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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
P Bodger

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)



AGENDA

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

ORDINARY MEETING

**Wednesday 29 November 2017
1.00pm**

**Patea Old Folks Association
137 Egmont Street
PATEA**



COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA
Wednesday 29 November 2017
1.00pm

Patea Old Folks Association
137 Egmont Street, PATEA

		Action
1	<p>Meeting Opening – Karakia</p> <p>Kia Uruuru Mai</p> <p>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</p>	
2	<p>Apologies <u>Resolution</u> <i>That the Community Public Health Advisory Committee and Disability Support Advisory Committee receive and note the apologies from Te Pahunga (Marty) Davis and Tamzyn Pue (TWPK Members)</i></p>	
3	Public Comment	Verbal
4	<p>Interest Register</p> <ul style="list-style-type: none"> 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. 	<p>Verbally advise Chair</p> <p>Verbally advise Chair</p>
5	Chairman's Report	Verbal
6	Attendance Schedule	Noting
7	<p>Insight into Patea Health Community Led by Te Aroha Hohaia</p>	Noting
8	<p>Primary Care at Patea Led by Graeme Edgar Savage (Pinnacle Midlands Health Network)</p>	

9	<p>Minutes – CPHAC and DSAC Meeting 9.1. Minutes of Meeting held on 27 September 2017</p> <p><u>Resolution</u> <i>That the Minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 27 September 2017 be received as a true and accurate record.</i></p> <p>9.2 Matters Arising</p>	Resolution
10	<p>Management Reports 10.1 General Manager – Planning, Funding & Population Health</p> <p><u>Resolution</u></p> <ul style="list-style-type: none"> • <i>That the Committees receive and note the Management Report from the General Manager, Planning Funding and Population Health</i> 	Resolution
11	General Business	
12	<p>Date of Next Meeting</p> <p>Next meeting 28 March 2018</p>	Noting
	<p style="text-align: center;">Karakia</p> <p style="text-align: center;">Kia Uruuru Mai</p> <p style="text-align: center;">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</p>	

Attendance Records 2017 - 2018
TDHB Community Public Health Advisory Committee Meetings

Date	26/07/2017	27/09/2017	29/11/2017	00/00/2018	00/00/2018	TOTAL
CPHAC						
Pauline Lockett	✓	✓				
Alison Brown	✓	✓				
Rose Bruce	✓	A				
Harry Duynhoven	✓	A				
Bev Gibson	✓	✓				
Richard Handley	✓	✓				
Te Aroha Hohaia - Chair	✓	✓				
David Lean	✓	✓				
Kevin Nielsen	✓	✓				
Aroaro Tamati	✓	✓				
Neil Volzke	✓	✓				
Co-Opted						
David Tamatea	A	A				

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Wednesday 27 September 2017

1.00pm

Board Room

Taranaki Regional Council

47 Cloten Road

STRATFORD

Present

Te Aroha Hohaia (Chair), Alison Brown, Bev Gibson, Richard Handley, David Lean, Pauline Lockett, Kevin Nielsen, Aroaro Tamati, Neil Volzke

In Attendance

Rosemary Clements (Chief Executive), Becky Jenkins (General Manager Planning, Funding & Population Health), Tammy Taylor (Minute Taker).

975.0 Welcome

Ms Hohaia welcomed attendees and opened the meeting with a karakia.

976.0 Apologies

The apologies from Rose Bruce, Harry Duynhoven and David Tamatea (Committee Members), Cressida Gates-Thompson and Ngawai Henare be received and noted.

Apologies also noted for lateness from Rosemary Clements, Becky Jenkins and Aroaro Tamati (who all arrived at 1.15pm).

977.0 Public Comment

Mr Robert Cotter attended the meeting. He explained that he was investing in the Stratford area with different commercial businesses and was therefore taking an active interest in local politics and local services. He is looking at starting a disability transport service targeting people who are unable to use the existing services (including the Connector Bus). This service would be competing with St John and Mr Cotter believes he can provide a cheaper service for local Rest Homes. Mr Cotter is interested to see how the Taranaki DHB functions and what its plans are for transport services in Stratford, Waverley and Patea.

