016-2026:

"New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

Three sets of principles and two approaches will help implement the Strategy.

The principles and approaches will help make sure the disabled community is visible, acknowledged and respected on an equal basis with others, and that disabled people can live a life with dignity and feel valued.

The three principles are: Te Tiriti o Waitangi; The Convention on the Rights of Persons with Disabilities and ensuring disabled people are involved in decision-making that impacts them.

The two approaches are: Investing in our whole lives – a long-term approach and specific and mainstream services – a twin-track approach.

The Strategy identifies eight outcome areas that will contribute to achieving the vision of the Strategy as follows:

Outcome 1 – Education
We get an excellent education and achieve our potential throughout our lives

Outcome 2 – Employment and Economic Security
We have security in our economic situation and can achieve our full potential

Outcome 3 – Health and Wellbeing
We have the highest attainable standards of health and wellbeing

Outcome 4 – Rights Protection and Justice
Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system

Outcome 5 – Accessibility
We access all places, services and information with ease and dignity

Outcome 6 – Attitudes
We are treated with dignity and respect

Outcome 7 – Choice and Control
We have choice and control over our lives

Outcome 8 – Leadership
We have great opportunities to demonstrate our leadership.

COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Wednesday 29 March 2017
1.00pm
Corporate Meeting Room 1
Base Hospital
New Plymouth

Present
Te Aroha Hohaia (Chair), Alison Brown, Rose Bruce, Harry Duynhoven, Bev Gibson, David Lean, Pauline Lockett, Kevin Nielsen, Aroaro Tamati, Neil Volzke

In Attendance
Rosemary Clements (Chief Executive), Becky Jenkins (General Manager Planning, Funding & Population Health), Greer Lean (Communications Advisor), Tammy Taylor (Minute Taker)

Rawiri Eriksen (Service Improvement Advisor - Māori Health), Brian Gubb (Senior Manager Performance and Contracts), Carly Innes (Associate Portfolio Manager – Health of Older People), Jenny James (Portfolio Manager – Child, Youth, Mental Health & Addictions), Jonathan Jarman (Medical Officer of Health), Vicki Kershaw (Portfolio Manager – Primary Care, Pharmacy, Oral Health & Palliative Care), Channa Perry (Portfolio Manager – Health of Older People and Service Manager – Public Health Unit), Marnie Reinfelds (Portfolio Manager, Population Health)

Keith Allum (Grey Power)

943.0 Welcome
Ms Hohaia welcomed everyone to the meeting including Mr Keith Allum who was attending as an observer. The meeting was opened by Matua Ray and a karakia followed.

944.0 Apologies
Resolution
That the apologies from Richard Handley, (Committee Member) be received and noted. Mr Handley may arrive late to the meeting, if he is able to attend.

Duynhoven/Gibson
Carried

945.0 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.

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

947.0 Chair's Report
Ms Hohaia advised the committee members that the Terms of Reference (TOR) for CPHAC/DSAC were currently under review and asked that they look at the TOR and feed back any comments. Ms Hohaia would like to reduce the TOR to one or two key objectives, in line with the Health Action Plan and the New Zealand Health Strategy.

CPHAC/DSAC are "advisory" committees and Ms Hohaia would like to see a significant contribution going back to the Board from these committees.

Mrs Gibson has been asked to be the Deputy Chair of CPHAC/DSAC and has accepted. Ms Hohaia welcomed endorsement of this by the committee members so it can be recommended to the Board and the meeting on 30 March.

Nielsen/Lean
Endorsed and Carried

Ms Hohaia will take Management Reports circulated with papers as "read". Items in the past tense will be left there and this committee will focus on forward planning. There are some items in the Health Action Plan being presented at the next Board meeting where CPHAC/DSAC could take a forceful lead and Ms Hohaia would rather this approach be taken than looking back.

In order to help shift the focus of the committee away from 'hospital only', meetings will be held in other venues around the community. These could include the Te Korowai o Ngaruahine (Hawera), Opunake Coastal Care, Tui Ora etc.

The focus of this group will be on thinking ahead and working on things that can be influenced and to look at changes that can be made to the way services in Taranaki are accessed. Ms Hohaia asked the committee to be daring and courageous and lead by example.

As Chair, Ms Hohaia is particularly keen, given the Pae Ora Framework that when presentations are delivered the presenters are asked "in what way does the work being proposed help whānau empower and manage their own health outcomes".

948.0 Presentation: *The Role of Planning and Funding*
Becky Jenkins

The following diagram was used as the basis of discussion around the role of the Planning & Funding and Community & Public Health.

The Portfolio Members introduced themselves and contributed to the conversation as each respective area was discussed.

Areas represented were:

- Child, Youth, Maternity and Mental Health & Addictions
- Health of Older People
- Performance & Contracts
- Population Health
- Primary Care, Pharmacy, Oral Health & Palliative Care
- Public Health (Service Manager)
- Māori Health (Service Improvement Advisor)

- The team of Portfolio Managers is largely the team that manages half of the revenue that comes into the DHB ($150M) – this is done by contracting through third party providers.
- The Department plans and funds services that have benefit to patients, clients and families.

- There are a number of services which are age specific, such as 'Under 5s'. There are a lot of contracts in place about keeping children well (Plunket, Well Child etc)

Discussion took place throughout the presentation and the Minutes have been structured in line with the life course discussion and do not necessarily reflect the order in which the conversations occurred.

The life course of services illustrated is Pre-conception / Baby / 0-5yrs; Children and Youth; Adult / Older People; End of Life

a) Maternity and Under 5 years

Dr Bruce asked whether the DHB paid for antenatal care where some parents are being instructed by the practitioner not to immunise their children due to various side effects. Mrs Jenkins responded that she understood these practitioners would largely be Lead Maternity Carers (LMCs) and the DHB does not contract with them directly. LMCs are contracted through the Ministry of Health. However, under the Section 88 Agreement which governs LMCs they are required to give balanced information around immunisation.

In terms of parenting and antenatal – one of the forward looking programmes which will be coming back to CPHAC/DSAC later in the year is a new programme which has been developed by Waikato DHB around parenting and antenatal education. This has been built from a kaupapa Māori perspective and Taranaki DHB is currently exploring whether this could be implemented in Taranaki.

With regard to the 0-5 year services there are programmes that should benefit both the mother and the family, Mrs Lockett asked how the DHB measures the outcomes of those interventions.

Ms Reinfields (Portfolio Manager Population Health) replied that Well Child Tamariki Ora have a number of indicators that need to be achieved, different milestones need to be reported to the Ministry for immunisations and child health. Before School Checks provide very good data and looks at major indicators and pathways within child health. Mr Gubb contributed that ASH rates were also looked at as a measure. In addition, the newly developed System Level Measures will be used to track progress against indications.

