

Distribution:

Board Members:

M Bourke – Chairman
P Catt – Deputy Chairman
A Ballantyne
E Borrows
K Denness
K Eagles
F Gilkison
B Jeffares
P Lockett
A Rumball
C Tuuta

Management:

CEO
GM Finance & Corporate Services
GM Planning, Funding & Population Health
GM Hospital Services
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
PA to GM PF&PH

Advisors:

S Carrington, Media Advisor
P Franklin, Legal Advisor
File Copy

Public:

Tui Ora Limited
Midlands Health Network
Relationship Manager, MoH
HealthCare Providers
Te Whare Punanga Korero (7)
Dr Keith Blayney
J Nager
T H Gibson
Agnes Lehrke, Grey Power
Public Libraries – New Plymouth, Hawera,
Stratford, Opunake, Patea, Manaia,
Kaponga, Waverley, Oakura, Waitara, Bell
Block, Inglewood, Eltham
Media – Daily News, Newstalk ZB, Hawera
Star, Midweek, Opunake & Coastal News,
Stratford Press, TV One News
Health Centres – Stratford, Patea, Opunake,
Mokau
Base Hospital Library
Hawera Hospital Library
Corporate Reception



TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEES

ORDINARY MEETING OPEN

Tuesday 29 October 2013

**Stratford District Council
Chambers 61-63 Miranda Street,
Stratford West 4332**



COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA
Tuesday 29 October 2013
12.30pm

Stratford District Council Chambers
61-63 Miranda Street
Stratford West

		Pages	Action
1	Apologies – Mary Bourke		Resolution
2	Public Comment		Verbal
3	Chairman’s Report		Verbal
4	Attendance Schedule		Noting
5	Presentation “I’m Not Well, Where Should I Go? V Kershaw, G Campbell, Midland Health Rep		Noting
6	Minutes – CPHAC and DSAC meeting 5.1 Minutes of meeting held 27 August 2013 5.2 Matters Arising	3-9	Resolution
7	Management Reports 6.1 Chief Advisor Maori Health 6.2 General Manager Planning, Funding & Population Health	10-13 14-31	Resolution
8	General Business		Resolution
9	Date of Next Meeting Next meeting 10 December 2013		Noting

**Community Public Health Advisory Committee
and
Disability Support Advisory Committee**

Resolutions

Agenda Item No	Resolution	✓
1	<p>Apologies That the Taranaki District Health Board receive and note the apologies from</p>	
5	<p>Minutes – CPHAC DSAC meeting That the minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held 27 August 2013 be received as a true and accurate record</p>	
6	<p>Management Reports That the Committee's receive and note the Management Reports from Chief Advisor Maori Health and General Manager Planning, Funding and Population Health.</p>	

Attendance Records 2013 - 2014
TDHB Community Public Health Advisory Committee Meetings

Date							
	27 August 2013	29 October 2013	10 December 2013	25 February 2014	29 April 2014	24 June 2014	TOTAL
CPHAC							
Mary Bourke	✓	A					
Peter Catt	A						
Alex Ballantyne (Deputy)	✓						
Ella Borrows	✓						
Kura Denness	A						
Karen Eagles	✓						
Flora Gilkison (Chair)	✓						
Brian Jeffares	A						
Pauline Lockett	✓						
Alison Rumball	A						
Colleen Tuuta	A						
Co-Opted							
David Tamatea	✓						

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday, 27 August 2013

12.30pm

Tu Tama Wahine

62 Powderham Street

New Plymouth

Present

Flora Gilkison (Chairperson), Alex Ballantyne, Ella Borrows, Mary Bourke, Karen Eagles, Pauline Lockett, David Tamatea.

In Attendance

Sandra Boardman (General Manager Planning, Funding & Population Health), Tony Foulkes, (Chief Executive), Ngawai Henare (Chief Advisor Maori Health), Sue Carrington (Communications Advisor), Greg Simmons (Chief Medical Officer) Fran Davey (Minute Secretary).

Becky Jenkins (Service Manager, Population Health, Taranaki DHB), Jonathan Jarman, Medical Officer of Health, Taranaki DHB.

744.0 Apologies

Resolution

That the apologies from Peter Catt, Kura Denness, Brian Jeffares, Alison Rumbull, Colleen Tuuta (Board members) , Joe Rodrigues be received and noted.

Eagles/Ballantyne

Carried

745.0 Welcome

A warm-hearted welcome was provided by the host Tu Tama Wahine and warmly responded to by the Taranaki DHB. The Committee Chair invited all present to introduce themselves and to express what they want the discussions to be about.

746.0 Presentations

746.1 Ngaropi Campbell, Tu Tama Wahine o Taranaki

Tu Tama Wahine o Taranaki are committed to the improvement of the physical, emotional, spiritual, economic and cultural wellbeing or Whanau Ora of all peoples and the liberation of Tangata Whenua. It is an incorporated society, the name and the legacy was gifted by Marge Raumati and Dr Waikerepuru of Parihaka. Tu Tama Wahine (a male and female name), recalls a time when the women were instructed to take on the roles and functions of the men who were taken from Parihaka. The vision of Tu Tama Wahine is *“Taranaki whanau have a secured sense of identity and connection to each other where all are able to contribute and participate in the maintenance of a peaceful and prosperous community.* Whanau

are reconnected to tikanga and shown how to do this through a cultural competency programme, Maori wellbeing. Tu Tama Wahine has 23 years experience and a staff of 32 dedicated people who's services include addressing family violence, social workers in schools, whanau workers, Maori child rearing practises, tamariki and rangatahi programmes, several counsellors and an advocacy service, rongoa and mirimiri, community development, training development and a research arm.

Whanau are encouraged to be more considered and deliberate in tracking their whakapapa and whanau history. Understanding this context allows whanau to plan, ensuring their tamariki and mokopuna are not left directionless, drifting without guidance into the future.

The Whanau Development Pathway includes Future Planning, Careers, Whanau Leadership, Health Education, Social Education, Education/Employment, Housing/Financial, Cultural Connection and Physical health. There is a hot desk between 9am to 3pm with either a counsellor, social worker, Whanau worker or facilitator providing a walk in service. Pro active activities include Whanau Careers projects, Active Citizenship, Whanau Ora planning and piloting Whanau Ora Taranaki Ora planning in schools for young boys.

746.2 Becky Jenkins, Public Health Unit, role in the Delivery of the Triple Aim
The DHB has had a strong focus on the rebuild of the hospital and around financial balance. One of the statutory functions of the DHB is around improving, promoting, protecting the health of people and communities. The population health approach is completely consistent with the DHB's priority areas of maintaining protecting and improving the health of the whanau.

Outline of presentation

- Focus on population health within the Triple Aim
- Use examples to demonstrate the population health approach in action during 2013-14
- Proposed future themes for CPHAC to enable effective reporting and development of the population health approach with DHB
- Respond to any questions on the year end report

Statutory Role of DHB

- New Zealand Public Health & disability Act 2000. DHB objective includes to – Improve, promote and protect the health of people and communities
- A population health approach is consistent with the TDHB priority area of maintaining, protecting and improving the health and wellbeing of the families, whanau and communities of Taranaki

Quality Improvement

- Improved quality, safety and experience of Care (Individual)
- Improved health and equity for all population (population)
- Best value for public health system resources (system)

TDHB Public Health Strategic Plan (2009)

The population health approach

- A population focus including inequalities
- A collective responsibility and a primary role for the state
- An emphasis on prevention
- A concern with both risk factors and socio-economic determinants of health
- A multi-disciplinary base
- Partnership with populations/communities

Discussions

- Ms Leatherby complimented the Public Health Unit for their positive work in the communities and invited the Committees to the 18th and 19th at Parihaka to hold face to face collaboration, sharing and connecting with the coastal communities.
- In response to a question from the Committees, Mrs Jenkins advised that the engagement with Councils happens at a number of different levels. In terms of the regulatory functions eg Alcohol Liquor Licencing and Drinking Water there is a very strong relationship between Environmental teams and the District Council and Health Protection teams. In terms of key activities of the Council e.g. Let's Go activity run in new Plymouth or Reducing Harmful Gambling, further development of the relationship with Council and the DHB is anticipated.
- Dr Jarman advised the success of a number of projects that were undertaken in Te Taitokerau were based on partnerships and self determination. One project is the eradication of rheumatic fever. This has become a community model and is being used throughout New Zealand.
- Mrs Eagles enquired if ante natal classes were taking place at Tu Tama Wahine or on the Marae. She was advised they were not happening at either location.
- Ms Campbell noted that communication, face to face approach and action are key indicators to transform our communities.