Ms Hohaia explained that this part of the meeting was for comment only and referred Mr Cotter to Mrs Jenkins, GM Planning and Funding for further discussion.

978.0 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.

Change to the Interest Register noted as below:

- Mr Nielsen
Add – Advisor for Conductive Education Taranaki Trust

979.0 Chair's Report

Ms Hohaia reported attending the Impact Wahine Forum held in Hawera earlier that week. The speakers included Liliana Gil Valletta, Hinerangi Raumati, Heather Skipworth (IronMaori founder), and Iwi leaders Debbie Ngarewa-Packer and Puna Wano Bryant.

Liliana Gil Valletta formerly worked for Johnson & Johnson and spoke about raising the esteem of young women. From a health perspective Heather Skipworth spoke about starting IronMaori which began in 2009 with 300 competitors and now has 2500 participants across seven events around New Zealand. Heather Skipworth spoke about the impact this competition had on one particular person's health and the positive changes the person underwent while training and competing both with the person involved and the whānau.

980.0 Attendance Schedule

The attendance schedule was noted and updated as required.

981.0 Presentation: 17th International Conference for Integrated Care 2017 (Pauline Lockett, Rosemary Clements, Becky Jenkins)

A presentation entitled *17th International Conference for Integrated Care 2017* was delivered. A copy of the presentation is included at the end of these Minutes.

At the conclusion of the presentation, Committee Members were invited to comment/ask questions. General conversation took place, of note:

- Individuals being the 'care co-ordinator' within their family and that particular person needing to be targeted more in every day living.
- People need to be supported to take ownership of their health and a pathway needs to be developed to know who you are accessing and why. This will allow power to equalise between the patient and clinician.
- This will also involve a culture change so that people realise they have a right to be taking ownership.
- In terms of 'integration' – at this stage the DHB is focussing on the interface between primary and secondary care – particularly in reference to community services. The integration definition is of course much broader, but this is where the DHB is starting from.
- In the UK, social care for older people is completely separate from health – whereas in New Zealand this is inter-linked.

- In the long term it would be beneficial for the social and health agencies to become more integrated along the way but this would need to be driven nationally.
- DHBs have funding that is devolved locally. For other Government agencies such as Ministry of Education and Ministry for Social Development, this is not the case. Therefore when discussions take place that involve money/funding – you may not have the decision makers at the table.

982.0 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 July 2017 as a true and accurate record.

*Handley/Gibson
Carried*

Mr Handley asked about the November CPHAC/DSAC meeting being held in Patea and if this was still being considered. Ms Hohaia would like to see this happen, as it would tie in with another meeting being scheduled for the same day in Hawera. A room could be available at either the Old Folks Association or Patea Māori Club.

The Task List was updated accordingly.

983.0 Management Reports

983.1 Planning, Funding and Population Health Report

The General Manager of Planning, Funding and Population Health took her report as read. Comprehensive discussion took place including the following:

- The response to the issue of some GP practices charging an annual fee for ManageMyHealth
 - Practices are able to charge
 - Fees are variable
 - The DHB has been talking to the PHO around an increase in uptake of ManageMyHealth (this is one of the System Level Measures in place)
 - The charging issue is between the PHO and the individual practices
 - Discussion took place around the PHO contract in terms of the practice providing a service – is there any mention of being able to charge additional fees to patients that are outside of providing a medical response? Mrs Jenkins agreed to look at the contract.
- Annual Plan – this will not be signed off while an interim Government is in place so working as best we can with the draft Annual Plan.
- Age Friendly Strategy – this was discussed at a previous meeting and CPHAC/DSAC was asked to support an Age Friendly City. Work has continued with NPDC and a draft Strategy is included in the report.
- Mrs Jenkins acknowledged the work being done by Stratford District Council particularly around the WoF scheme they are piloting.
- It has become apparent that more targeted work is required in terms of Cervical Screening and reaching Asian women.
- Immunisations – There are very good statistics early on and then numbers drop off at 6 and 8 months. Can we track whānau at 6 and 8 months? The section

under “Equally Well” talks about routine screening for Mental Health – can this routine screening be done for immunisations?