Mrs Gibson queried the amount of collaboration between the DHB and NGOs that are not funded by the MoH or the DHB but are providing services for Under 5s. Ms James advised that there was a strong collaboration with NGOs and regular meetings were held so that all Providers could be as well connected as possible.

b) Youth Health

Youth Health Services are much broader and the Portfolio Manager said that the continuum of care for youth is moving from acute to a more wellness model which is looking more closely at early intervention. The DHB is currently working with a small number of identified schools and General Practices to create programmes that schools need for children considered at risk.

Ms Hohaia mentioned the "i-Moko" initiative being piloted by Tairawhiti DHB and asked if this was something being considered by Taranaki DHB. Mrs Jenkins was aware of the pilot and the need to be able to respond to new initiatives, but this was not something the DHB itself was looking at specifically. Midlands Health Network has discussed this and it would be something the PHO would instigate in Taranaki rather than the DHB.

Youth Wellness" incorporates Mental Health – the sector is moving away from using Mental Health as terminology.

Mr Duynhoven asked if the DHB held long term contracts with agencies such as Waves and the Young People's Trust. Ms James responded that the DHB funds the Young People's Trust with one FTE to work within the service as well as providing Health Nurse Clinics and comprehensive assessments that are undertaken to identify at risk youth at decile 1 schools. The DHB also works very closely with the YMCA. Dr Bruce highlighted the importance of Youth Wellness and her disappointment when Waves closed.

Ms Hohaia asked Ms James to elaborate on work being done in schools by the DHB. Over the last 18 months the DHB has been working specifically with Spotswood and Devon Schools to look at supporting young people identified as at risk. This has meant a shift in roles into a more generic youth clinician and piloting interventions and skills that can be built into a toolkit for use at the school.

c) Adult Services / Health of Older People

This area may include:

Mental Health & Addictions – funded in the community

- 30% of the funding sits within the NGO environment
- There are six community providers
- Nationally there is a lot of work happening alongside the Police as they tend to be the first responders to suicide call outs

Health of Older People

- 28 Age Residential Care Providers, five Home Based Support Providers, Respite Care and Day Care Support

Mr Volzke queried In-between Travel (Home Based Support) and the regularisation of work hours and whether these specific costs were funded separately. Mrs Jenkins responded that these were both part of a national agreement therefore the DHB will receive some additional funding to cover those costs. This is unusual and generally the DHB has to manage any extra cost within its usual level of funding.

d) Universal Services

A large proportion of funding goes into "Universal Services" operating across the district:

- Primary Care (General Practice)
- Pharmaceuticals and Community Pharmacy
- Community Laboratory
- Whanau Ora Māori Health Community Services
- Urgent Care Centres
- Community and District Nursing
- Tobacco Control Initiatives

Two major contracts operate under "Universal Services" and these are with the PHO (Pinnacle Midlands Health Network) and Community Pharmacy.

CPHAC/DSAC is aware of the challenges around Primary Care as highlighted in the Health Action Plan and this is a core agenda item and it will be major piece of work trying to sustain Primary Care.

A lot of work is also under way nationally for Community Pharmacy as national contracts are ending 30 June 2017. This will be discussed in more detail at a future CPHAC/DSAC meeting.

e) Population Health/Supportive Environments

Under-pinning all the services mentioned above is the understanding that people are operating in an environment and part of the role of Public Health is around ways to promote supporting environments – this includes the Public Health Unit Strategic Plan, the Position Statement for Sugar Sweetened Beverages, Health Protection - communicable disease, water etc.

949.0 Presentation: *Taranaki Public Health Unit Strategic Plan*

Presentation given by Channa Perry (Service Manager) and Dr Jonathan Jarman (Medical Officer of Health). A copy of the draft Public Health Unit Strategic Plan was circulated with the meeting papers.

Points of note from the presentation include:

- The Public Health Unit (PHU) is funded directly by the Ministry of Health and there are 12 PHUs around the country. The Taranaki PHU covers the same boundary as the Taranaki DHB.
- The PHU operates as a service unit but is the key vehicle by which the DHB can progress its strategic direction around keeping people well, promoting healthy environments and working collaboratively.
- Public Health can be defined as *"the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society".*
- Focuses on populations not individuals; and the determinants of health (the factors that combine together to affect the health of individuals and communities)
- Background to the Strategy
    - Results Based Accountability (RBA) – need to demonstrate measurable outcomes

    - NZ Health Strategy
    - Future proofing – ensuring we are fit for purpose
- The key priorities within the PHU Strategic Plan are: Health Equity; Health Literacy; Live well, stay well, get well – reducing the impact of Long Term Conditions and Wai Ora (Environmental Health).
- Vision of the PHU is a "PHU without walls" – part of one broader Public Health Team – collaborating with many partners in terms of sharing resources, staff and making an impact or difference in terms of Public Health and health improvement.
- Principles that are being used include the Ottawa Charter for Health Promotion.
- Have applied an equity lens to the Public Health Unit and the work being done. That work has been reviewed against the "3 E's" – Equity, Efficiency and Effectiveness. If work is not contributing to the 3 E's – why is it being done?
- In the future the PHU is looking at a sustainable approach to programme delivery – i.e. not looking at programmes that will run over a 10 year period, but looking at programmes running for 1-3 years and enabling others to then deliver those programmes to benefit their communities.
- The vision set out in the Strategic Plan is that "All New Zealanders live well, stay well, get well".
- The goal is that by 2022 the PHU will be considered a 'centre of excellence' which is recognised for the quality of its public health expertise and population health specialist advice across Taranaki.
- The Ministry of Health has been engaged with the Strategic Plan from the outset and is very supportive of the approach being taken.

Mrs Lockett raised a query around childhood obesity and spoke of a programme running in Finland and Scotland which is achieving good outcomes through education and changing curriculums (e.g. children being in a classroom for one hour before having to go outside for exercise). Is this something the PHU could influence? Ms Perry responded that childhood obesity was a very complex programme and the solution was not around health alone. A Childhood Obesity Action Plan is being developed for Taranaki and the DHB has also signed up to the Midlands Region Childhood Obesity Strategy.

Mrs Gibson asked about the DHB's involvement with the Whānau Pakari programme and Ms Perry explained this was a different programme that looked at children who were identified as obese – as opposed to the PHU taking a prevention focus on obesity.

Mrs Gibson also queried the involvement in TWPK with the Strategic Plan and was told that TWPK had been involved in the consultation process, were asked for feedback and had been provided with the draft Plan.