747.0 Conflict of Interest

The Register was circulated for signing by members. No new conflicts were registered.

748.0 Public Comment

There was no public comment.

749.0 Minutes of Previous Meeting

Resolution

That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee resolve to accept the minutes of the meeting held on 25 June 2013 as a true record subject to the correction of Te Atiawa Runanga Medical Practice.

*Tamatea/Ballantyne
Carried*

750.0 Matters Arising from Minutes

750.1 Hydrotherapy Pool

The Committees requested that Management research an alternative solution.

751.0 Management Reports

751.1 Maori Health Report

Chief Advisor Maori Health took her report as read highlighting the following:

- **Whānau Ora**
Minister Turia announced the model for the future delivery of Whānau Ora on 16 July 2013, and is now looking for three commissioning agencies, one for the South Island, one for the North Island and for Pacific communities. Ms Henare advised the wind down of the Regional Leadership Groups is signalled for end of December 2013. Te Puni Kokiri will continue to be the administering department for Whanau ora.
- **Primary Care Ethnicity Data Audit Toolkit**
The Ministry and Waitemata DHB funded the development of the Primary Care Ethnicity Data Audit Toolkit which provides a resource for assessing the quality of ethnicity data in primary health care settings and supporting quality improvement. The Toolkit will be widely disseminated for PHO use as part of their expected audits of data.
- **Blessing of the new hospital**
The blessing which took place on Friday 2 August at 5.00am went well and was well attended by kaumatua, kuia and paheke from the majority of iwi of Taranaki along with many Maori providers and other agencies.
- **Whakatipuranga Rima Rau Trust**
Nineteen participants of the Incubator programme from 2013 have confirmed their intention to follow a health career pathway. Seven former Incubator students applied for and received health scholarships in 2013 from the TDHB health scholarships fund. The application to the JR McKenzie Trust for funding of \$100K p.a. was successful.
- **The Taranaki Ora Provider Collective Development**
TDHB has had very little involvement with the TPK led Whānau Ora collective for Taranaki comprising of Tu Tama Wahine o Taranaki and Tui Ora Ltd. The DHB's indirect involvement to date has been through the contribution of Tui Ora whose role is to provide back office support. The DHB looks forward in the next year to exploring and supporting ways of bringing about good alignment between the services of Taranaki Ora and those of Te Kawau Maro alliance.

Discussion

- Ms Henare advised the WTRR Trust will support the continuation of the Operations Management role.
- Ms Henare advised the Taranaki Wanganui Regional Leadership Group were successful in its distribution of Whanau Integration Innovation and Engagement funds within the communities of Taranaki.

Resolution

That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive the Maori Health report as tabled.

*Eagles/Ballantyne
Carried*

752.2 Planning Funding and Population Health Report

Mrs Boardman took her report as read highlighting the following:

- Mrs Boardman advised the change in the format of her report to highlight recommendations to the Board.
- At the time of submission of the 2013/14 Annual Plan to the Ministry of Health, there were two PHO's operating in Taranaki and the actions described in the Annual Plan reflect the jointly agreed work programs with both PHOs. Mrs Boardman explained why there is only one PHO now.
- TDHB will use existing IDF arrangements with Wanganui DHB for dealing with the Waverley practise which has joined with the Wanganui PHO.
- The Taranaki Alliance Leadership Team (TALT) which includes representation from TDHB, Midland Health Network and Tui Ora Limited will be used as the mechanism to progress primary secondary integration.
- Mrs Boardman advised a change in the format of the Financial report to bring it in line with the way the Board is reporting its finances.

Discussion

- Mrs Boardman advised the DHB is looking at ways of utilising the Mental Health Line which is utilised by seven other DHBs to support Mental health Crisis Teams.
- Mrs Eagles enquired what the CFA (net of National Reviewer deduction figures were). Mrs Boardman advised the funding is allocated on a population basis and advised the National Reviewer is a national post that looks at all DHBs. These figures are part of the Regional Services Plan.
- Mrs Borrows enquired what the benefit will be in formalising the relationship with Midlands Health Network. Mrs Boardman advised that 97% of the Taranaki population are enrolled with the Midland health Network. With the policy direction and changes that have been made around expectations of PHO's involvement in planning, the Government expects PHOs and DHBs to work jointly around the annual plan. In order for this to happen DHB need to acknowledge the importance of PHO's as partners in achieving health jobs for our population. are an important partner. Mr Foulkes noted that 97% of our population is covered by the Midland Health Network.
- Mrs Eagles enquired what standards are in place to ensure the public health effects of adverse air quality are managed with regards to Dow Agro Science's High Temperature Incinerator. Mrs Boardman advised that is the responsibility of the Regional Council. The sole role of the DHB is to provide advice on any potential adverse health effects of the air quality. Central Government experts are providing support to the DHB.
- Mrs Eagles asked what the results were of the water testing in the Te Henui stream for ESR microbial source tracking. Dr Simmons advised there are traces of waterfowl faeces. The DHB and Taranaki Regional Council

undertook extensive studies using CCTV that showed nothing specific was found. A sign at the top of the stream advises it is not safe to swim in it.

- Healthy Families NZ, Mr Ballantyne enquired why Eltham, the second largest town, was not included in the initiative. Mrs Boardman advised Waitara, Moturoa, Marfell, Spotswood, Stratford, Inglewood, Opunake, Hawera and Patea were the towns that were identified, through community engagement.

Resolution

That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee note

- *Future work with the National Hauora Coalition will be limited to their participation in Te Kawau Maro Alliance activities.*
- *Those actions signalled in the 2013/14 Annual Plan which were to be progressed with the National Hauora Coalition will not be progressed.*
- *The DHB will use existing IDF arrangements with Wanganui DHB as the mechanism for dealing with the Te Waipuna practice.*
- *The jointly agreed work programme with Midland Health network will be the DHB's sole focus for primary secondary integration and activity manage acute demand.*
- *The Taranaki Alliance Leadership Team (TALT) which includes representation from DHB, Midland Health Network and Tui Ora Limited will be used as the mechanism to progress primary secondary integration.*

The Committees recommend to the Board that consideration is given to formalise the DHB's relationship with the Midland Health Network at a governance level to reflect the critical importance of the relationship.

*Eagles/Lockett
Carried*

753.0 Other Business

Ms Leatherby asked if consideration could be given to the Taranaki coastal area to hold the CPHAC DSAC meetings to allow for Maori contribution and participation.

754.0 Next Meeting

It was noted the next meeting date is 29 October 2013

The meeting concluded at 3.15 pm.

.....
Chairman

.....
Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List from 27/08/2013						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
17	7/2/13	From TDHB meeting of 7 February 2013 End of Life presentation - Board workshop to be arranged with input from Chair	Progressing	GM PF&PH	30/6/13	
22	27/08/2013	Hydrotherapy Pool – Management to research an alternative solution	Progressing	GM PF&PH	29/10/13	29/10/13

TO Members of the Community and Public Health and Disability Support Advisory Committee

FROM Ngawai Henare, Chief Advisor Maori Health

DATE 22 October 2013

SUBJECT MAORI HEALTH REPORT



Measure	Target	Actual Maori	Non-Maori	Gap	Commentary
NATIONAL PRIORITIES					
Improving the accuracy of ethnicity data in PHO's	<0.67%				The Ethnicity data audit tool is being developed for implementation during 2013/14. The CEO of the Midland Health Network has advised ethnicity data audits will not be happening in its practices.
Increase PHO Maori enrolment rates	98%	88% Q4	99% Q4	11%	Latest available results are Q4 2012/13
Ambulatory sensitive Hospitalisation rates					Measured six-monthly
0-4	<142%	88% Q4	85% Q4	3%	
45-64	<161%	84% Q4	91% Q4	7%	Latest available results are Q4 2012/13
0-74	<164%	95% Q4	95% Q4	0%	
Improving Maori breast-feeding rates					
• 6 weeks	74%				
• 3 months	57%				
• 6 months	27%	11% Q4	20% Q4	9%	The Mama Pepe Hauora Service has been launched and is on track. Three Lactation Consultant Scholarships have been awarded in September with a further placement available once the applicant provides further supporting information that is acceptable to the DHB. Latest available results are Q4 2012/13
High-risk patients that receive an angiogram within 3 days of admission	>70%				This is a new measure for which data is not yet available
>95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data	>95%				As above