- Pinnacle Quarterly Report Link – the Committee would like to see narrative rather than figures and have this presented quarterly. This would be more useful as the information in its current form is very dense and difficult to understand.
 - Mrs Clements offered to follow this up with the PMHN.

Secretariat Note:

Noted following the meeting that the “Quarterly Report” icon on PMHN website provides comprehensive narrative and illustrative diagrams.

- Mrs Jenkins advised that in terms of her financial report – at this early stage of the year the Funder is tracking to plan.

Resolution

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

*Carried
Gibson/Brown*

984.0 General Business

Nil.

985.0 Next Meeting

The date of the next meeting is Wednesday 29 November 2017 and will be held in Patea. Venue to be confirmed.

986.0 Integrated Care Presentation

As referred to in item 981.0, the full presentation on the 17th International Conference for Integrated Care follows.

Ms Hohaia closed the meeting at 2.45pm.

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
84	27/09/2017	November Meeting to be held in Patea. Look at Patea Māori Club or Patea Old Folks Association as possible venue.	NEW	GMPF&PH		
80	27/09/2017	Pinnacle Quarterly Report Report that includes more narrative rather than figures. Follow up with PHO.	NEW	GMPF&PH	Nov meeting	Members emailed with update on where to find full Quarterly Report on PMHN website.
79	27/09/2017	Management My Health Fees Check PHO contract with DHB re additional fees being allowable	NEW	GMPF&PH	Nov meeting	Update at next meeting
76	26/07/2017	HEAT TOOL – Immunisations Circulate report once completed	NEW	GMPF&PH		Report expected late November and will be provided in 2018.
69	24/05/2017	Follow up with Pinnacle Midlands Health Network concerning extending an invitation to iMoko to come to Taranaki.	NEW	GMPF&PH	To be confirmed	Have been invited to November CPHAC. Awaiting response.



TO Community & Public Health, Disability Support Advisory Committees

FROM Becky Jenkins,
GM Planning, Funding and Population Health

DATE November 2017

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

MEMORANDUM

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 October 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 Plan was submitted to the Ministry of Health (MoH) on 17 July. As yet no DHBs have received final sign-off on their Annual Plans from the MoH. A verbal update will be given at the meeting in terms of any progress from the time of writing this report.

4.0 INFORMATION ITEMS

4.1 Cervical Screening

The Regional Screening Unit worked in collaboration with Ngati Ruanui and Waitara Medical Centre during the period 1 August 2017 – 30 September 2017 (in conjunction with National Cervical Screening Month) to increase coverage for priority women in Taranaki.

Incentives/resources were provided by the RSU to both Ngati Ruanui and Waitara Medical Centre in the form of branded clothing and stationery.

From Ngati Ruanui Perspective:

Nurses directly made contact with women this year by phone calls, letters, texts, conversations versus last year when this process was undertaken by Navigators.

Attendance at night clinics was very successful with positive feedback received from women on why they preferred attending night clinics.

- 1st clinic – 31 appointments made
- 2nd clinic – 19 appointments made

An article ran in the South Taranaki Star on 12 October 2017 which featured a participant who had not had a smear 24 years. Women have presented for smears indicating the article as the reason for their attendance.

Waitara Medical Centre

We are currently waiting on this report. The PHO monthly report indicates significant increases in priority smears over this period.

4.2 Primary Care

4.2.1 System Level Measures

The System Level Measures Quarter 1 report was submitted to the MoH and has subsequently been endorsed by the Taranaki Alliance Leadership Team.

4.2.2 Pharmacy

Taranaki DHB has met with the Community Pharmacists to discuss the new initiatives for the 17/18 year.