- Health Equity is a key focus of the Plan (everyone receives the best health outcomes)
- Health Literacy is another key focus:
    - The ability to read, understand and act on health information

  - A provider's capacity to communicate clearly, educate about health and empower their patients
  - A system's capacity to be easily accessed, quickly navigated and understandable by all
- An improvement in health literacy has the potential for:
  - Better use of health services
  - Improved consumer experience
  - Reduced health related costs
  - Reduced health inequalities
  - Empowered individuals/whānau

Ms Tamati asked about the timeline, implementation and actions for the Strategic Plan. Dr Jarman replied that the Strategic Plan is a road map and gives the PHU a vision and priorities. Out of this falls the PHU Annual Plan which is being developed and will be sent to the MoH in May. The Annual Plan will be submitted to the Board for endorsement – this will give more operational detail of the work to be done.

Resolution:
That the Community & Public Health Advisory Committee/Disability Support Advisory Committee

- *Notes the Taranaki Public Health Unit Strategic Plan 2017-2022*
- *Endorses the Taranaki Public Unit Strategic Plan 2017-2022 and recommends to the Taranaki District Health Board for adoption*

Duynhoven/Nielsen
Carried

950.0 Presentation: *Sugar Sweetened Beverages Position Statement*
Dr Jonathan Jarman

A copy of the Position Statement was circulated with the meeting papers.

Points of note from the presentation include:

- The DHB's Position Statement is an evidenced-based statement around the position of the DHB on Sugar Sweetened Beverages (SBB).
- What is a Sugar Sweetened Beverage?
  - Any drink that contains added caloric sweetener usually sugar
  - The main categories of sugary drinks include soft-drinks/fizzy-drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, iced teas/coffees, and energy/sports drinks
- Over the past decade, the consumption of sugar sweetened beverages has dramatically increased in most countries in the world including New Zealand. (54kg of sugar is consumed per person per year in New Zealand)
- SSB are a leading risk factor for many non-communicable diseases especially obesity, Type II diabetes and tooth decay.
- In terms of tooth decay - in the 10 year period between 2005 and 2014, 686 children under 5 years of age in Taranaki required procedures under general anaesthesia because of extensive dental decay. The estimated cost for the District Health Board was over $2M.

- There were 398 children from New Plymouth district, 25 from Stratford district and 263 children from South Taranaki district.

Mrs Tamati asked if a Press Release would be sent out to media as a result of the Position Statement being endorsed and adopted. It was agreed that a Release would be sent out following the Board Meeting.

Dr Jarman spoke about work being done by Health Promoters including with local dairies – some of whom have now refused to sell soft drink to children before school.

Discussion followed concerning a letterbox drop with clear graphics highlighting the information around SSB. All District Councils send information to rate payers – this could be an example of working collaboratively with the Councils and have them include information on SSB with their regular mail-outs. It was suggested that PHU Team approach the Councils to ask for support and report back on progress.

Resolution:
That the Community & Public Health Advisory Committee/Disability Support Advisory Committee

- *Notes the Sugar Sweetened Beverages Position Statement*
- *Endorses the Sugar Sweetened Beverages Position Statement and recommends to the Taranaki District Health Board for adoption*

Lean/Duynhoven
Carried

951.0 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 26 October 2016 as a true and accurate record.

Hohaia/Tamati
Carried

The Task List was updated accordingly.

Mr Duynhoven referred to the previous Minutes where Dr Jarman spoke about VTEC (Vero Toxin Producing Ecoli) putting 50% of its sufferers into Hospital. Mr Duynhoven asked if it were possible to see Taranaki hospitalisations. Mrs Jenkins agreed to share the report and add a summary to her Management Report for the next CPHAC/DSAC meeting.

952.0 Management Reports

952.1 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:

- From previous discussions, the Committees will see that a lot of work has been undertaken around the Annual Plan and the PHU Strategic Plan.
- Good progress with Cervical Screening and acknowledged Ngati Ruanui general practice and the Regional Screening Unit in undertaking a very comprehensive programme to improve the coverage of Cervical Screening, in particular for Māori women and high needs groups.

Mr Handley joined the meeting at 3pm.

Mr Volzke noted the number of breaches as part of a controlled purchase of tobacco exercise and asked how this was policed by the DHB and what actions were taken. Mrs Jenkins responded that the PHU can carry out these operations and they happen on a regular basis. The decision on what happens next is decided by the DHB and Ministry of Health. Some penalties include infringement notices and warnings, but in terms of proceeding with prosecution, this is done in consultation with the MoH.

Mrs Jenkins asked Committee Members if they would like to be provided with a summary report listing the outcomes of the last years' controlled purchase operations and the actions taken? Members agreed this would be useful.

Mrs Brown raised the issue around transport to Waikato and the costs involved along with surgical discharges happening in the evening which incurs extra costs for patients who then need to stay the night. Mrs Brown asked if appointments could be blocked into one day for Taranaki patients. Mrs Clements replied that this was not possible and that Waikato was using Telehealth/Telemedicine which would be the best option.

Mr Duynhoven asked about the uptake of HPV now that it is available for boys and young men for the first time. Mrs Jenkins responded that figures were not yet available as the programme is only just being offered and is operating through schools.

Mrs Brown commented on Home & Community Support Services and guaranteed hours and asked if the hours and embedded training sessions were being monitored by the DHB to ensure workers meet the requirements of patients. Mrs Jenkins responded that the In-between Travel goes live on 1 April.

The DHB is also supporting quality in residential care by providing professional development sessions. The IBT settlement does not impact on Age Residential Care providers and their training. Taranaki was part of a pilot looking at what the implications of the new settlement would be in a Taranaki context and we have informed that pilot.

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

Gibson/Lean
Carried

953.0 Next Meeting

The date of the next meeting is Wednesday 24 May 2017. The meeting will be held in Corporate Meeting Room 1, TDHB, unless otherwise advised.

Ms Hohaia advised members they were welcome to close future meetings with a karakia or affirmation and then closed the meeting.

The meeting closed at 3.10pm.

_____ _____

Chair Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
~~67~~	~~29 March 2017~~	~~Controlled Purchase of Tobacco~~ ~~Provide a summary listing the outcomes of the last years' controlled purchase operations and the actions taken~~	~~NEW~~	~~GMPF&PH~~	~~May meeting~~	
~~66~~	~~29 March 2017~~	~~Provide report on VTEC Hospitalisations for Taranaki.~~ ~~Provide summary information in Management Report for May CPHAC DSAC on VTEC.~~	~~NEW~~	~~GMPF&PH~~	~~May meeting~~	

TARANAKI DISTRICT HEALTH BOARD

TO Community & Public Health, Disability Support Advisory Committees

FROM Becky Jenkins, GM Planning, Funding and Population Health

MEMORANDUM

DATE May 2017

SUBJECT Planning, Funding and Population Health Report for the Period to end April 2017

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 April 2017.