Measure	Target	Actual Maori	Non-Maori	Gap	Commentary
collection					
Percentage of the eligible population who have had their CVD risk assessed in the last 5 years	90%	63% Q4	75% Q4	12%	Latest available results are Q4 2012/13
Percentage of Breast screening rates among the eligible population (50 – 69 yrs)	70%	62.5% Q4	77.1 Q4	14.6%	Latest available results are Q4 2012/13
Cervical screening rate among the eligible population aged between 25-69	80%	73% Q4	88% Q4	15%	On target. Strong focus on high needs during Cervical Screening awareness month in September. Latest available results are Q4 2012/13
Percentage of adults 15+ admitted to hospital either acutely or for elective procedures who are provided with advice and help to quit	95%	96%	97%	-1%	Target achieved. Reduction from previous month
Percentage of smokers in primary care who are provided with advice and help to quit	90%				Data not yet available for 2013/14. The latest available data is for Q3 2012/13 which shows Taranaki achieved 63% placing them 2 nd in the region and 4 th nationally.
Percentage of 8 month olds fully immunised	90%	89%	92%	3%	On track to achieving target and reducing inequalities
Seasonal influenza immunisation rates for Māori aged 65 years and over	75%	67% Q4	69% Q4	2%	Latest available results are Q4 2012/13
2013/2014 rheumatic fever target – number of rate reductions, 10% below 3-year average	0.8				Measured annually. Rates are already very low for Taranaki. Draft Rheumatic Fever Prevention Plan submitted to MOH 18/10/13
LOCAL PRIORITIES					
DNA rate for outpatient appointments	<9%	18% Q4	8% Q4	10%	Latest available results are Q4 2012/13
Pre-school dental enrolment	85%				Measured annually. Data not yet available. Good engagement with relevant TDHB staff to develop and implement solutions
SUDI mortality rate per 1,000 live births of Maori infants	0.75				Measured annually. Data not yet available. Good progress made setting up safe sleeping environments information using donated wahakura
Access by Taiohi Māori to packages of primary mental health care	25% increase	No baseline available			No data or progress available. A range of activities are under way to support taiohi access to care and these will increase over time. A full report will be provided to the next CPHAC meeting by the responsible Portfolio Manager..

4. STRATEGIC INITIATIVES

Deliverable	Status	Better Quality Care	Improved Health Status	Engaged Workforce	Comments
DAP Initiatives					
1. Supporting Whanau Ora provider collectives	On track	0	0		Meetings held with Taranaki Ora providers Tu Tama Wahine and Tui Ora. Both committed to strengthening collaborative relationships with each other and TDHB
2. Whanau Ora – Building capacity and capability of providers	On track	0	0		
3. Whanau Ora – Supporting strategic change	On track	0	0		
Other Initiatives					
4. Reduce Maori DNA rates for outpatient appointments	In progress	0	0		Decision to focus on internal processes and cardiology diagnostics
5. Whakatipuranga Rima Rau (WRR) Maori workforce development	On track	0		0	Incubator programme completed. 21 x year 13 students pursuing health careers in 2014. Focus now on supporting students with tertiary enrolments and other support
6. Increase pre-school dental enrolments	In progress	0	0		Process mapping completed and team currently exploring options
7. Maori workforce recruitment policies and procedures review	In progress	0		0	Analysis and prioritisation of 'Maori impact' roles undertaken. Now looking at ways to support managers proactive recruitment of Maori.
Key achievements:					
<ul style="list-style-type: none"> Established steering group for DNA project and appointed increased resources to investigate, develop and implement strategies. Cardiac diagnostics targeted for investigation and action Te Kawau Maro alliance 5-year outcomes-based contract in place from 1 July 2013. WRR secured additional income of \$100k p.a x 3 years from JR McKenzie Trust; Final Incubator workshop held at WITT, 117 attendees; 21 year 13's committed to health career pathways 11 Tikanga Recommended Best Practice training sessions and 2 Treaty of Waitangi workshops carried out during the quarter with 143 and 28 staff attending respectively. 2 Tikanga training sessions provided for Hospice and Rest Homes, 38 staff attended. 					
Areas off Track and Remedial Actions					
<ul style="list-style-type: none"> Preparation for He Ritenga cultural audit of Colposcopy and Diabetes pathways needs further discussion to agree the scope and approach to be used. Te Kawau Maro Alliance Leadership yet to be established. Flexible funding unallocated as a result. Working with Tui Ora, National Hauora Coalition and Te Whare Punanga Korero to agree Te Kawau Maro governance arrangements to enable set up of the Alliance Leadership Team asap. 					

- He Ritenga cultural audit of colposcopy and diabetes pathways currently in planning
- Health Workforce NZ Hauora Maori scholarships advocacy for 2014

TDH 250-5509 Maori Health Services							
DHB Multi Entity							
NZD Sep-13							
Company=09 (Taranaki DHB), Service=250 (Taranaki Base Hospital), Department=5509 (Maori Health Services)							
Acct	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Total Revenue	(5,549.03)	(7,453)	1,904	(12,071)	(22,358)	10,287	(89,431)
Expenses							
Total Personnel Costs	17,853.87	20,029	(2,175)	54,972	61,317	(6,345)	245,431
Total Clinical Supplies	8.71	0	9	9	0	9	0
Total Infrastructure & Non Clinical Supplies	14,468.70	13,802	666	29,007	41,425	(12,418)	165,508
Total Internal Allocation	165.00	514	(349)	869	1,541	(672)	6,166
Total Expenses	32,496.28	34,345	(1,848)	84,857	104,283	(19,426)	417,105
Net Result	26,947.25	26,892	55	72,786	81,926	(9,140)	327,674
	=====	=====	=====	=====	=====	=====	=====

Area	Comment	Strategies to Mitigate
Revenue	Revenue is generated from HWNZ Hauora Maori scholarships	
Expenses	No issues	

TO Community & Public Health, Disability
Support Advisory Committees



FROM Sandra Boardman, GM Planning,
Funding & Population Health

DATE 29 October 2013

MEMORANDUM

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

1.0 INTRODUCTION

This report provides the Committees with an update on Planning, Funding and Population Health activities during the period September and October 2013.

2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

2.1 There are no decision items for recommendation to the Board.

3.0 INFORMATION ITEMS

3.1 Primary Care

3.1.1 Acute Demand Management

Following the 'Think Tank' involving a wide variety of Primary Acute Demand providers held on 13 August on how to better management Acute Demand in Primary Health Care, Taranaki DHB in collaboration with the other partners developed a Programme Plan 'Primary Care Acute Demand'. This programme of work includes the development of a Taranaki model of Primary Options, investigation into McKesson's Mental Healthline to support people in time of mental health crisis, Healthline as a first call health information service and St John Ambulance staff having the ability through good information to transport Primary Health patients to Accident and Medical Clinics if appropriate.

The Taranaki Alliance Leadership Team (TALT) approved the programme plan and will oversee the implementation process across the organisations.

3.1.2 Te Kawau Maro

The Results Based Accountability (RBA) agreement between Taranaki DHB and Te Kawau Maro is operational and the first of the RBA framework reporting is due this month. Moving to an outcomes based contracting is a significant move that aims to improve the health outcomes for the population served by Te Kawau Maro.

3.1.3 Pharmacy

The implementation of the Community Pharmacy Service Agreement is now into phase 3 of a four phase implementation. The aim of this new service delivery model is to move Community Pharmacists away from dispensing medications to providing a medicine adherence support service to their patients, particularly to those people living in the community with long term conditions.

An additional service currently being provided by eight community pharmacies across Taranaki is blood testing and monitoring of people on Warfrin. Another expression of interest is currently under way for other community pharmacies who may decide to provide this service for their patients.

3.1.4 Map of Medicine

Map of Medicine (MoM) is a collection of approximately 1,100 clinical pathways, which can be tailored to local services and providers, based on existing evidence and international guidelines. The MoM website is a central hub of pathway information that practitioners can be sure are clinically sound, up to date, and includes local information on service provision. It is a great resource for general practices and hospital physicians to use with patients, ensuring primary care works to its full potential which helps to prevent unnecessary referrals to hospital, and supporting consistent clinical pathways for patients in hospital and then when they move back into the care of their primary health team. MoM allows for easier conversations around the planning of services and the shifting of services to occur.

Taranaki DHB is currently working with the Midland Health Network to implement the Map of Medicine for use by both General Practitioners and Hospital Physicians.

3.2 Mental Health and Addictions

3.2.1 Crisis and Planned Respite Services

All three of the Crisis and Planned Respite services are now open and delivering services. The Youth Services were able to support the adult clients for a period while the Ward was experiencing increased occupancy and the Adult Crisis Respite services were still being established. This flexibility is an important part of being able to support tangata whaiora and the DHB in a way that supports good outcomes.