- Smoking Cessation will be targeted to specific geographical areas of identified need and integrated with the Taranaki Smoking Cessation service as a pilot. With the introduction of the NRT dispensing as of 1 October, this pilot gives us the opportunity to test and decide what else could be considered as part of the NRT programme.
- Long Term Conditions Mental Health – an approach has been considered and will be jointly worked between Specialist Services and Pharmacy.
- Emergency Contraception Pill – ECP is to be made available free from 1 December 2017. There is still some work to be considered nationally around the consultations that Pharmacy provides as part of the dispensing service.

4.2.4 Primary Care in South Taranaki

The PHO advises that they currently have an improved short term complement of GPs and work continues with exploring long term sustainable options.

4.3 Health of Older People

4.3.1 Consumer Reference Groups

Health of Older People

At a recent meeting the DHB's Emergency Management Co-ordinator presented to the group regarding the DHB's Emergency Management Plans.

4.3.2 Implementation of Care & Support Workers (Pay Equity) Settlement Act

Taranaki DHB are currently meeting with a number of aged residential care providers that have signalled sustainability concerns as a result of the implementation of the new Pay Equity legislation for care and support workers.

Financial data analysis, undertaken by the Ministry of Health has aided these discussions by informing estimations around financial deficits. Signalling concerns are typically smaller providers who are impacted more significantly by lower occupancy and relatively higher staffing levels and/or long serving staff (who are paid a higher hourly rate due to their length of service).

Discussions are currently underway at a national level about options for providing transitional support to affected providers and the criteria that would be applied if it is decided that this support will be financial.

4.4 Mental Health Service Development Plan

4.4.1 Suicide Prevention and Postvention Action Plan

Since the consultation process by the MOH on the draft NZ Suicide Prevention Strategy, very little information has been available.

Marcia Paurini, Taranaki Rural Support and Suicide Prevention Taranaki was nominated and awarded a National Lifekeepers Recognition Award 2017 for outstanding contribution to suicide prevention in the community. She has built great supports for the rural community through her work with the Trust to ensure rural communities and whanau are supported effectively, which has contributed to a decrease in rural suicide.

The Advisory Group has been re-established and a comprehensive piece of analytical work will be undertaken drawing in as much information from other agencies to help inform future priorities and direction.

Suicide Prevention

Education sub-group is established to develop education/awareness workshop. Workshops will be advertised on the Tui Ora website and a pool of facilitators will be available for a part of the delivery. An evaluation form has been developed to capture learning's from the workshop.

Approximately 3000 copies of the Conversation Guide have been printed and distributed and are also available online in PDF form. The Guides have also been translated into Te Reo Maori.

As part of the Youth Wellness Service development the work undertaken in suicide prevention will naturally integrate. Also, the previous targeted work focused around young Maori and funded by TPK will continue for a further three months.

4.4.2 Youth Wellness Service

The Taiohi Ora/Youth Wellness service currently delivering an interim primary mental health service whilst the full service and school specific pilot are developed to support the needs identified across the region. While the service is being developed the team have been accepting referrals and managing cases.

The engagement process with stakeholders has been positive and wide range of representation from across agencies and organisations to develop the model of care. This includes, Ministry of Education, Public Health Nursing, CAMHS, Paediatricians, Midlands PHO, Hawera Intermediate, Oranga Tamariki, Devon Intermediate, Waitara High school and Spotswood College. An example of programmes being delivered are a social skills programme facilitated at a Primary School and a six-week anxiety programme run in a Intermediate school.

4.5 Maternal and Child Health

4.5.1 B4 School Checks

For period ending 7 October 2017, Taranaki's progress against target was 44.6% compared to the national average of 29.2%. This equates to 277 checks ahead YTD. For high deprivation checks Taranaki has completed 36.6% against target compared to the national average of 27.4%. This equates to 58 checks ahead YTD.



Graph: All DHB Performance YTD against annual target

4.5.2 Whanau Pakari

Whanau Pakari has received over 600 referrals since its launch in 2012. A large proportion of those referrals are now coming from under 5 year-olds since the inception of the Raising Healthy Kids Health Target in July 2016. Whanau Pakari have modified the programme to accommodate those numbers of under 5's entering the service and have been running early childhood sessions for whanau which are being utilised well. The Whanau Pakari team has also started two-day adolescent workshops during the holidays which have received positive feedback from participants. The Whanau Pakari team continues to build relationships with key stakeholders and the community. These relationships are important to offer the participants a range of services and support.

