

Distribution:**Board Members:**

P Lockett – Chairman
 TBA – Deputy Chairman
 A Ballantyne
 K Eagles
 F Gilkison
 R Handley
 T A Hohaia
 P Leary
 K Nielsen
 A Rumball
 A Tamati

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 Board
 Internal Auditor

Advisors:

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

Public:

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

**AGENDA**

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

ORDINARY MEETING

**Tuesday 25 February 2014
 12.30pm**

**Corporate Meeting Room 1
 Base Hospital
 David Street
 New Plymouth**



COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE and DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA
Tuesday 25 February 2014
12.30pm

Corporate Meeting Room 1
Taranaki Base Hospital
David Street
New Plymouth

		Pages	Action
1	Apologies - Pauline Lockett <u>Resolution</u> <i>That the Taranaki District Health Board receive and note the apologies from Pauline Lockett</i>		Resolution
2	Public Comment		Verbal
3	Chairman's Report		Verbal
4	Attendance Schedule	4	Noting
5	Interest Register		Noting
6	Community Pharmacy Update - presentation		Noting
7	Minutes – CPHAC and DSAC meeting 7.1 Minutes of meeting held 10 December 2013 <u>Resolution</u> <i>That the minutes of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting held 10 December 2013 be received as a true and accurate record</i> 7.2 Matters Arising	5-11	Resolution

8	Management Reports 8.1 General Manager Planning, Funding & Population Health <u>Resolution</u> <i>That the Committees receive and note the Management Report from General Manager, Planning Funding and Population Health</i>	12-31	Resolution
9	General Business		Resolution
10	Date of Next Meeting Next meeting 29 April 2014.		Noting

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							
Pauline Lockett (2010 and 2013)	✓	A	✓				
Remaining position to be confirmed			NA				
Alex Ballantyne (2010 (Deputy) and 2013)	✓	✓	✓				
Karen Eagles (2010 and 2013)	✓	A	✓				
Flora Gilkison (2010 (Chair) and 2013)	✓	✓	✓				
Richard Handley (2013)			✓				
Te Aroha Hohaia (2013)			A				
Pat Leary (2013)			✓				
Kevin Nielsen (2013)			✓				
Alison Rumball (2010 and 2013)	A	✓	✓				
Aroaro Tamati (2013)			A				
Co-Opted							
David Tamatea	✓	✓	AB				
Ella Borrows (2010)	✓	✓					
Mary Bourke (2010)	✓	A					
Peter Catt (2010)	A	✓					
Kura Denness (2010)	A	**A					
Brian Jeffares (2010)	A	A					
Colleen Tuuta (2010)	A	✓					

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent
NA	Not Applicable

**Kura Denness - attended Allied Laundry



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 10 December 2013

12.30pm

Taranaki District Health Board

David Street

NEW PLYMOUTH

Present

Flora Gilkison (Acting Chairperson), Alex Ballantyne, Karen Eagles, Pat Leary, Pauline Lockett, Kevin Neilsen, Alison Rumball

In Attendance

Sandra Boardman (General Manager, Planning Funding & Population Health), Becky Jenkins (Portfolio/Service Manager Planning Funding & Population Health), Dr Greg Simmons (Chief Medical Advisor), Ngawai Henare (Chief Advisor Maori Health), Jonathan Jarman (Medical Officer of Health), Matua Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Fran Davey (Minute Taker)

765.0 Apologies

Resolution

That the apologies from Te Aroha Hohaia, Aroaro Tamati (Board Members) be received and noted with Richard Handley and Ngawai Henare leaving the meeting at 1.15pm.

*Rumball/Lockett
Carried*

766.0 Welcome

Matua Ramon Tito opened the meeting with a karakia and the Chair welcomed all new Board members to their first Community Public Health Advisory Committee and Disability Support Advisory Committee meeting.

767.0 Public Comment

Mrs Christine Wardell from the Amputee Society was welcomed to the meeting.