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 Plan 2017/18

The annual planning process is well under way with the first Draft Plan submitted to the Ministry of Health on 31 March 2017. Initial feedback from the Ministry was received on 10 May but not for all content – some sections are yet to be reviewed. We are required to have the final version of the Plan, incorporating the MoH suggestions back to the Ministry by 16 June.

4.0 INFORMATION ITEMS

4.1 Increased Immunisation

For the month of March 2017 the statistics for Taranaki uptake of immunisation are as follows:

8 month coverage	24 month coverage	5 year coverage
Māori 90%	Māori 89%	Māori 91%
Total 92%	Total 91%	Total 91%

The rates for Maori largely stayed the same over last month and a slight increase in the total for 8 month target.

For March there were 80 referrals to Outreach Immunisation Services (OIS) and 41 children were immunised. The numbers of outstanding referrals at the end of the month were 110 an increase on the previous month.

During immunisation week a pop up clinic was held in Waitara where 5 outreach children were completed and over 70 flu vaccinations.

4.3 Primary Care

4.3.1 System Level Measures Framework

The System Level Measures Plan (SLMP) reflects the vision of the priorities of the updated New Zealand Health Strategy. The SLM Framework is system level performance measurement of the whole health system as envisioned in the Strategy.

The System Level Measures for 2017-2018 are:

1. Ambulatory Sensitive Hospitalisations (ASH) rates for zero to four year-olds
2. Acute hospital bed days per capita
3. Patient experience of care
4. Amenable mortality rates under 75 years
5. Youth access to and utilisation of youth-appropriate health services
6. Proportion of babies who live in a smokefree household at six weeks post natal

Taranaki DHB is currently working with our primary partners Pinnacle-Midlands Health Network (PMHN) and the other four DHB's in the Midland Region to develop a plan to achieve the two new system level measures and to add activities to the first four milestones. The Ministry of Health expects the DHB plan to be focussed on local needs and to have a strong equity focus. Taranaki DHB plans to have a regionally agreed approach which meets the need of the local population and service models. This may require differing contributory measures across the Midland Region.

4.3.2 Pharmacy

Work has been underway nationally since 2016 to inform what a new Community Pharmacy Services Agreement (CPSA) should deliver. Because these discussions are ongoing, the current CPSA is proposed to be extended by 12 months to give certainty to the sector as a new contract continues to be developed in readiness for 1 July 2018. The proposed 2017-2018 contract extension includes additional services to be implemented into Community Pharmacies.

These additional new services are:

- Smoking Cessation
- Workforce Development
- Long-Term Conditions (LTC) Service broadened to include more patients on medications for Mental Health conditions

From 1 April 2017 the following Pharmacies have signaled their desire to provide free Influenza Vaccinations for pregnant woman and people over the age of 65 years and have subsequently received a contract variation to enable this to take place.

- Mackay's Pharmacy Stratford
- Moss, Rocard and Smith Chemist Stratford
- Eltham Pharmacy
- Robertson's Pharmacy Hawera
- Robertson's Pharmacy The Valley, Waiwhakaiho
- Life Pharmacy Centre City New Plymouth

Taranaki DHB will continue to work with the national group to develop the new contract for 1 July 2018. The new contract is intended to deliver on the vision for Integrated Services in the Community, which aligns with the Government's Health Strategy and the Pharmacy Action Plan.

4.3.3 Pathology and Laboratory Services

Taranaki DHB is progressing the implementation of the *'Strategic Directions for Pathology and Laboratory Services in Taranaki'* which informs funding, planning and delivery of pathology and laboratory services in Taranaki.

Following a robust stakeholder engagement process the service specification has been finalised and the DHB has entered into a 'direct procurement' process for a combined Hospital and Community Pathology and Laboratory service.

4.4 Health of Older People

4.4.1 Consumer Reference Groups

Health of Older People

The Health of Older People Consumer Reference Group was recently engaged in a workshop for the purpose of consultation on the Age Friendly City Strategy for New Plymouth.

The group provided detailed feedback on the eight domains within the proposed Age Friendly City Strategy. The group also gave feedback on their top priorities and provided advice on what challenges New Plymouth faces.

Disability Action Group

May Day was held on 1 May 2017 and was hosted by Taranaki DHB in the main entrance foyer and coordinated by the Taranaki Disability Information Centre. The day was aimed at promoting awareness for providers of Health and Disability Services within our region and the ideal foyer venue enabled greater access for these providers to connect with patients, staff and visitors.

Taranaki Rural Health Advisory Group

The Rural Health Advisory Group recently hosted Member of Parliament for Taranaki-King Country, Barbara Kuriger at the April Meeting, following an invitation from the Group's Chair, Shirley Read.

Staff from Taranaki DHB opted out of this meeting due to its apolitical stance, and considering the approaching election.

4.4.2 Home & Community Support Services (HCSS) – Regularisation of the Workforce

MoH, DHBs, Unions and HCSS 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 HCSS workforce with guaranteed hours and embedded training at levels commensurate with the needs of populations across the country. The IBT Settlement Agreement commits all parties (including DHBs) to transition the majority of the workforce to a regularised environment.

Taranaki DHB implemented the IBT Settlement Agreement (part B) on 1 April 2017 with contract variations put in place with each of our community HCSS providers which enables providers to claim funding in situations where HCSS support workers on regularised hours contracts have their hours reduced at short notice (e.g. in the event of temporarily cancelled visits or permanent reduction in hours) to maintain their incomes for up to three weeks. These costs are currently being fully met by Ministry of Health, with payments reflecting actual costs to the providers.

4.4.3 Pay Equity – Age Care

In 2012, proceedings under the Equal Pay Act 1972 were lodged by an aged care support worker with the Employment Relations Authority claiming that, because support workers are predominantly women, a support worker is paid less than what would be paid to a man performing work involving similar degrees of skill, effort, and responsibility, and that the conditions of work are the same or substantially similar. On 2 June 2015, Cabinet approved the Crown entering into negotiations, limited to care and support workers in the aged and disability residential care and home and community support services sector to seek to resolve the case out of the courts to enable the government to better manage the process and outcomes. An agreement was reached and announced by the Prime Minister and Unions on 18 April 2017.

Budget 2017 will give Vote Health the funding to implement the Settlement Agreement as announced by the Government. The legislation (Settlement Agreement) effective from 1 July 2017 puts into law new pay rates for eligible care and support workers. All providers are legally bound to pay eligible workers at the appropriate pay rate as a minimum.