4.6 Living Within Our Means

4.6.1 Inter-District Flows (IDFs)

For the year to date (YTD) to September (three months), 1,237cwds were delivered through IDF outflows. This is 26cwds over the budgeted 1,211cwds YTD. In dollar terms, this amounts to \$128K over budget in this area of IDFs. This over-delivery is driven almost entirely by services delivered through Waikato DHB.

5.0 PUBLIC HEALTH UNIT

5.1 PHU General Update

5.1.1 PHU Annual Plan 2017/18

The Taranaki Public Health Unit (PHU) is making good progress against all actions identified within the 17/18 Annual Plan.

5.1.2 Submissions

New Plymouth District Council: Class 4 Gambling Venues Policy and TAB Board Venues Policy

Written submission 14 August 2017

The Medical Officer of Health spoke to submission at NPDC meeting 31 October 2017. The PHU made a submission on the proposed New Plymouth District Council Class 4 Gambling Venues Policy and TAB Board Venues Policy.

The PHU supported the New Plymouth District Council's proposal to introduce a sinking lid policy to apply in Waitara. The Unit also strongly advocated for a sinking lid policy to apply to the entire district. A reduction in the number of machines is considered likely to contribute to a reduction in the harm from gambling and problem gambling.

The submission outlined that gambling causes harm to individuals, their families, and the wider community; that pokies are considered to be the most harmful form of gambling; and that poor communities tend to have the highest concentration of pokies and the highest risk of harm.

*New Plymouth District Council: Beauty Therapy, Tattooing and Skin Piercing Bylaw
Written submission 10 October 2017*

The PHU strongly agreed with NPDC's proposal to continue having a Beauty Therapy, Tattooing and Skin Piercing Bylaw. This bylaw is a means to promote and protect the healthy and safety of both the consumers and operators of beauty therapies, skin piercing, and tattooing services. Some of the procedures provided by the beauty therapy, tattooing and skin piercing industries carry the risk of transmitting blood-borne communicable diseases including Hepatitis B and C, HIV/AIDS, and other viral, bacterial or fungal diseases/infections.

*Stratford District Council: Beauty Therapy, Tattooing and Skin Piercing Bylaw
Written submission 27 October 2017*

The PHU agreed with the overall intent of the proposed amendment of the bylaw and commended the proactive approach of the Council in this Bylaw. As outlined above, these industries have the potential to spread blood-borne communicable diseases.

5.1.3 Summer Students in the Public Health Unit

This year there will be two summer students in the PHU. One is a medical student who is funded by the Taranaki Medical Foundation and the other is a health sciences graduate who is doing an internship. They will be supervised by Dr Jonathan Jarman and their projects are:

- a) **Public Playground Drinking Water Fountain Survey:** Complete an audit of public playground drinking water fountains in Taranaki using the methodology outlined by George Thomson and Nick Wilson in their August 2017 study "Assessing public outdoor drinking water fountain prevalence and quality: using outdoor field observation in playgrounds".

Good access to drinking water in outdoor public places is increasingly recognised as a health issue. The Taranaki District Health Board in response to this supports measures and policies that "promote the availability of drinking water fountains in the community and schools". Water (preferably fluoridated) and plain milk are considered to be the preferred drinks for children and adults.

- b) **Hepatitis C Prevention Plan:** Develop a Hepatitis C Prevention Plan for Taranaki in consultation with key stakeholders. The aim of the Prevention Plan is to reduce hepatitis C morbidity and mortality, and to reduce health inequities associated with this disease. The methodology should use an evidence-based population health approach.

Taranaki has high levels of hepatitis C notifications compared with the national average. It is estimated that there are 54,000 people in New Zealand with hepatitis C and only a half have been diagnosed. Out of every 100 people infected, 1 to 5 will die from the consequences of chronic infection. Treatment of the main genotypes of hepatitis C virus has been fully subsidised from 1 July 2016. People with hepatitis C however often find it difficult to access traditional health services.