3.2.2 Social Detox

A model of care has been developed between Salvation Army and Taranaki DHB. A proposed pricing model has been submitted to Planning and Funding for consideration. This will be included in the wider residential review to be concluded in October.

3.2.3 Improving Primary Secondary Integration

Midlands Health Network is leading a workshop in November with Specialist Mental Health and Addictions Service on agreeing common priorities to enhance service provision in primary care with support from specialist services.

3.2.4 Reconfiguration of residential services

A final meeting is being held in October to recommend changes for residential care. The approach is to look for more options that keep tangata whaiora in the community where ever possible and avoiding residential care.

3.2.5 Reconfiguration of non- residential services

Once the residential service reconfiguration is completed the non-residential services will be reviewed in 2014.

3.3 Cancer and Palliative Care

3.3.1 Implementation of Taranaki Palliative Care Plan

Implementation of the Taranaki Palliative Care Plan is on track. At this stage two key pieces of work have been achieved:

Transfer of the Needs Assessment and Service Coordination function for palliative clients transferred from Hospice Taranaki to TDHB Community Support Service on 1 July 2013 to ensure greater equity and streamlined service provision for all palliative clients.

Transfer of Specialist Community Palliative Nursing Service from TDHB District Nursing Service to Hospice Taranaki on 1 October 2012 for the Stratford, Opunake and Patea areas. This will enhance the specialist community nursing support available for palliative patients living in these areas, and will mean that Hospice Taranaki will now deliver this specialist

service to the whole of Taranaki (excluding Inglewood and Mokau, which is served by Midlands Health Network).

3.4 Child and Youth

3.4.1 Social Sector Trials

Taranaki DHB has been involved in the development of the South Taranaki Social Sector Trials (SST). Of the four outcomes, health is closely linked to reducing young people's use of alcohol and other drugs. The draft South Taranaki District Action Plan (July 2013 – June 2015) – Trialling new approaches to Social Sector change has the following initiatives led by Taranaki DHB with support from the SST partners.

1. Provision of vouchers to enable young people to access counselling for alcohol and other drug issues.
2. Mini HEADSSS¹ training for school counsellors so they can undertake alcohol and other drug assessments on young people.
3. Increasing the resources for supporting young people to cope with alcohol and other drug issues and pressure in family/whanau and peer settings; and
4. Taranaki DHB will partner with the South Taranaki District Council to look at ways to address alcohol access and supply to reduce alcohol abuse.

3.4.2 Stratford Maternity Services

Taranaki DHB will undertake a Request for Proposal process for future service delivery of Primary birthing and postnatal services for Central Taranaki. The current contract for services remains in place till 30 June 2013.

3.4.3 Expansion of School Based Health Services

With an additional \$11,000 of funding from the pharmaceutical savings, the Public Health Nurses are able to expand the HEADSSS assessments to YMCA teen mums programme and young males programme in addition to the one decile 3 school identified in South Taranaki. Many of these young people present with complex issues often requiring intensive follow-up.

3.4.4 HEADSSS Workforce Development Training

The rollout of the Youth specific Primary Mental Health Initiative has provided the opportunity to continue to approach workforce development and training with a whole of sector approach. School Counsellors will be trained on the mini HEADSSS providing another tool for them to assess the needs of young people they identified as to benefitting from the screening.

3.4.5 Roll out of PMHI vouchers to Public Health Nurses and School Counsellors

From November vouchers will be available to Public Health Nurses and the Nurse Practitioner in South Taranaki for counselling for young people. From the beginning of the 2014 school year access will be further expanded to include School Counsellors.

3.4.6 Perinatal Client Pathway

Work continues at a regional and local level on the development and implementation of the Perinatal Pathway.

3.4.7 Stocktake of services for vulnerable pregnant women, children and parents

As part of Children's Action Plan – the first milestone is for DHB's to undertake a stocktake of the services being offered to determine where the gaps are. This is to be completed by end December 2014.

¹ Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety and Spirituality.

3.5 HEALTH OF OLDER PEOPLE

3.5.1 Wrap Around services for Older People

The Enhanced Intermediate Care Service was implemented on 1 July 2012. That financial year (2012/13) saw a drop in utilisation of aged residential care at all levels (apart from secure dementia level). This compares to a rise across all levels in previous years. This data will be reviewed again at the end of the 2013/14 financial year.

Bed Type	2008/09	2009/10	2010/11	2011/12	2012/13
DEMENTIA-AGE	22,326	23,362	25,162	28,377	32,423
HOSPITAL-AGE	60,637	64,448	77,896	80,273	79,105
PSYCGERI-AGE	14,107	13,726	13,401	10,963	10,313
RESTHOME-AGE	185,743	188,752	189,940	201,535	191,338

Discussions will begin within our Older People's Health Service in October 2013 around developing criteria for community based older people to access the Enhanced Intermediate Care Service (it is currently targeted at post discharge clients only).

3.6 POPULATION HEALTH

3.6.1 Taranaki DHB Public Health Unit - Annual Plan 2013-14

This report is against the Ministry of Health approved Annual Work Plan for the Taranaki DHB Public Health Unit (PHU) for the period of September 2013.

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

3.6.2 Drinking Water

The Taranaki PHU was the first in the country to complete the annual review of drinking water supplies. All water supplies in Taranaki were assessed in their requirements to meet both the Legislation and the Drinking Water Standards for New Zealand. This survey showed a marked increase in performance compared to the survey undertaken during 2011-2012.

3.6.3 Hazardous Substances

A hapu with land adjacent to a proposed 1080 aerial operation approached the Public Health Unit with concerns about drinking water and traditional Maori foods. This resulted in a further assessment of the 1080 operation by the Medical Officer of Health and changes made to the conditions for the VTA permission conditions.

In response to a request from the NZ Fire Service to attend a house fire, sampling for asbestos and advice was carried out with further referral to the Environmental Health Officer for action.

3.6.4 Emergency Planning

On 27 September the PHU facilitated a 'Public Health' lead training day looking at the potential public health issues associated with a volcanic event in Taranaki. A variety of stakeholders attended the training day including; local councils, rest home managers, service health providers (Tui Ora), and external District Health Boards (Whanganui). The training day was developed to get stakeholders thinking about 'health' related issues in the region as a build-up to the regional (and national) exercise Pahu which is being run in Taranaki later this year and led by Civil Defence. This workshop was very well received by attendees and included presentations from Civil Defence and Environmental Science and Research (ESR).

3.6.5 Communicable Disease

The Public Health Unit was notified of, and investigated a suspected case of Meningococcal Disease. The Meningococcal Disease Protocol was enacted. A full case and close contact assessment and management was completed. All close contacts who required chemoprophylaxis were identified and treated. These results identified that neisseria meningitidis was not detected.

3.6.6 Tobacco

A Psychoactive Substances Controlled Purchase Operation (CPO) was carried out in collaboration with South Taranaki Police, STDC and Public Health. Five premises were tested, including two premises that had been granted an interim license, one with an application still awaiting approval, and two other retailers suspected of illegally selling psychoactive substances. Prior to carrying out this CPO, Public Health carried out education visits with all five premises, and reported back to the MOH on two dairies attempting to trade as dairies and R18 stores. During the CPO, no sales were made to the volunteers, however two of the dairies were found to be trading from inside the dairy premises. As a result of information from Public Health, Police and the community, one of these non compliant dairies/ R18 store has had their license suspended.

3.6.7 Alcohol

A Controlled Purchase Operation (CPO) was carried out in South Taranaki to test licensee's compliance with the Sale and Supply of Alcohol (SASA) Act 2012. This was a joint operation led by the Police with support from South Taranaki District Council and Public Health. Two volunteers, aged 16 and 17 years-old were sent into a variety of licensed premises including bottle stores, supermarkets, and on license premises to attempt to purchase alcohol. The results showed a marked improvement on compliance with the SASA Act in comparison to two CPOs carried out last year in the same region. During this CPO, 9% of premises sold alcohol to our volunteers, compared with 26% of premises selling alcohol during two south CPOs held in the last contractual year.

3.6.8 Social Environments (Patea, Opunake and Manaia)

As part of scoping work to identify a determinant of health project amongst key stakeholders for the Patea community, the PHU has linked with Patea Youth Trust. The organisation begins a phase of growth with a new Board of Governance and key management positions, including Communication Co-ordinator and Programme Co-ordinator. This month the PHU joined the Board of Governance alongside other agencies contributing and supporting the organisation including Youth Connex, Taranaki-Whanganui Chamber of Commerce and Te Runanga o Ngati Ruanui. This position leverages key relationships amongst the community and wider stakeholders to identify and progress a wider determinant initiative.