768.0 Chair's Report

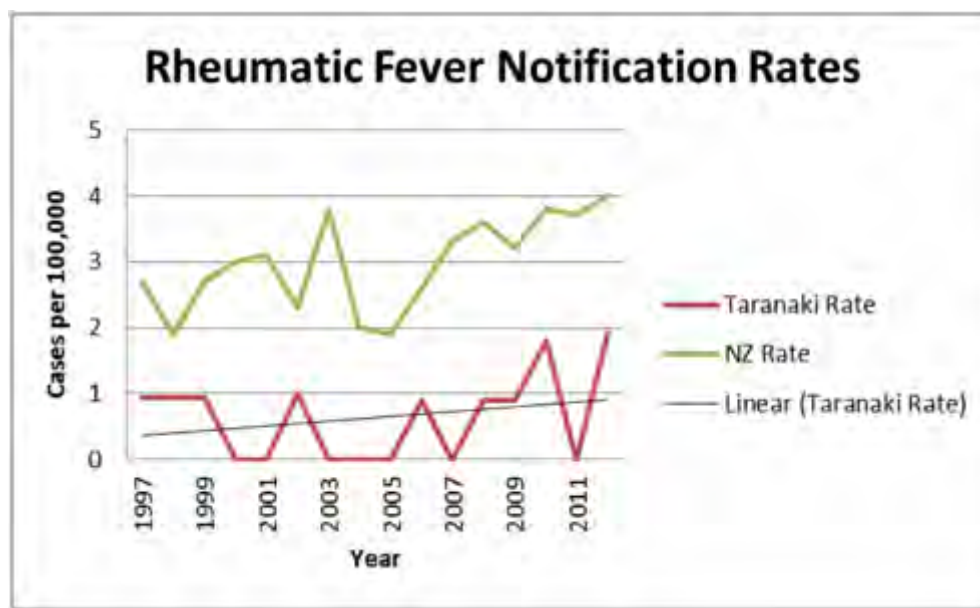
The Chairman took this opportunity to encourage members to read the Taranaki DHB Annual Report an excellent read which details all the information around the services and funding provided by the Taranaki DHB

769.0 Attendance Schedule

The attendance schedule was noted.

770.0 Taranaki Rheumatic Fever Prevention Plan - Dr Jonathan Jarman Medical Officer of Health

Dr Jarman advised Taranaki is rated as low and the Taranaki plan has been endorsed by the Minister. the main outcome is to reduce the present incidence of Rheumatic Fever (2012/13) in Taranaki from 0.9 per 100,000 (one case per year) to below 0.3 per 100,000 (one case every three years) by 2017



Comparison of ethnicity with notification rates in Taranaki and New Zealand

Ethnicity	Taranaki 1997-2012 Notification Rate (annualised) per 100,000	New Zealand 2012 Notification Rate per 100,000
European	0.2 (3 cases)	0.4
Maori	2.8 (7 cases)	13.9
Pacific Peoples	4.6 (1 case)*	22.9
* Low numerator and denominator mean that the estimated rate is very unstable		

Ethnic Inequalities Pathways

- Differential access to the determinants of health or exposures leading to differences in disease incidence ie housing conditions, poverty employment
- Differential access to health care and information
- Differences in the quality of care received

The Population Health Approach is to:

- Focus on the health of population
- Invest upstream
- Evidence-based

- Multiple strategies
- Working across sectors
- Engage citizens
- Outcome focus

The Taranaki Rheumatic Fever Prevention Plan is

- A. Information for Action
- B. Addressing the Determinants of Health
- C. Improving Access to Health Information
- D. Engagement with Communities (Partnership, Participation and Protection)
- E. Improving Access to Health Care
- F. Improving quality of Care Received
- G. Continuous Quality Improvement

771.0 Minutes – Previous CPHAC / DSAC Meeting

Resolution

That the Community and Public Health Advisory Committee and the Disability Support Advisory Committee resolve to accept the Minutes of the meeting held on 29 October 2013 as a true and accurate record.