5.2 Regulatory Services

5.2.1 Tobacco

Regulatory Services staff visited 22 retail premises in New Plymouth, and Stratford during October 2017 as part of a Tobacco Control Purchase Operation to identify and stop retailers selling tobacco to people under the legal age. The retail premises visited had all been previously visited by Public Health staff, when the need for identification and age checks were discussed with each retailer. Two employees of tobacco retailers were found to be selling cigarettes to the under age volunteers. Reports on these cases have been sent to the Ministry of Health in Wellington, whose policy is to either issue an infringement notice in the form of a warning or a fine, or to prosecute in appropriate cases.

5.2.2 Hazardous Substances

Two Vertebrate Toxic Agent (VTA) 1080 Aerial Department of Conservation (DoC) Operations in North Taranaki were completed in September/October 2017. The Regulatory Services team has undertaken field auditing provisions as per national guidelines.

5.2.3 Alcohol

The Regulatory Services team assisted New Plymouth District Council and NZ Police in September to undertake an Alcohol Control Purchase Operation to identify and stop retailers selling alcohol to people under the legal age. A total of 20 off-licence premises consisting mainly of bottle stores were visited in the New Plymouth District and no sales were made to under age volunteers.

5.3 Health Equity

A tutor at Massey University has approached the Public Health Unit as they are interested in the Health Equity work of the Public Health Unit. The tutor plans to use the Kidsafe Health Equity Assessment report to teach their health science students about planning public health interventions and using a health equity approach. She is using the Kidsafe Health Equity Assessment report as a case study to explore how the HEAT Tool can be applied.

The Planning & Policy Team, Public Health Unit presented at the Grand Round on the topic "He Oranga Taurite – Striving for Health Equity in Taranaki". The presentation explored the definition and importance of health equity. The researcher/analyst then outlined Taranaki demographic information and outlined how this impacts on health equity. Recent examples of Health Equity Assessments completed by the Public Health Unit were then outlined.

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 October 2017. The overall funder position for the four months to Oct 2017 is a surplus of \$5.21m against a budgeted surplus of \$4.67m resulting in a positive variance of \$0.54m.

Personal Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$4.2m	\$4.7m	\$(0.5)m	U
Mental Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$201k	NIL	\$201k	F
Population Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$76k	NIL	\$76k	F
Health of Older People			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$714k	NIL	\$714k	F
Maori Health			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$3K	NIL	\$3k	F
Governance			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
NIL	NIL	NIL	F

At this stage in the financial year, the Funder's planned surplus of \$17m is viewed as an achievable target.

Detailed financial analysis is attached to this report as [Appendix 1](#).

8.0 ACTION REQUIRED

That the Committee's

- *Receive and note the Management Report from 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 14 November 2017

SUBJECT October 2017 Funder Financial
Results



MEMORANDUM

1. Overview

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

The overall funder position for the four months to Oct 2017 is a surplus of \$5.21m against a budgeted surplus of \$4.67m resulting in a positive variance of \$0.54m.

<u>Personal Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$4.2m	\$4.7m	\$(0.5)m	U
<u>Mental Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$201k	NIL	\$201k	F
<u>Population Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$76k	NIL	\$76k	F
<u>Health of Older People</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$714k	NIL	\$714k	F
<u>Maori Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$3K	NIL	\$3k	F
<u>Governance</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
NIL	NIL	NIL	F