3.6.9 Health Promoting Schools

The Health Promoting Schools (HPS) programme aims to support schools in high-need communities to strengthen their capacity as healthy settings for living, learning and working. The team has developed five criteria to guide in the selection of new HPS. These are decile 1-4; Māori and/or Pasifika students make up more than or equal to 30% of school roll; the community is identified as high need in TDHB Public Health Unit Rapid Assessment for Priority Communities 2010-11; the school is prepared to adopt the HPS National Strategic Framework; and the school Principal and Board of Trustees are willing to sign a 'Mana Enhancing Understanding' every three years, in line with Board of Trustees election cycles. Any schools that approach the PHU to join the programme, or potential schools identified by Health Promoters, will be assessed against these criteria, ensuring a transparent selection process.

3.6.10 Physical Activity and Nutrition (Inc Breastfeeding)

The focus for the Green Feet Retailer Project this month has been on evaluation. The project consisted of feet/shelf talkers and recipes being placed within Opunake 4 Square 45 that promoted healthy food recipes and ingredients. The project also worked alongside Te Kura Kaupapa Maori O Tamarongo children to teach healthy cooking skills. Part of this was to also discuss with the children healthy eating, including food groups, label reading and a supermarket tour was also held. The project has been evaluated with the children and thus far children have reported an increase in knowledge of healthy food and have enjoyed the healthy food that has been cooked within class time. The project is currently being evaluated with wider audiences through the use of “survey monkey” and this has worked well. Responses will be collated and analysed next month.

3.6.11 Injury Prevention

New Plymouth Injury Safe Trust (NPIS) has been heavily involved in the co-ordination and planning of Suicide Prevention Week, during September. One of the highlights was on 14 September with the arrival of Riders Against Teen Suicide (RATS) in town and the culmination of 72 motorcyclists participation in awareness raising activities at the rally end-point in Inglewood. A carnival atmosphere was established with service provider information, local bands and food stalls.

3.6.12 Hauora Rangatahi

The PHU's Taiohi Tu youth health campaign was kicked off this month with the launch of a new monthly live health show segment on Te Korimako o Taranaki radio. The goal for the show is to support the increase of positive messages for young people and to connect expert as well as role model advice on key areas of wellbeing. The show features a regular panel including the radio host, a Taiohi Tu health promoter and a guest speaker and well as two youth roaming reporters who go out to collect and share the opinions of young people. The first show explored 'What is wellbeing?' and profiled local role model Puna Wano-Bryant. It generated a good level of initial discussion with a live audience text message question in and three youth interviews. The show is planned to air the last Thursday of every month.

Taranaki Public Health Unit
2013/14 Annual Plan Monthly Progress Report

From 1-July-13
To 30-September-13

		Month 3
Physical Environments		Status
A1	Border Health	Amber
A2	Drinking Water	Amber
A3	Hazardous Substances	Amber
A4	Resource Management and Planning	Amber
A5	Public Health Emergency Planning and Response	Amber
A6	Other Regulatory Activity	Amber
Communicable Disease		
B1	Communicable Disease	Amber
Integrated Plans		
C1	Tobacco	Amber
C2	Alcohol Related Harm	Amber
Supporting Communities		
D1	Social Environments	Amber
D2	Health Promoting Schools	Amber
D3&4	Nutrition and Physical Activity (inc Breastfeeding)	Amber
D5	Injury Prevention	Amber
D6	Hauora Rangatahi	Amber
Programme Support		
E1	Workforce Development	Amber
E2	Information Management and Research and Evaluation	Amber
E3	Health Information and Health Education Resources	Amber
E4	Public Health Infrastructure	Amber
E5	Workforce Profile and Budget	Amber

Key

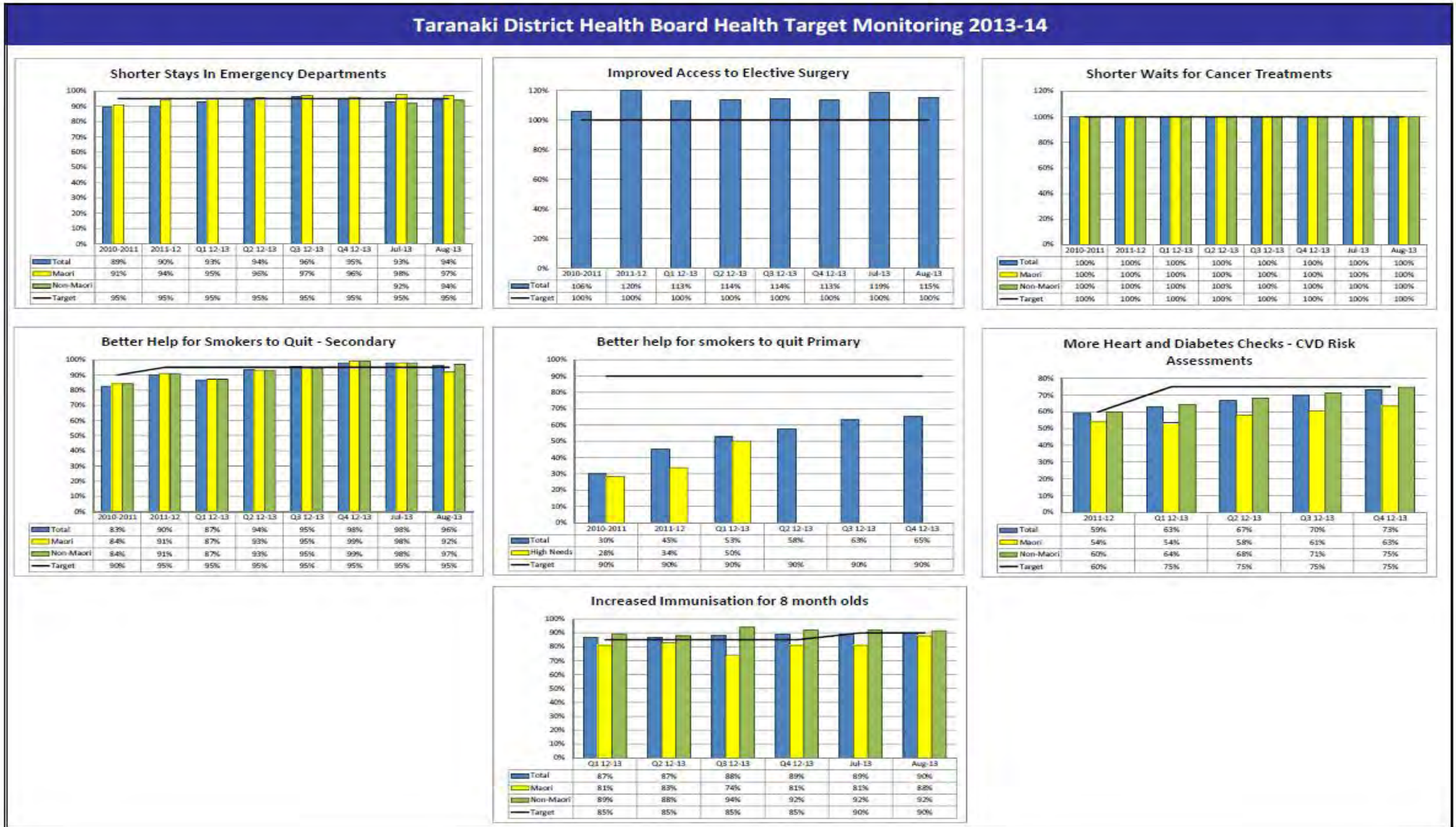
Red	Not achieved / Behind Plan
Amber	In progress / On track
Green	Completed

4.0 Regional Planning and Funding Activity

4.1 Health of Older People

A Service Level Alliance Team has been established to progress the Midland Chief Executive and Chair priorities for health of older people services. This includes reviewing innovation in all districts aimed at support older people to live well in their own homes, determining the effectiveness of the new models of care and assisting the potential for wider application across Midland DHB's. The SLAT comprises 50% clinicians and includes three representatives from Taranaki DHB.

5.0 HEALTH TARGETS



6.0 FINANCIAL REPORTS

6.0.1 Overview of Funder Financial Results

This report gives an over-view of the TDHB Funder financial position for the period ending Sep 2013.

The overall funder position for the three months to Sep 2013 is a surplus of \$771k against a budgeted surplus of \$621K resulting in a positive variance of \$151k.