*Ballantyne/Rumball
Carried*

771.1 Matters Arising from Previous Minutes

- Ms Henare advised Tikanga Maori training is being facilitated by Raana Solomon instead of Channa Perry.
- Mrs Boardman advised the provision of vouchers for GPs has had a very low uptake by youth. As part of the development of the Youth Health Strategy the vouchers will be extended to School Counsellors and Public Health Nurses.

771.2 Action Items

- Mrs Boardman advised that the maternal Nutrition programme is monitored in terms of knowledge, attitude and behaviours. The Evaluation is being signed off by the Ministry of Health.
- The End of Life programme to be brought forward for CPHAC DSAC review by Chair.
- Mrs Boardman (Mrs Kershaw) to advise the names of the three practices who went live with patient portal.
- Dr Gilkison noted that "Integration between Primary and Secondary Care" remain as an agenda item.
- Mrs Boardman noted the good work of the Public Health Unit in the communities of Patea, Waverley and Manaia and suggested a presentation to the Committees be arranged for 2014.

772.0 Management Reports

772.1 Maori Health Report

The Chief Advisor Maori Health took her report as read and highlighted the following:

- The Maori Health Plan is the main planning document which describes priorities and actions that the DHB will undertake over the next 12 months to improve Maori Health and reduce Maori Health inequalities.

- Monitoring of the Maori Health Plan is discussed at the quarterly meetings of the joint boards of Te Whare Punanga Korero and TDHB where full reports of regional comparisons are tracked against the priorities
- Ms Henare advised progress of the Health Workforce NZ Hauora Maori scholarships:
 - two students studied Dental Therapy at Otago University
 - an Intern graduates in 2013 and has been placed at the TDHB in Occupational Therapy
 - a further student is undertaking studies at WITT in the area of Social work
 - eight of the Whakatipuranga Rima Rau students were successful with their applications for a 2014 scholarship
 - the Chair advised a plaque be erected in the Board room acknowledging the successes of the successful students.

Discussion

- Mrs Rumball advised negative media feedback often does not highlight the achievements and successes. Mr Foulkes acknowledged though there is negative publicity a lot of good progress has been made, a strong foundation has been formed and a plan to put out positive information is in place.
- Mr Handley noted there were significant gaps in the data across most of the KPIs and if more resources were required to meet the targets? Mr Foulkes advised the targets not achieved at the time of the report are the longer term targets, and if the projects, initiatives and coordinated actions are given time to take effect as opposed to allocating additional resources at this point in time.
- Ms Henare advised the cessation of the Whanau Ora Navigation funding will have a significant impact moving forward. The MoH has undertaken an evaluation, the results will be advised when known.
- Dr Leary advised some of the KPIs are sitting in Primary Care where separate funding incentives are targeted towards High Needs population to close the gaps, ie they do not sit under a general population based tool but split out into High Needs.
- Ms Henare noted the inequalities stated in the Taranaki DHB Maori Health Plan 2013-14 Inequalities Dashboard summary, will over time be reducing. Ms Henare noted it has been overwhelming the level of engagement provided across the Provider Arm, Planning & Funding, Public Health and the NGO sector.

Resolution

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

*Eagles/Rumball
Carried*

772.3 Words of Gratitude

The Acting Chair offered words of gratitude to Mrs Boardman for her tireless sharing of knowledge and assistance in supporting the Community and Public Health Advisory Committee and Disability Support Advisory Committee over the years

772.4 Planning, Funding & Population Health Report

The General Manager Planning, Funding & Population Health, Mrs Boardman took her report as read highlighting:

- The detailed paragraph on Te Kawau Maro backgrounds what kind of Contract is in place. The Board will be asked to make a decision on why they consider the priorities to be of the utilisation of some flexible funding in the Agreement. Te Kawau Maro is around outcomes, the funding is allocated to services, however there is the flexibility in particular to the non mental health funding, to move this to achieve the outcomes, a total of \$2.3 - \$2.6m per annum, dis-investing in some services and re-investing in others. The Te Whare Punanga Korero and Taranaki DHB separately and jointly will be required to prioritise the outcomes to enable the Alliance to deal with the contract.
- The reconfiguration of the remainder of the Residential Mental health services is coming to a consensus and a paper on the financial modelling will be prepared by the end of December.
- Tui Ora has been contracted to manage and deliver the South Taranaki Social Sector Trials, focusing on improving outcomes that reflect the needs of the community for young people aged 12 to 18.
- The RFP for Primary Maternity Facility Services for the Stratford District was issued on GETS on 25 November 2013 with service commencing 1 July 2014.
- Submissions in Progress include DOW Agro Sciences which was submitted on 6 December 2013 around air discharge assessment and health effects assessment. Outcome of previous submissions include the South Taranaki District council's review of the Gaming Venue Policy. The PHU submission sought a more restrictive sinking lid policy however there was strong industry voice resisting the Council's proposed lowering of both the number of gaming machines and TAB venues. The outcome of the STDC Bylaw Review Submission (Aug 2013) included additional health and safety requirements implemented into Tattoosists, Beauticians and Body Piercers Bylaw as recommended by the submission.
- The Funder Financial Performance Report summary details how the Funder allocation is tracking for the current month and year to date. It itemizes revenue, expenditure and profit and loss. The more detailed reports follow for Personal health, Mental Health, Population Health, Health of Older People and Maori Health.
- The summary report shows the Funder position to end of October 2013 with a surplus of \$1.75m against a budgeted surplus of \$700,000 a positive variance of approx. \$1m. The funding to the Provider Arm is being phased on Actual Monthly Volumes, each quarter it is washed back. Mrs Boardman noted finances are on track to meet the budget.
- The Child and Youth Health Compass is being undertaken in partnership between the Officer of the Children's Commissioner, the Paediatric Society of New Zealand and Ko Awatea with guidance and support from the Health Quality and Safety Commission and the New Zealand Child and Youth Epidemiology Service. The Committees are asked to note the report.

Discussion

- Dr Gilkison noted if the submission information is published on the TDHB website it will advise the public what is being submitted and the reasons for the submission.
- Mr Ballantyne attended the Midland Health Network forum recently held in Inglewood. He advised the forums worthwhile attending, he was able to gain an understanding of what is going on in GP practices.
- Dr Leary advised 13 GPs utilise Shared Electronic Records where patients can access their medical records and notes and if required be available for after hours and ED. Three GPs utilise the Patient Portal system where individual enrolment is required by the patient with their GP. Mr Foulkes advised the Midland Health Network is working with the individual practices and at an appropriate time publicity will be established.

Resolution

That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive the Planning, Funding & Population Health Report as tabled.

*Eagles/Ballantyne
Carried*

Resolution

That the Community and Public Health Advisory Committee and Disability Support Advisory Committee receive and recommend the "Rheumatic Fever Prevention Plan October 2013 - June 2017" to the Board.

*Eagles/Leary
Carried*

773.0 Next Meeting

The next meeting will be held 25 February 2014

The meeting concluded at 2.00pm.

Chairperson

Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List from 10/12/2013						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
17	7 February 2013	From TDHB meeting of 7 February 2013 End of Life presentation - Board workshop to be arranged with input from Chair	Progressing	GM PF&PH	2014	On programme for 2014

TO Community & Public Health,
Disability Support Advisory
Committees



FROM Becky Jenkins, Acting GM
Planning, Funding & Population
Health

MEMORANDUM

SUBJECT 14 February 2014

Planning, Funding and Population
Health Report for the Period
December 2013-January 2014

1.0 INTRODUCTION

This report provides the Committees with an update on Planning, Funding and Population Health activities during the period December 2013 to January 2014.

2.0 DECISION ITEMS FOR RECOMMENDATION TO BOARD

The Committees are asked to receive and note the report.

3.0 INFORMATION ITEMS

3.1.1 Primary Care

The Shared Health Electronic Record (SEHR) went live in Taranaki on Monday 25 November 2013. Currently 22 General Practices in Taranaki have gone live on the SEHR with four practices also providing access for patients to the patient portal of SEHR. Another nine practices are planning to go live with the patient portal.