The settlement agreement covers care and support workers employed by providers funded by the Crown, by DHBs or by ACC who work in the areas of:

- Aged residential care (includes some ACC and Ministry of Health clients under 65 who require rest-home level care or high and complex needs for up to 24 hours a day)
- Community residential living (these services are generally known in the disability and support sector as day programmes, day services, residential

services for disability support, facility-based respite, supported living and choices in community living)
- Home and community support services following a needs based assessment.

From 1 July 2017 care workers who are mostly on or around minimum wage will receive a pay rise between around 15 and 50 per cent depending on their qualifications and or experience (with minimum hourly rates starting at $19 per hour). An agreed transition and progression process has been put in place for existing care and support workers that reflects the fact that many long-serving and experienced care and support workers have never had their skills and experiences recognised through formal qualifications. New care workers (employed on or after 1 July 2017) will progress on the basis of qualifications alone.

The settlement is expected to cost the Government $2.048 billion over five years and will be funded through an increase of $1.856 billion to Vote Health and $192 million to ACC.

4.5 Mental Health Service Development Plan

4.5.1 Suicide Prevention and Postvention Action Plan 2015-2017

The MoH have released the draft 'A Strategy to Prevent Suicide in New Zealand: Draft for public consultation'. The Strategy outlines a framework for how sectors can work together to reduce suicidal behaviour in NZ, and includes a set of priority areas for action. Consultation meetings are being held around NZ in May, with one in New Plymouth on 15th May from 11:00 – 2:30 at the Devon Hotel.

4.5.2 Suicide Prevention and Postvention Action Plan 2015-2017

The current Action Plan is valid until December 2017 and a review of the activity beyond this time frame will be completed once the NZ Strategy has been finalised.

<u>Postvention Coordination</u>

The national Community Postvention Response Service (CPRS) have provided support and guidance to ensure the function of the Taranaki Postvention Steering Group is effective and efficient, ensuring it has capability to provide and appropriate response to whanau and friends. Protocols for information sharing will be adopted from CPRS.

<u>Workforce Development and Training</u>

A wallet size conversations guide about suicide has been developed locally. This is aimed towards use in the community on how to have the conversations if you suspect someone has suicide ideation. It has also been translated into Te Reo Maori.

Police have a new suicide prevention module to be completed online and MSD are about to roll out a series of training nationally for staff.

A range of different trainings are offered through out the year, including QPR (Question, Persuade, Refer), Blueprint and A-ok Suicide Safer Workshops (who now facilitate SafeTALK and Assist training). However, an ongoing challenge is the often low registration due to the cost of the courses being out of reach for small businesses and communities. We will continue to find ways of offering low cost or free training.

Building Community Capacity and Capability

Designing Solutions

Homegrown, a project undertaken by Tui Ora (funded by Te Puni Kokiri) aims to develop different community based suicide prevention initiatives or strategies by engaging with Rangatahi. Supported by the coordinator, this project has already engaged with four different local communities and will continue to encourage development of a local response to suicide prevention.

Highlight: Waitara community, The Department of Corrections, Youth Justice and Tutaki Youth have now hosted rangatahi focus groups, with Homegrown facilitators posing the following questions to the rangatahi involved:

1. What are some of the key issues in your community that impact Rangatahi?
2. What are some of the support systems or services that exist in your community?
3. What do you think is missing in the community for young people?

Challenge: Homegrown focus groups were facilitated in unique communities throughout Taranaki, each expressed different experiences and diverse community issues that contribute to self-harm and suicide. These various issues and contributing factors pose a challenge to those working in suicide prevention, including the coordinator, as it is obvious there is no blanket approach to rangatahi suicide prevention that could significantly reduce suicide.

4.5.3 Youth Wellness Service

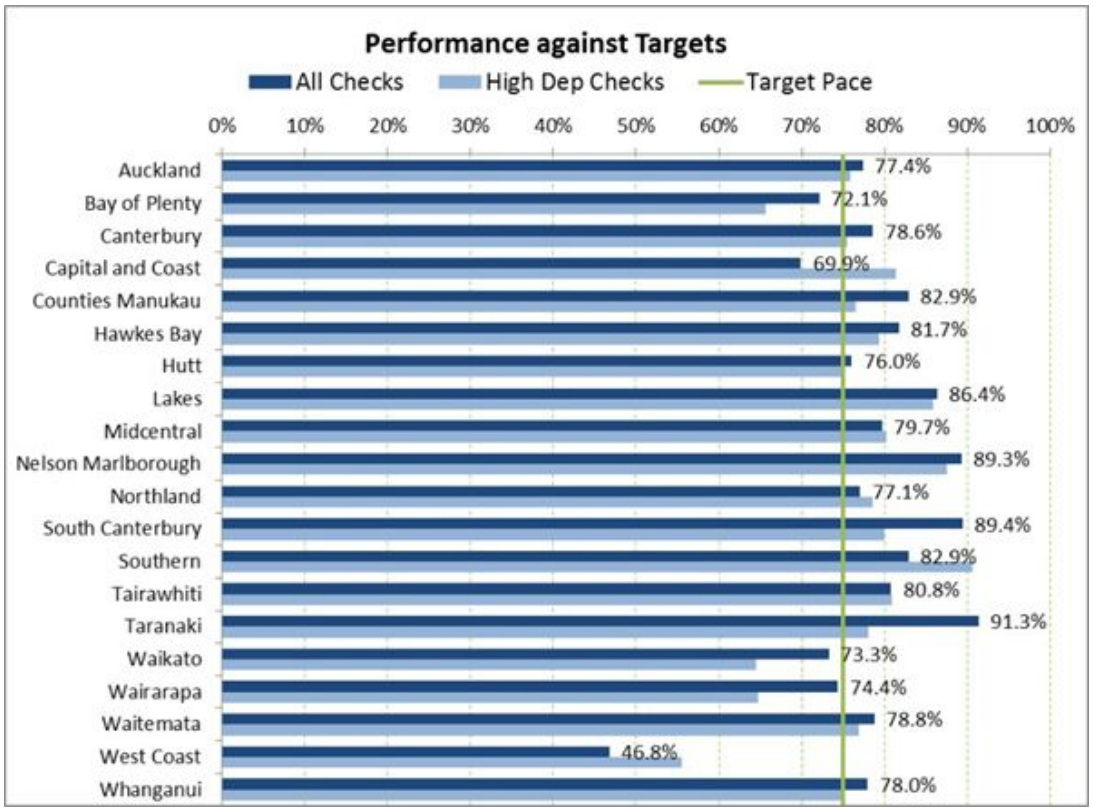
A Youth Wellness Service is being established locally which aims to shift the continuum of care from specialist end Mental Health and Addictions to early intervention and prevention. The resources will work in the community and provide support to schools, general practice and other key stakeholders.
The Goals of the service include:

- Engaging young people in interventions that build confidence, support resilience and improve wellbeing according to individual need
- Engaging young people in meaningful activity such as education, training or work
- Supporting young people to identify their strengths and areas where they require assistance
- Supporting young people to establish and maintain natural supports e.g. relationships with whanau, peers and their wider community
- Supporting young people to learn about their cultural identity
- Providing young people with the skills to manage emotional distress
- Providing young people and their whanau with education, resources and information that contributes to positive health and wellbeing
- Giving young people the practical assistance and tools to allow them to better manage their daily lives and achieve their identified goals
- Supporting young people in primary care so to lessen the likelihood of using specialist Child and Adolescent Mental Health Services

4.6 Maternal and Child Health

4.6.1 B4 School Checks

For period ending 31 March 2017 Taranaki DHB had the highest % against target with 91.3% of checks completed compared to the national average of 78.8%. For high deprivation we were slightly above the national average with 78% completed against target and the national average was 75.9%.



The one-off catch up programme began in May and this service is estimated to reach 400 children.

4.6.2 Child Health SLAT

Consultation about relevant Child Health governance structures has continued with key stakeholders including TSB Community Trust as a funder of community child health projects. The TSB Trust has indicated a keenness to support this process through a workshop, and mapping child health services in the district. A proposal is being developed and a workshop will be prioritised for the coming weeks.

4.6.3 Mama Pepi Hauora Programme

Oranga Mokopuna Programme (OMP)

Five new centres have officially signed up to the OMP 2016/17 programme, one of which is a Kohanga Reo. One other Kohanga Reo has committed to participating in the programme. Current participating centres are showing enthusiasm for the newly developed Level Four of the OMP programme. A share and review workshop was

held as part of the Level Four requirements which was attended by a representative of the 16 centres.

The OMP Governance Group met this quarter, where Tania Domett from COGO Consulting tabled the OMP evaluation report from 2015-16. This current year COGO has been engaged to develop an OMP Manual, with the intention to make this manual available to other providers around the country.

Tiaki Ūkaipō Breastfeeding Support Service (TUBSS):
A breastfeeding clinic commenced in Waitara on 22 March at the Tui Ora premises on Domett Street. The Tiaki Ukaipo service continues to foster their relationship with Ngati Ruanui Health with the view of starting a breastfeeding clinic in South Taranaki during Q4.

4.6.4 Raising Healthy Kids

The Raising Health Kids (RHK) Working Group has achieved a significant improvement in the target rate in Q3 (61% from 38% in Q2). This improvement has resulted from the RHK Health Target Working Group developing systems for referrals from Before School Checks (B4SC) team into the Whanau Pakari programme. The Working Group will continue to monitor referrals and provide on-going support to B4SC providers to ensure this target is met.

MoH Health Target Champion, Professor Hayden McRobbie visited the Taranaki in early March and met with the RHK Health Target Working Group. This was a positive meeting and an opportunity to review local systems and explore ways in which we can improve our referral rates and manage our declines. Prof. McRobbie suggested we look at referring children into GP services if they decline referral into Whanau Pakari. The Working Group has approached the PHO to explore how referrals into GP services can be supported.

4.7 Living Within Our Means

4.7.1 Inter-District Flows (IDFs)

Monitoring of IDF outflows is a continuous process over the year. Personal Health Inpatient case-weighted discharges (cwds), account for a significant proportion of the total IDF budgeted expenditure and so remain the subject of the most scrutiny. The case-weighted IDFs are also the area where the DHB was most able to exert some control or influence (e.g. greater emphasis on clinical decision making processes).

Case-weighted information is collated and reported to us by the Ministry of Health approximately two months following the actual event (due to coding and compilation requirements of the data received from all 20 DHBs etc). As a result, we are able to report activity up to and including the month of March 2017.

For the year to date (YTD) to March, 3,197 cwds were delivered through IDF outflows. This is 425 cwds under the budgeted 3,622 cwds YTD. In dollar terms, this amounts to $2.05M under budget in this area of IDFs.

The main contributing service areas to this result were a reduction in the following areas compared to the same time last year: Oncology (-69 cwds), orthopaedics (-119 cwds) and neurosurgery was also lower than plan by –43 cwds.

In reporting this under budget result, it is important to note that we often see a high degree of variability from the larger DHBs such as Waikato and Auckland nearer the year end. The budget set for IDFs flow is a flat 1/12th per month as phasing is problematic due to this variability of demand and also the availability and capacity of Tertiary surgeons to deliver the services.

We are currently 93 cwds overall less than the volume delivered at the same time last year.

5.0 PUBLIC HEALTH UNIT

5.1 Annual Plan 2016-17

At this stage of the year the 2016-17 Plan is largely on track with the notable highlights and exceptions identified below. This report covers the period March to April 2017.

5.1.1 Health Education Resources

The number of resources distributed in April was 17,163 with the total number distributed year to date being 183,381.

5.1.2 Healthy Public Policy

A comprehensive summary report has been completed for the health equity assessment to apply a critical health equity lens to Kidsafe Taranaki Trust strategies to prevent unintentional falls injuries to children under five in Taranaki. A stakeholder workshop, three key informant interviews and a brief literature review were conducted to inform the assessment. As a result a number of recommendations have been made to Kidsafe on how the child safety coalition group can strengthen the equity focus of their delivery. The report is currently being peer reviewed and will be finalised in May.

5.1.3 Environmental Health

Drinking-Water

The Drinking Water Assessor undertook a Water Safety Plan Implementation Inspection of the New Plymouth District Council's (NPDC) – New Plymouth Water Supply. The NPDC were found to be implementing (conforming to) their Water Safety Plan and therefore have been assessed as meeting their legislative requirements under the Health Act 1956. This was a substantial piece of work that involved both the PHU Drinking-Water Assessment Team and many senior managers within the NPDC.

Other

A Health Protection Officer (HPO) undertook a survey of all major swimming pools in the region to educate pool operators on how communicable diseases are spread in pool water - with a particular focus on protozoa. The HPO also gathered information

on the current treatment processes, and operating procedures that pool operators have in place for contamination events. There was also a key focus on reviewing public health messaging inline with the Pool Water Standards. The intention of the swimming pool survey was to develop a database of useful information that would assist the Public Health Unit in the event of a disease outbreak that implicates a local swimming pool.

5.1.7 Submissions

No submissions were made during this period.