Funding to the Provider Arm is now being phased on the basis of actual monthly volumes with a wash up back to a phased plan at the end of each quarter. This may result in a greater variability in the funder results on a month by month basis. Variability will be seen in the areas of Personal Health, Mental Health and Health of Older People.

<u>Personal Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$1,191K	\$1,023K	\$168K	F

<u>Mental Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(8)K	\$(115)K	\$107K	F

<u>Population Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(77)K	\$0k	\$(77)k	U

<u>Health of Older People</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(126)K	\$(213)K	\$87K	F

<u>Maori Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(209)K	\$(75)K	\$(134)K	U

- Additional expenditure above budget is now anticipated in this portfolio relating to Whanau Ora services.

At this early stage in the financial year, the Funder's planned surplus of \$10m is viewed as a challenging but achievable target. The funder will however need to absorb additional expenditure estimated at \$600k related to Inter District Flows for 2012-13.

Detailed financial analysis is attached as Appendices.

7.0 ACTION REQUIRED

The Committee are asked to receive and note the report.

Sandra Boardman

General Manager – Planning, Funding & Population Health

Appendices

Personal Health Financial Report

Mental Health Financial Report

Population Health Financial Report

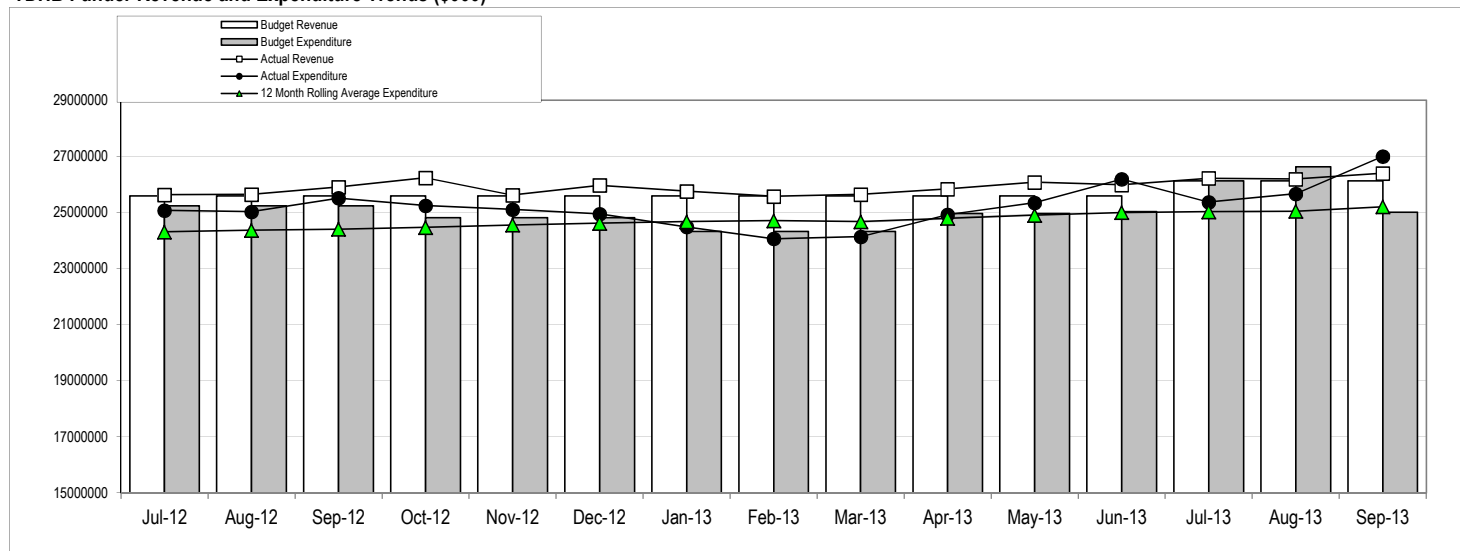
Health of Older People Financial Report

Maori Health Financial Report

Taranaki DHB Funder Financial Performance Report for Sep 13

Summary	Month			YTD				Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	Variance as % of YTD Budget	
September-13								
Revenue								
Personal Health	19,653	19,542	111	58,788	58,626	162		234,504
Mental Health	2,578	2,578	0	7,734	7,734	0		30,934
Population Health	205	57	148	378	170	208		681
Health of Older People	3,563	3,553	10	10,705	10,658	47		42,632
Maori Health	230	230	0	690	690	0		2,761
Funding and Governance	170	170	0	510	510	0		2,040
Total	26,398	26,129	269	78,805	78,388	417	1%	313,552
Expenses								
Personal Health	19,715	18,488	1,227	57,597	57,603	(6)		224,205
Mental Health	2,809	2,550	259	7,741	7,848	(107)		30,934
Population Health	246	57	190	455	170	285		680
Health of Older People	3,771	3,494	277	10,831	10,871	(40)		42,632
Maori Health	293	255	38	899	765	134		3,061
Funding and Governance	170	170	0	510	510	0		2,040
Total	27,003	25,013	1,990	78,034	77,767	267	0%	303,552
Profit/(Loss)								
Personal Health	(62)	1,054	(1,116)	1,191	1,023	168		10,299
Mental Health	(231)	28	(259)	(8)	(115)	107		(0)
Population Health	(42)	0	(42)	(77)	0	(77)		1
Health of Older People	(208)	59	(267)	(126)	(213)	87		0
Maori Health	(63)	(25)	(38)	(209)	(75)	(134)		(300)
Funding and Governance	0	0	0	0	0	0		0
Total	(605)	1,116	(1,721)	771	621	151		10,000

TDHB Funder Revenue and Expenditure Trends (\$000)