Taranaki DHB and the Midlands Health Network (MHN) are continuing to work on developing a Primary Options service which would provide some medical procedures in the community that are currently provided in the hospital. The DHB and the PHO are also working collaboratively on the issue of the management of access to acute care in GP Practices, which can be a challenge at times due to GP Practices appointments for acute care not always available on the day the patient has contacted the clinic. Both of these projects are over seen by the Taranaki Alliance Leadership Team which is also scoping the Taranaki Health Integrated Services project at a workshop scheduled for Wednesday 12 March.

Taranaki DHB has contracted with MHN for a Multidisciplinary Team (MDT) to deliver services to people living in the community with Long Term Conditions (LTC). This service will provide those people eligible for these services with face to face consultations with a dietician, social worker or clinical pharmacist as required. The MDT also has podiatry services for people with LTC who meet the criteria, this is funded by the MHN using DHB services to improve access funding through the flexible funding pool which is approved by the MHN Alliance Leadership Team.

3.1.2 Te Kawau Maro

As previously advised, Te Kawau Mārō is Taranaki DHB's Māori Health Strategic Plan and the name given to the partnership between Tui Ora Ltd and the National Hauora Coalition as the provider selected by Taranaki DHB through a Request for Proposal to deliver Māori Health Services within Taranaki.

The Te Kawau Mārō Alliance Leadership Team (ALT) is still to be established. The role of the ALT is to provide the leadership to approve strategic changes to the service delivery to better meet the needs of Māori in Taranaki by delivering on the outcomes agreed in the Te Kawau Mārō agreement implemented 1 July 2013.

The consolidation of the Tui Ora Ltd provider network is complete, with Tui Ora Ltd now the provider of health and wellbeing services for Māori in Taranaki.

Work has now been initiated within the Tui Ora Ltd provider network in the "All children have the best start in life - Mama Pepe Tamariki" outcome to refine and develop performance measures and outcomes indicators that support service change and prioritisation.

3.1.3 Community Pharmacy

The implementation of stage four of the Community Pharmacy Services Agreement (CPSA) is currently being consulted on across the country. DHB Shared Services are leading this consultation and once all feed back has been received a decision will be made on the implementation of this stage of the CPSA. The CPSA represents a transformational change to the model of service delivery and the way DHB's fund Community Pharmacy. The decisions on the implementation of the CPSA have been made by a national governance group consisting of DHB representatives, Pharmacy sector agents and Ministry of Health representatives.

3.1.4 Map of Medicine

Map of Medicine (MoM) are clinical pathways, which will 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 all practitioners can be sure is clinically sound, up-to-date. 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.

A Local Editor for the Map of Medicine has been funded by TDHB and employed by MHN. The local editor will support the implementation and provide the link with the Midland Map of Medicine Governance Group. The Taranaki clinical pathways group met in December and has prioritised 20 pathways to be localised for use by Taranaki practitioners.

3.2 MENTAL HEALTH AND ADDICTIONS

3.2.1 Residential Review

Final recommendations for the changes to the remainder of the residential services will be signed off in February. The services will be significantly changed to reflect a

more flexible model of care that focuses more on the individual needs and increasing the support services available to those in residential care.

3.2.2 Improving Primary Secondary Integration

Improving on the integration of the primary secondary care is part of the deliverables in 'Rising to the Challenge' The MH&A Service Development Plan. Given the work that is required around the Children's Action Plan, Vulnerable Woman, Children and Families and the Prime Minister's Youth Mental Health Project we seek to make these areas a priority.

3.2.3 Perinatal Review

The Midlands Regional Mental Health and Addictions Network began Phase II of the Perinatal Review Project. A workshop is being held in Taranaki that seeks to tie in all of the expectations of the national directives in the documents outlined above, and provide further opportunity to work across sectors.