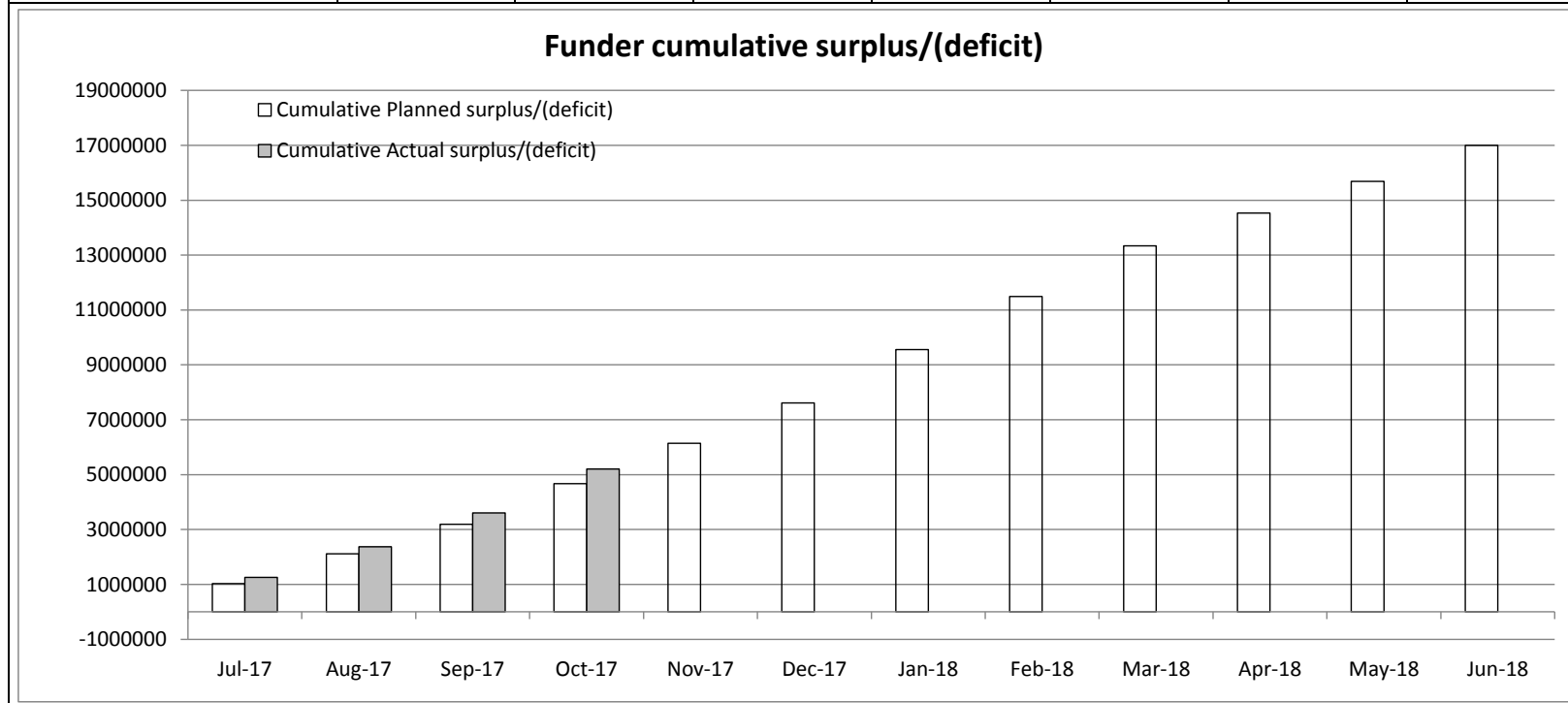
At this stage in the financial year, the Funder's planned surplus of \$17m is viewed as an achievable target.

Detailed financial analysis is attached to this report.

Becky Jenkins
General Manager – Planning, Funding & Population Health

Summary of the Funder financial performance 2017-18

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(30,350,536)	(30,006,712)	(343,825)	(121,289,419)	(120,026,847)	(1,262,574)	(360,080,538)
NGO Expenditure	13,722,049	13,733,779	(11,731)	55,305,259	54,985,118	320,140	165,657,794
Provider Arm Expenditure	15,024,679	14,555,866	226,065	60,777,963	60,375,100	402,862	177,422,744
Total Expenditure	28,746,729	28,289,645	214,334	116,083,222	115,360,218	723,002	343,080,538
Surplus/(Deficit)	1,603,808	1,474,317	129,492	5,206,198	4,666,627	539,571	17,000,000