Sep 2013	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Personal Health	(19,394,917)	(19,277,213)	(117,704)	(57,978,045)	(57,831,640)	(146,405)	(231,326,560)	A
IDF Revenue	(258,000)	(258,000)	-	(772,434)	(774,001)	1,567	(3,096,003)	
Accident Insurance	-	(6,750)	6,750	-	(20,250)	20,250	(81,000)	
Personal Health - Other Revenue	-	-	-	(37,334)	-	(37,334)	-	
REVENUE TOTAL	(19,652,917)	(19,541,964)	(110,954)	(58,787,813)	(58,625,891)	(161,922)	(234,503,563)	
Expenditure								
NGO	7,977,439	7,930,881	46,558	23,763,898	23,792,644	(28,746)	95,170,578	
Provider	11,737,396	10,557,045	1,180,351	33,833,048	33,809,967	23,081	129,033,972	
Total	19,714,835	18,487,926	1,226,909	57,596,946	57,602,612	(5,665)	224,204,550	
PROFIT/(LOSS)	(61,917)	1,054,037	(1,115,955)	1,190,867	1,023,279	167,587	10,299,013	
EXPENSES								
NGO								
6111 Child and Youth	131,656	43,986	87,670	219,197	131,957	87,240	527,829	
6136 Laboratory (Funder)	428,462	430,022	(1,560)	1,298,814	1,290,067	8,747	5,160,268	
6144 Maternity	103,434	62,897	40,537	103,434	188,692	(85,258)	754,767	B
6148 Tertiary and Secondary Obstetrics	(115,247)	-	(115,247)	(32,871)	-	(32,871)	-	B
6152 Pregnancy and Parenting Education	4,982	5,244	(262)	14,140	15,733	(1,593)	62,930	
6156 Maternity Payment Schedule	-	1,844	(1,844)	-	5,531	(5,531)	22,126	
6164 Sexual Health	-	6,887	(6,887)	19,003	20,662	(1,659)	82,648	
6168 Adolescent Dental Benefit	80,438	83,070	(2,632)	256,655	249,211	7,444	996,844	
6180 School Dental	10,795	11,625	(831)	28,723	34,876	(6,153)	139,550	
6184 Secondary/Tertiary Dental	1,200	1,724	(524)	3,932	5,171	(1,238)	20,682	
6192 Pharmaceuticals (Funder)	2,305,359	2,287,042	18,317	6,933,393	6,861,126	72,268	27,444,503	
6228 General Medical Subsidy	96,649	62,912	33,737	265,044	188,735	76,310	754,938	
6232 Primary Practice Services Capitated	1,567,462	1,620,113	(52,651)	4,711,282	4,860,339	(149,057)	19,441,356	
6236 Practice Nurse Subsidy	9,249	8,492	757	23,322	25,475	(2,153)	101,899	
6240 Rural Bonus	72,823	68,119	4,704	223,089	204,357	18,732	817,429	
6244 Immunisation	24,035	61,963	(37,928)	87,166	185,890	(98,724)	743,559	C
6256 Palliative Care	157,325	217,463	(60,138)	464,280	652,389	(188,109)	2,609,556	F
6262 Domiciliary & Domestic Nursing	22,158	20,854	1,304	60,396	62,561	(2,165)	250,244	
6266 Chronic Disease Mgmt	48,336	84,107	(35,772)	180,400	252,322	(71,922)	1,009,289	
6287 Miscellaneous Services	46,495	82,383	(35,888)	118,132	247,148	(129,017)	988,594	
6288 Price adjusters and Premium	103,074	147,335	(44,262)	174,495	442,006	(267,511)	1,768,025	D
6289 Travel and Accomodation	9,383	10,567	(1,185)	30,914	31,702	(788)	126,809	
6290 IDF Own DHB Population	2,869,373	2,612,232	257,142	8,580,959	7,836,695	744,264	31,346,779	D
	7,977,439	7,930,881	46,558	23,763,898	23,792,644	(28,746)	95,170,578	
Provider								
6111 Child and Youth	81,572	81,572	-	244,716	244,716	-	978,864	
6136 Laboratory (Funder)	61,835	62,280	(445)	191,126	186,840	4,286	747,361	
6144 Maternity	57,874	36,922	20,952	110,767	110,767	-	443,068	
6148 Tertiary and Secondary Obstetrics	648,186	462,959	185,227	1,610,432	1,610,432	-	6,504,278	
6156 Maternity Payment Schedule	5,250	-	5,250	15,750	-	15,750	-	
6160 Neo Natal	325,039	140,419	184,620	676,983	676,983	(1)	2,450,152	
6164 Sexual Health	56,624	29,534	27,090	99,095	99,095	-	376,492	
6168 Adolescent Dental Benefit	16,421	11,601	4,820	39,981	39,981	-	130,889	
6176 Relief of Pain Dental	10,040	3,691	6,349	12,993	12,993	-	53,594	
6180 School Dental	398,995	284,604	114,391	984,189	984,189	(1)	3,134,086	
6184 Secondary/Tertiary Dental	264,691	193,608	71,083	548,976	548,976	-	2,015,297	
6194 Pharmaceutical Cancer Treatment Drug	137,992	134,520	3,472	406,608	403,560	3,048	1,614,240	
6244 Immunisation	8,060	20,932	(12,872)	62,795	62,795	1	251,179	
6248 Radiology	181,861	172,705	9,156	498,732	498,732	-	1,773,855	
6260 Meals on Wheels	4,935	4,935	-	14,806	14,806	-	59,224	
6262 Domiciliary & Domestic Nursing	369,185	316,898	52,287	1,109,082	1,109,082	-	3,753,644	
6264 Community Based Allied Health	161,463	183,824	(22,361)	571,903	571,903	-	2,205,012	
6266 Chronic Disease Mgmt	156,723	83,583	73,140	356,367	356,367	-	844,192	
6271 Medical Inpatients	2,502,865	2,187,131	315,734	7,299,170	7,299,170	(1)	27,581,778	
6273 Medical Outpatients	1,203,571	902,553	301,018	2,963,577	2,963,577	-	11,564,162	
6275 Surgical Inpatients	3,729,490	3,365,800	363,690	10,184,955	10,184,955	1	39,842,958	
6277 Surgical Outpatients	214,747	507,567	(292,820)	1,567,347	1,567,347	-	6,072,084	
6279 Paediatric Inpatients	329,328	244,098	85,230	847,994	847,994	(1)	2,712,229	
6281 Paediatric Outpatients	(20,681)	89,936	(110,617)	279,511	279,511	-	1,104,027	
6286 Emergency Services	340,110	544,149	(204,039)	1,661,535	1,661,535	-	6,926,661	
6287 Miscellaneous Services	110,162	110,163	(1)	330,488	330,488	(1)	1,321,953	
6288 Price adjusters and Premium	121,213	121,213	-	363,639	363,639	-	1,454,556	
6289 Travel and Accomodation	259,845	259,845	-	779,534	779,534	-	3,118,137	
	11,737,396	10,557,045	1,180,351	33,833,048	33,809,967	23,081	129,033,972	E

Note

A **Revenue**

Revenue includes funding for Cardiovascular Screening not anticipated in the budget.

B **Maternity**

Expenditure for Labour & Delivery service contract is budgeted under account 6144 rather than 6148

C **Immunisation**

Expenditure in this area will be greater in the last quarter of the financial year

D **Inter District Outflows**

A budget provision for a negative year end washup has been provided under account 6288, while the actual cost provision will be coded to account 6290

E **Internal Revenue**

Payments to the provider arm are to be phased according to actual volumes each month with a washup at the end of each quarter back to a phased plan.

F **Palliative Care**

Home based and admin support services associated with Palliative Care have been transferred from Hospice Taranaki to the Hospital Provider Arm

Sep 2013	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Mental Health	(2,577,597)	(2,577,597)	-	(7,732,791)	(7,732,791)	-	(30,931,164)	
IDF Revenue	(276)	(276)	-	(828)	(828)	-	(3,313)	
Revenue Total	<u>(2,577,873)</u>	<u>(2,577,873)</u>	<u>-</u>	<u>(7,733,619)</u>	<u>(7,733,619)</u>	<u>-</u>	<u>(30,934,477)</u>	
Mental Health Expenditure								
NGO	772,723	801,118	(28,395)	2,307,948	2,403,354	(95,406)	9,613,417	
Provider	2,036,040	1,748,681	287,360	5,433,405	5,444,807	(11,401)	21,321,061	
Total	<u>2,808,763</u>	<u>2,549,799</u>	<u>258,965</u>	<u>7,741,353</u>	<u>7,848,161</u>	<u>(106,808)</u>	<u>30,934,478</u>	
PROFIT/(LOSS)	(230,890)	28,074	(258,965)	(7,734)	(114,542)	106,807	(1)	
EXPENSES (Payment to Providers)								
NGO								
6321 Crisis Respite	28,678	1,683	26,995	37,584	5,049	32,535	20,195	
6325 Alcohol and Drug General	5,000	-	5,000	15,000	-	15,000	-	
6340 Dual Diagnosis A and D	81,533	119,681	(38,148)	244,600	359,044	(114,444)	1,436,175	
6355 Maternal Mental Health	9,815	9,804	11	29,445	29,411	34	117,644	
6360 Child and Youth Mental Services	43,310	43,310	-	129,930	129,930	-	519,719	
6370 Kaupapa Maori Services	47,535	47,535	-	142,605	142,605	-	570,420	
6390 Mental Health Team Services	62,710	62,710	-	188,130	188,130	-	752,521	
6415 Day Activity and Rehab Services	103,408	103,408	-	310,225	310,225	-	1,240,901	
6420 Mental Health Services for Older People	19,937	19,937	-	59,811	59,810	-	239,242	
6425 Consumer and Carer/Family Support	20,343	20,343	-	61,030	61,030	-	244,121	
6430 Home Based Support	146,333	146,333	-	438,365	438,998	(633)	1,755,990	
6435 Carer/Family Support	13,562	13,562	-	40,687	40,687	-	162,747	
6440 Community Residential Beds and Services	160,830	177,395	(16,566)	482,489	532,186	(49,697)	2,128,745	
6490 Mental Health Other	7,674	12,699	(5,026)	61,882	38,098	23,784	152,391	
6492 IDF Own DHB Population	22,055	22,717	(662)	66,166	68,152	(1,985)	272,606	
	<u>772,723</u>	<u>801,118</u>	<u>(28,395)</u>	<u>2,307,948</u>	<u>2,403,354</u>	<u>(95,406)</u>	<u>9,613,417</u>	A
Provider								
6311 Acute Mental Conditions	720,509	521,261	199,248	1,732,815	1,732,815	-	6,541,631	
6321 Crisis Respite	6,745	7,857	(1,113)	15,715	23,572	(7,857)	94,288	
6335 Methadone	22,893	36,193	(13,300)	108,578	108,578	1	434,311	
6340 Dual Diagnosis A and D	145,599	122,308	23,291	366,924	366,924	-	1,467,697	
6350 Eating Disorder	3,843	3,844	(1)	11,531	11,531	(1)	46,125	
6355 Maternal Mental Health	18,434	18,434	-	55,302	55,302	-	221,210	
6360 Child and Youth Mental Services	248,599	222,485	26,114	663,913	667,455	(3,542)	2,669,819	
6390 Mental Health Team Services	628,141	601,641	26,500	1,804,922	1,804,922	-	7,219,686	
6410 Mental Health Workforce Development	5,632	5,633	(1)	16,898	16,898	(1)	67,594	
6420 Mental Health Services for Older People	221,615	194,993	26,622	614,711	614,711	-	2,390,307	
6425 Consumer and Carer/Family Support	6,279	6,280	(1)	18,839	18,839	(1)	75,358	
6435 Carer/Family Support	6,279	6,280	(1)	18,839	18,839	(1)	75,358	
6490 Mental Health Other	1,473	1,473	-	4,419	4,419	-	17,677	
	<u>2,036,040</u>	<u>1,748,681</u>	<u>287,360</u>	<u>5,433,405</u>	<u>5,444,807</u>	<u>(11,401)</u>	<u>21,321,061</u>	B

Note

A NGO Various

Due to the implementation of the MH service framework, some service costs appear on different account codes to the budget.