5.2 Public Health Unit Strategic Plan 2017-2022

Taranaki PHU's Public Health Management Team (PHMT) has been leading a strategic planning process in the PHU over the last few months. The Plan sets out an ambitious future direction for the Public Health Unit and outlines the vision, goals, priorities and strategic approach that will guide our work over the next five years. It will lead to significant changes in the way our team works in future. In particular, the PHU plans to work more strategically with key stakeholders, and identify opportunities to work collaboratively on shared population health outcomes. The PHU can now report that the Strategic Plan has been finalised and therefore endorsed by the TDHB and the Ministry of Health. The Plan was presented at the CPHAC meeting on 29 March 2017.

Upon finalising the strategic plan, the PHU has also completed the DRAFT Annual Plan 2017-2018 for the Ministry of Health. The DRAFT annual plan has been re-written to significantly align with the PHU's strategic plan. Some of the major changes within the plan have been to remove the 'core functions' provisions within the plan and adopt a "NZ Health Strategy" concept where all work is demonstrated to align with the 5 components of the NZ Health Strategy.

Lastly, the PHU is now undertaking a review of the PHUs structure to future proof the service whilst ensuring the structure of the unit is fit for purpose to deliver our strategic plan. This process is due to be completed in September 2017.

5.3 PHU Responses to Actions from the Previous Meeting

The below two items feature on the Action List and responses were requested for the May CPHAC/DSAC meeting.

5.3.1 VTEC - Verocytotoxin producing E. coli (VTEC) report to end of April 2017

VTEC is a notifiable disease under the Health Act 1956 and cases are reported to the Medical Officer of Health by health practitioners and laboratories.

Five cases were reported in Taranaki from the start of the year to the end of April. This is slightly higher than in the same period in 2016. Two of the cases were children under 5 years of age.

NOTIFIABLE DISEASE	This Month (April)	Last Month (March)	YTD 2017	YTD 2016	TOTAL 2016
VTEC/STEC Infection	1	1	5	7	14

While it is normal for up to 50% of cases to be hospitalised, none of the five cases this year required hospitalisation.

The Public Health Unit is in the process of implementing project-based disease prevention activities for VTEC in partnership with affected populations and other stakeholders. Health education resources have been developed and are currently awaiting their final evaluation.

5.3.2 Controlled Purchase of Tobacco

Within the current reporting period, the PHU has been involved in two Controlled Purchase Operations predominantly based in the New Plymouth district. To date a total of 21 retail premises have been assessed for compliance with the Smokefree Environments Act for the illegal sale of tobacco to minors. Unfortunately of these 21 premises, five premises to date were found to illegally sell tobacco products to minors. In each instance, the Smokefree Officer of the PHU has prepared a case enforcement file for each non-compliant premise for the Ministry of Health legal enforcement team. Out of the five premises, the Ministry of Health has issued three infringement notices (or fines), one warning letter, and one infringement offence is currently being reviewed by the Ministry of Health. Currently, a total of $2,000 has been issued in infringement fines.

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

From 1 July 2016
To 30 June 2017

Month 10

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 overview of the TDHB Funder financial performance for the period ending April 2017.

The overall Funder position for the 10 months to April 2017 is a surplus of $16,297K against a budgeted surplus of $11,014K resulting in a positive variance of $5,283K.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$13,722K	$11,014K	$2,708K	F
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$49K	NIL	$49K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	

$157K	NIL	$157k	F
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$2,408K	NIL	$2,408K	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(39)K	NIL	$(39)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

Appendix 1: Funder Financials

TO TDHB Board

FROM Becky Jenkins
General Manager Planning, Funding and Population Health

DATE May 2017

MEMORANDUM

SUBJECT April 2017 Funder Financial Results

1. Overview

This report gives an over-view of the TDHB Funder financial performance for the period ending April 2017.

The overall Funder position for the 10 months to April 2017 is a surplus of $16,297K against a budgeted surplus of $11,014K resulting in a positive variance of $5,283K.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$13,722K	$11,014K	$2,708K	F
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$49K	NIL	$49K	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$157K	NIL	$157k	F
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$2,408K	NIL	$2,408K	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
$(39)K	NIL	$(39)k	U
Governance			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
NIL	NIL	NIL	F

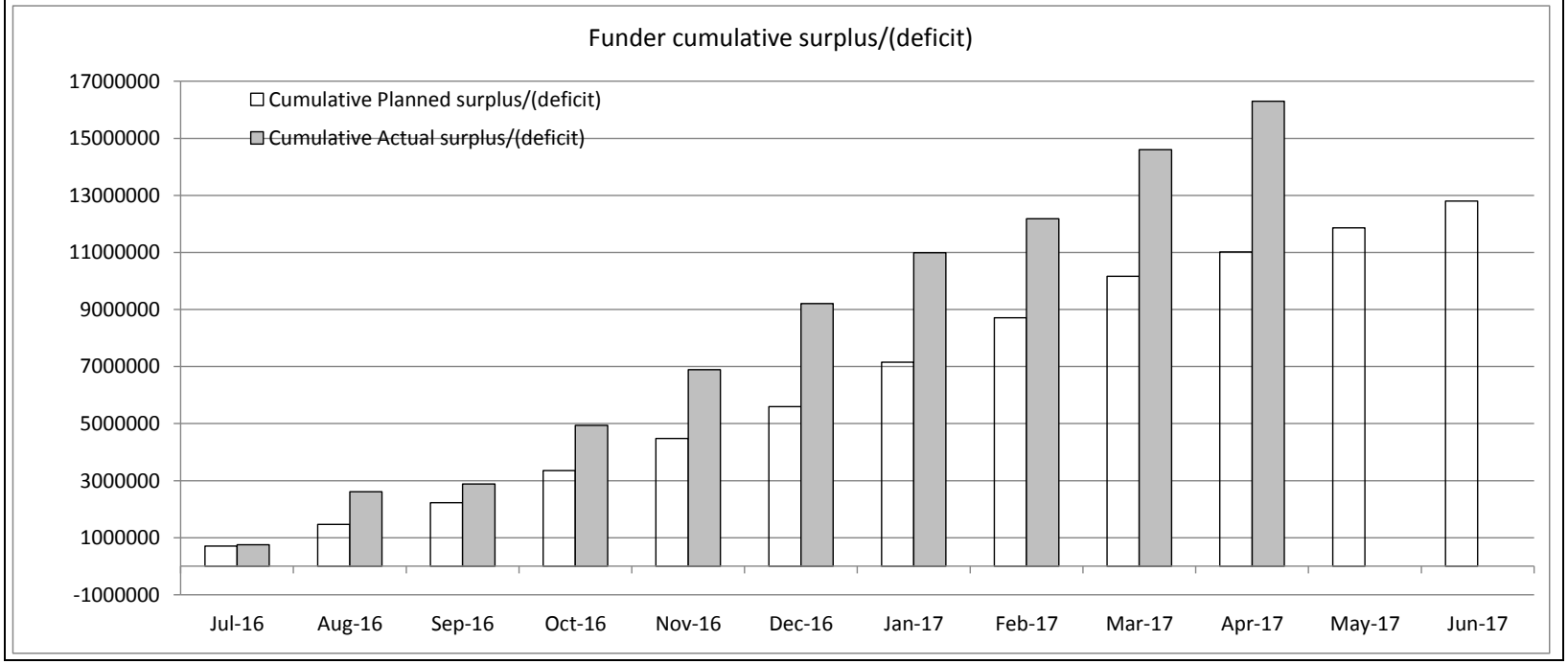
At this stage in the financial year, the Funder's planned surplus of $12.8M is viewed as an achievable target.