3.3 CANCER & PALLIATIVE CARE

3.3.1 Implementation of Taranaki Palliative Care Plan

We are continuing to make good progress with implementation of the Taranaki Palliative Care Plan. The transfer of the Needs Assessment and Service Coordination function for palliative clients from Hospice Taranaki to TDHB Community Support Service is now running smoothly after some initial transition issues. A group meeting between Hospice Taranaki and the Community Support Service has improved the way both services work together to streamline referrals and communication between the two services.

A number of the Year 1 actions from the Plan have been completed, and we are moving towards implementing Year 2 actions. A meeting was held last month that explored how Hospice Taranaki and the Provider Arm can work together more effectively in future, and a further follow up meeting is planned for April/May to progress a formal relationship agreement.

3.3.2 Faster Cancer Treatment

Taranaki DHB continues to make good progress in implementing the national Faster Cancer Treatment (FCT) programme. The programme is working towards achieving 100% of patients referred urgently with a high suspicion of cancer who receive their first cancer treatment (or other management) within 62 days. Patients who are referred urgently with a high suspicion of cancer are required to have their first specialist assessment within 14 days, and their first cancer treatment (or other management) within 31 days of confirmed diagnosis. Other FCT initiatives include the development of cancer MDM (multi disciplinary meetings) across the region, implementation of the national Tumour Streams and the appointment of a full time Cancer Nurse Coordinator for the DHB.

3.4 CHILD AND YOUTH

3.4.1 Stratford Maternity Services

The RFP for the Stratford Primary Maternity Facility Services closed in January. The RFP Evaluation Panel meets on the 11 February to review any proposals. Final decision is due in March 2014.

3.4.2 Prime Ministers Youth Mental Health Project

Through the Primary Mental Health Initiative (PMHI funding) the Public Health Nurses, Nurse Practitioner in South Taranaki and School Counsellors all have access to the counselling vouchers for youth. This provides more opportunities for access to services which were historically only available through General Practice.

3.5 HEALTH OF OLDER PEOPLE

3.5.1 Wrap Around services for Older People

Discussions have taken place within the Older People's Health Service around developing criteria for community based older people to access the Enhanced Intermediate Care Service (it is currently targeted at post discharge clients only), particularly in light of the plans to extend the service by a further two beds.. It is anticipated that this will extend the benefits of the service to those living in the community as well as reducing avoidable hospital admission.

Work is also underway to develop the Business Plan for the new Fracture Liaison Service due to be implemented in 2014/15 as part of a national initiative.

3.5.2 Older Persons Consumer Reference Group

This consumer engagement group, continues to meet monthly, alternating between New Plymouth and Stratford. The group is chaired by Barry Watt (Grey Power) and is attended by the Portfolio Manager Older People and a group of approximately 10-15 older people (although it is open to anyone with an interest in older people's health services). Recent speakers include Rosemary Clements (responding to questions about electives and diagnostic wait times) and Dr Di Stokes (who spoke about the Older People's Health Service and Advanced Care Planning). The most recent project undertaken is to design a leaflet that will be sent out to all older people who will have a needs assessment using the interRAI assessment tool. The leaflet explains how the TDHB Community Referral Hub works, the way referrals are screened, the role of the Care Managers and the difference between different kinds of interRAI assessment. The leaflet has been written in plain English, and has been reviewed multiple times by the Consumer Reference Group.

3.5.3 TDHB Disability Action Group

This group meets monthly and is currently involved in a number of initiatives aimed at improving the accessibility of TDHB hospital environments and services for people with disabilities. The meeting is chaired by John Major (Taranaki Disability Information Centre) and has good attendance from TDHB staff representatives, NGO community/disability groups and people with disabilities. Planned projects include a re-launch of the Amigo assistive hearing equipment scheme (to support people with hearing impairments while they attend hospital appointments) and a workshop in April which will identify and prioritise recommended accessibility works around the Base Hospital site (e.g. parking spaces, ramps). Philip Olckers (Facilities Manager) will be attending this workshop. The TDHB Disability Action Group launched their first group newsletter – Access Action - last week (which can be found at <http://www.tdhb.org.nz/news/newsletters.shtml>). The newsletter aims to raise awareness of the group and their achievements, and will be circulated after each quarterly meeting to highlight issues and topics that have been raised in the meeting.