B Internal Revenue

Payments to the provider arm are to be phased according to actual volumes each month with a washup at the end of each quarter back to a phased plan.

Sep 2013	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH Public Health	(204,511)	(56,749)	(147,762)	(378,432)	(170,246)	(208,185)	(680,986)	A
REVENUE TOTAL	(204,511)	(56,749)	(147,762)	(378,432)	(170,246)	(208,185)	(680,986)	
Expenditure								
NGO	199,063	34,555	164,508	352,280	103,666	248,614	414,663	
Provider	47,110	22,111	24,999	102,713	66,334	36,379	265,336	
Total	246,173	56,667	189,506	454,993	170,000	284,993	679,999	
PROFIT/(LOSS)	(41,662)	82	(41,744)	(76,561)	247	(76,808)	987	
NGO								
6540 Nutrition and Physical Activity	78,713	11,222	67,491	158,947	33,666	125,281	134,663	B
6545 Physical Environment	120,000	-	120,000	120,000	-	120,000	-	C
6565 Tobacco	350	23,333	(22,984)	73,333	70,000	3,333	280,000	
	199,063	34,555	164,508	352,280	103,666	248,614	414,663	
Provider								
6515 Communicable Diseases	9,911	4,955	4,956	14,866	14,866	-	59,465	
6535 Non-communicable Diseases	9,239	9,239	0	27,718	27,718	0	110,871	
6540 Nutrition and Physical Activity	12,127	0	12,127	36,379	0	36,379	0	D
6565 Tobacco	15,833	7,917	7,916	23,750	23,750	-	95,000	
	47,110	22,111	24,999	102,713	66,334	36,379	265,336	

Note

A Revenue

Revenue includes funding for STDC fluoridation debate costs and the new Mama & Pepe Hauora Programme which were not anticipated in the budget.

B Nutrition and Physical Activity

Expenditure includes the new Mama & Pepe Hauora Programme

C Physical Environment

Expenditure includes STDC fluoridation debate costs

D Nutrition and Physical Activity - Provider

Expenditure includes the Child and Adolescent obesity project

30
Health of Older People

Sep 2013	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Disability Support Services	(3,476,425)	(3,466,267)	(10,158)	(10,446,005)	(10,398,801)	(47,204)	(41,595,203)	
IDF Revenue	(86,394)	(86,394)	-	(259,181)	(259,181)	-	(1,036,724)	
REVENUE TOTAL	<u>(3,562,819)</u>	<u>(3,552,661)</u>	<u>(10,158)</u>	<u>(10,705,186)</u>	<u>(10,657,982)</u>	<u>(47,204)</u>	<u>(42,631,927)</u>	
Expenditure								
NGO	3,065,262	3,079,762	(14,500)	9,169,409	9,239,286	(69,878)	36,957,145	
Provider	705,386	414,118	291,268	1,661,985	1,631,986	30,000	5,674,780	
Total	<u>3,770,648</u>	<u>3,493,880</u>	<u>276,768</u>	<u>10,831,394</u>	<u>10,871,272</u>	<u>(39,878)</u>	<u>42,631,925</u>	
PROFIT/(LOSS)	<u>(207,829)</u>	58,780	<u>(266,609)</u>	<u>(126,208)</u>	<u>(213,290)</u>	87,082	2	
Expenses								
NGO								
6615 Information and Advisory	3,191	3,191	-	9,574	9,574	-	38,295	
6620 Needs Assessment	4,000	806	3,194	7,365	2,419	4,946	9,676	
6625 Service Co-ordination	4,600	956	3,644	8,580	2,867	5,713	11,468	
6630 Home Support	519,254	573,799	(54,545)	1,603,310	1,721,396	(118,086)	6,885,584	
6635 Caregiver Support	15,721	17,235	(1,515)	47,548	51,706	(4,159)	206,825	
6640 Residential Care: Rest Homes	1,290,251	1,315,976	(25,725)	3,873,668	3,947,928	(74,260)	15,791,712	
6650 Residential Care: Hospitals	1,005,689	952,556	53,133	2,970,431	2,857,668	112,763	11,430,672	
6661 Day Programmes	12,927	27,906	(14,979)	61,752	83,719	(21,966)	334,874	
6663 Minor Disability Sppt Expend	2,110	3,437	(1,327)	7,483	10,310	(2,828)	41,242	
6664 NASC Flexible funding	1,488	11,434	(9,946)	3,834	34,303	(30,468)	137,210	
6680 Respite Care	60,562	26,998	33,564	139,460	80,993	58,468	323,970	
6692 IDF Disability Support Own DHB	145,468	145,468	-	436,404	436,404	-	1,745,617	
	<u>3,065,262</u>	<u>3,079,762</u>	<u>(14,500)</u>	<u>9,169,409</u>	<u>9,239,286</u>	<u>(69,878)</u>	<u>36,957,145</u>	
Provider								
6610 AT and R (Assessment, Treatment and Rehabilitation)	529,582	248,314	281,268	1,134,574	1,134,574	-	3,685,135	
6625 Service Co-ordination	113,081	113,081	-	339,243	339,243	-	1,356,971	
6630 Home Support	10,000	-	10,000	30,000	-	30,000	-	
6651 Aging in Place	36,236	36,236	-	108,709	108,709	-	434,836	
6660 Environmental Support: Mobility and Sensory Aids	6,959	6,959	-	20,877	20,877	-	83,507	
6690 Community Health	9,528	9,528	-	28,583	28,583	-	114,332	
	<u>705,386</u>	<u>414,118</u>	<u>291,268</u>	<u>1,661,985</u>	<u>1,631,986</u>	<u>30,000</u>	<u>5,674,780</u>	A

A Internal Revenue

Payments to the provider arm are to be phased according to actual volumes each month with a washup at the end of each quarter back to a phased plan.

31
Maori Health

<i>Sep 2013</i>	<i>Month Actual</i>	<i>Month Budget</i>	<i>Month Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Variance</i>	<i>Annual Budget</i>	<i>Notes</i>
REVENUE								
MoH - Maori Health	(230,054)	(230,054)	-	(690,162)	(690,162)	-	(2,760,648)	
REVENUE TOTAL	<u>(230,054)</u>	<u>(230,054)</u>	<u>-</u>	<u>(690,162)</u>	<u>(690,162)</u>	<u>-</u>	<u>(2,760,648)</u>	
Expenditure								
NGO	243,390	205,410	37,980	750,126	616,231	133,895	2,464,923	
Provider	49,643	49,644	(1)	148,931	148,931	(1)	595,725	
Total	<u>293,033</u>	<u>255,054</u>	<u>37,979</u>	<u>899,057</u>	<u>765,162</u>	<u>133,895</u>	<u>3,060,648</u>	
PROFIT/(LOSS)	(62,979)	(25,000)	(37,979)	(208,895)	(75,000)	(133,895)	(300,000)	
Expenses (Payments to Providers)								
NGO								
6807 Maori Service Development	4,905	71,813	(66,908)	34,672	215,439	(180,767)	861,757	A
6812 Maori Workforce Development	16,667	55,106	(38,440)	50,000	165,319	(115,319)	661,276	A
6891 Whanau Ora Services	221,818	78,491	143,327	665,454	235,473	429,982	941,891	A
	<u>243,390</u>	<u>205,410</u>	<u>37,980</u>	<u>750,126</u>	<u>616,231</u>	<u>133,895</u>	<u>2,464,923</u>	
Provider								
6807 Maori Service Development	49,643	49,644	(1)	148,931	148,931	(1)	595,725	
	<u>49,643</u>	<u>49,644</u>	<u>-1</u>	<u>148,931</u>	<u>148,931</u>	<u>-1</u>	<u>595,725</u>	

A Whanau Ora Services

Expenditure that is related to the TKM - Whanau Ora services has now been consolidated under account 6891.