Detailed financial analysis is attached to this report.

Becky Jenkins
General Manager – Planning, Funding & Population Health

Summary of the Funder financial performance 2016-17

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(28,467,007)	(28,907,844)	440,836	(288,387,060)	(289,078,431)	691,371	(346,894,116)
NGO Expenditure	12,979,328	13,693,092	(713,764)	128,791,419	134,830,923	(6,039,502)	162,148,638
Provider Arm Expenditure	13,792,110	14,119,246	(571,354)	143,298,536	143,233,409	65,127	171,945,478
Total Expenditure	26,771,439	27,812,338	(1,285,118)	272,089,955	278,064,332	(5,974,375)	334,094,116
Surplus/(Deficit)	1,695,569	851,287	844,282	16,297,103	11,014,100	5,283,004	(12,800,000)



Personal Health

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(21,224,596)	(21,710,912)	486,316	(216,429,758)	(217,109,118)	679,360	(260,530,942)
NGO Expenditure	8,501,422	8,910,400	(408,978)	83,551,147	87,003,999	(3,452,852)	104,756,333
Provider Arm Expenditure	11,377,871	11,949,225	(571,354)	119,156,145	119,091,018	65,127	142,974,609
Total Expenditure	19,879,294	20,859,625	(980,332)	202,707,292	206,095,017	(3,387,725)	247,730,942
Surplus/(Deficit)	1,345,302	851,287	494,015	13,722,466	11,014,101	2,708,365	(12,800,000)

Commentary on Variances

Revenue	The additional revenue for electives performance in 15-16 has been offset by a reduction in revenue related to changes in the rate of capital charges and the transfer of debt to equity.
Expenditure	Community Pharmaceutical costs are trending below the budgeted level.
	A provision for Change Management costs has been included for the period to Apr 17.
	Inter-District Flow costs are trending below budget.
	Funding to the provider arm has been reduced reflecting changes to the rate of capital charges and the transfer of debt to equity but has also been increased from Feb 17 as a contribution to acute demand cost pressures.

The major services included under NGO expenditure for Personal Health are Community Laboratory, Pharmaceutical costs, Community pharmacy services, Primary Care including PHO capitation, Palliative Care and Inter District Flows

Mental Health

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(2,604,274)	(2,604,274)	0	(26,042,738)	(26,042,736)	(2)	(31,251,283)
NGO Expenditure	941,458	951,578	(10,120)	9,466,866	9,515,782	(48,916)	11,418,938
Provider Arm Expenditure	1,652,695	1,652,695	0	16,526,954	16,526,954	0	19,832,345
Total Expenditure	2,594,153	2,604,273	(10,120)	25,993,820	26,042,736	(48,916)	31,251,283
Surplus/(Deficit)	10,120	0	10,120	48,917	(1)	48,918	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.

The major services included under Mental Health are Alcohol and Drug, Child and Adolescent, Maternal, Residential Care, Community Clinical and Non-Clinical and Vocational Mental Health support

Population Health

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(132,439)	(102,685)	(29,754)	(1,078,021)	(1,026,845)	(51,176)	(1,232,214)
NGO Expenditure	42,553	66,795	(24,241)	562,622	667,949	(105,326)	801,538
Provider Arm Expenditure	35,890	35,890	0	358,897	358,897	0	430,676
Total Expenditure	78,443	102,685	(24,241)	921,519	1,026,846	(105,326)	1,232,214
Surplus/(Deficit)	53,996	0	53,996	156,502	0	156,502	0

Commentary on Variances

Revenue	Revenue for Immunisation has been budgeted under personal health.
Expenditure	Based on the current tobacco control executed contracts , it is anticipated that costs will trend below the budgeted level.

The major services included under Population Health are Mama Pepe Hauora project, Green Prescriptions and Smokefree

Health of Older People

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(4,003,915)	(3,988,189)	(15,726)	(39,818,705)	(39,881,894)	63,189	(47,858,272)
NGO Expenditure	3,255,602	3,527,992	(272,390)	32,808,427	35,279,921	(2,471,494)	42,335,903
Provider Arm Expenditure	460,197	460,197	0	4,601,974	4,601,974	0	5,522,369
Total Expenditure	3,715,799	3,988,189	(272,390)	37,410,401	39,881,895	(2,471,494)	47,858,272
Surplus/(Deficit)	288,116	0	288,116	2,408,304	(1)	2,408,305	0

Commentary on Variances

Revenue	No significant variances have been reported for the year to date.
Expenditure	Residential Care (Rest Home level) costs are trending below 2015-16 level.
	Residential Care (Hospital level) costs are trending below 2015-16 level.

The major services included under Health of Older People are Needs assessment, Home based support, Aged residential care, Day activity programmes and Respite Care

Maori Health

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(286,439)	(286,439)	0	(2,864,386)	(2,864,386)	0	(3,437,263)
NGO Expenditure	238,292	236,327	1,965	2,402,357	2,363,272	39,086	2,835,926
Provider Arm Expenditure	50,111	50,111	0	501,114	501,114	0	601,337
Total Expenditure	288,404	286,438	1,965	2,903,471	2,864,386	39,086	3,437,263
Surplus/(Deficit)	(1,965)	0	(1,965)	(39,086)	1	(39,086)	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.

The major service included under Maori Health is Whanau Ora which includes aspects of the Te Kawau Maro contract

Governance

Apr-17	Month Actual $	Month Budget $	Month Variance $	YTD Actual $	YTD Budget $	YTD Variance $	Annual Budget $
Revenue	(215,345)	(215,345)	0	(2,153,452)	(2,153,452)	0	(2,584,142)
Expenditure	215,345	215,345	0	2,153,452	2,153,452	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.

The major services included under Governance are Planning and Funding, Communications and DHB board expenses