Personal Health

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(22,383,237)	(22,356,152)	(27,085)	(89,684,390)	(89,424,609)	(259,782)	(268,273,824)
NGO Expenditure	8,785,607	8,562,761	222,846	34,623,323	34,301,045	322,278	103,605,573
Provider Arm Expenditure	12,545,138	12,319,074	226,065	50,843,549	50,456,935	386,613	147,668,251
Total Expenditure	21,330,746	20,881,835	448,911	85,466,872	84,757,980	708,891	251,273,824
Surplus/(Deficit)	1,052,491	1,474,317	(421,826)	4,217,518	4,666,628	(449,110)	17,000,000

Commentary on Variances

Revenue Revenue from the 16-17 Electives Initiative has been washed up at a higher level than anticipated.

Expenditure Community Pharmaceutical expenditure is tracking above budget.
Funding to the provider arm for Community Lab Tests and PCTs are based on actual claiming which is tracking above budget.

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

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(2,670,127)	(2,663,627)	(6,500)	(10,680,507)	(10,654,507)	(26,000)	(31,963,520)
NGO Expenditure	941,331	977,877	(36,547)	3,736,497	3,911,509	(175,013)	11,734,528
Provider Arm Expenditure	1,685,749	1,685,749	0	6,742,997	6,742,997	0	20,228,992
Total Expenditure	2,627,080	2,663,626	(36,547)	10,479,494	10,654,506	(175,013)	31,963,520
Surplus/(Deficit)	43,047	0	43,047	201,012	0	201,013	0

Commentary on Variances

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

Expenditure The budget includes a provision for residential services which has yet to be allocated.

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

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(138,065)	(94,144)	(43,921)	(449,655)	(376,577)	(73,077)	(1,129,732)
NGO Expenditure	54,437	62,637	(8,200)	247,579	250,547	(2,968)	751,642
Provider Arm Expenditure	31,507	31,507	0	126,030	126,030	0	378,090
Total Expenditure	85,944	94,144	(8,200)	373,609	376,577	(2,968)	1,129,732
Surplus/(Deficit)	52,121	0	52,121	76,045	0	76,045	0

Commentary on Variances

Revenue Revenue for Immunisation has been budgeted under personal health. Revenue for Tobacco control is being received at a higher level than that anticipated in the budget.

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

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

Health of Older People

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(4,625,334)	(4,359,015)	(266,319)	(18,339,773)	(17,436,059)	(903,715)	(52,308,177)
NGO Expenditure	3,693,184	3,890,593	(197,409)	15,735,492	15,562,371	173,121	46,687,114
Provider Arm Expenditure	468,422	468,422	0	1,889,937	1,873,688	16,249	5,621,063
Total Expenditure	4,161,605	4,359,015	(197,409)	17,625,429	17,436,059	189,370	52,308,177
Surplus/(Deficit)	463,728	0	463,729	714,345	(1)	714,345	0

Commentary on Variances

Revenue Funding received relating to the Pay Equity settlement has been weighted in favour of the early part of the year to help support providers through the transition phase.

Expenditure Expenditure for the NGO sector is tracking above budget. The age residential care and home support areas tend to fluctuate. With the additional uncertainty over pay equity costs, these areas will continue to be monitored closely.

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

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(291,025)	(291,025)	0	(1,164,100)	(1,164,100)	0	(3,492,301)
NGO Expenditure	247,491	239,911	7,579	962,368	959,646	2,722	2,878,937
Provider Arm Expenditure	51,114	51,114	0	204,455	204,455	0	613,364
Total Expenditure	298,605	291,025	7,579	1,166,823	1,164,101	2,722	3,492,301
Surplus/(Deficit)	(7,579)	0	(7,579)	(2,722)	0	(2,722)	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 service included under Maori Health is Whanau Ora which includes aspects of the Te Kawau Maro contract

Governance

Oct-17	Month Actual \$	Month Budget \$	Month Variance \$	YTD Actual \$	YTD Budget \$	YTD Variance \$	Annual Budget \$
Revenue	(242,749)	(242,749)	0	(970,994)	(970,995)	0	(2,912,984)
Expenditure	242,749	242,749	0	970,995	970,995	0	2,912,984
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