3.6 POPULATION HEALTH

3.6.1 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 to 01 November 2013 – 31 January 2014.

At the six month stage of the year the 2014-15 the Plan is largely on track with notable highlights and exceptions identified below.

3.6.2 Drinking Water

There have been two notable drinking water issues in this period:

- The Drinking Water Assessor was notified of a water supply event at Cold Creek Water Supply during the month of November. The water supply was reinstated after three days.
- A water supply event requiring a boil water notice was investigated for the Stratford Water Supply (serving 4000 people). The water supply was reinstated within 12 hours.

3.6.3 Hazardous Substances

Following a media report of chlorine related illness from a New Plymouth swimming pool the PHU is assisting in an investigation with Worksafe NZ who is the lead investigator for this event. Further work is being undertaken to ensure that the PHU is notified at the time of a chemical incident occurring. This work is to be carried out within the Hazardous Substances Technical Liaison Committee.

3.6.4 Emergency Management

The PHU represented the "Health" group during Exercise Pahu which was the volcanic eruption based scenario for the Taranaki region. The PHU provided public health advice to the local Civil Defence Incident Co-ordination Team regarding matters of drinking water, food safety, preparedness, and respiratory health advice. The PHU also aided in the logistical co-ordination of hospital services.

3.6.5 Nuisances and Complaints

In December the PHU was requested to assist the South Taranaki District Council (STDC) to determine whether odour issues at the Eltham Waste Water Treatment Plant were causing negative health effects. The Medical Officer of Health undertook an environmental health risk assessment to determine the risk to health. To this date all recommendations and requests made to the STDC by the Medical Officer of Health have been addressed. This issue continues to be monitored

3.6.6 Smokefree

The University of Otago is carrying out a nation-wide survey on the price of tobacco between December 2013 and January 2014. We are currently waiting on University of Otago data around the density and location of tobacco retailers in Taranaki in relation to high risk factors, such as proximity to schools.

The Whanau End Smoking Regional Whanau Ora Challenge (WERO) will be live in Taranaki with the Group Stop Smoking Competition to be held from 1 March to 31 May 2014. WERO was developed by researchers at the University of Auckland. An initial WERO pilot held from 31 May to 30 August 2012 produced verified Quit rates at three months of 36%, which exceeded expectations. Social media and mobile technologies are an important part of the programme. WERO quit smoking challenge promotion and consultation is currently taking place and training is currently being executed.

3.6.7 Alcohol Related Harm

The final parts of the Sale and Supply of Alcohol Act (2012) came into force on 18 December 2013. The Public Health Team attended the final regulatory workshop for the implementation of the Sale and Supply of Alcohol Act 2012. There were further discussions on the likely impacts of the upcoming changes, with an emphasis as to how regulatory agencies can work together to ensure a smooth transition from the amendments to the SASA 2012.

The Taranaki multi-agency group, made up of local Police, Health and the three local councils (Stratford District Council, South Taranaki District Council and New Plymouth District Council) had their second meeting to further refine the Combined Agency Agreement (CAA). The CAA will specify the mandates in which each agency (including 'Health') is governed by. The CAA will also describe/specify the duties of each agency within the region which will aid in providing an interagency approach to reduce alcohol related harm.

Most territorial authorities around New Zealand including the New Plymouth District Council are currently in the process of drafting "local alcohol policies" under the Sale and Supply of Alcohol Act 2012. The location of licensed premises near certain facilities such as schools, preschools and churches are one of the issues considered in a local alcohol plan..

The Public Health Team worked with Police and Council staff on one late night inspection (LNI) and two controlled purchase operations (CPOs) as part of "Operation Unite" which was undertaken on 13 and 14 December.

3.6.8 Social Environments

Manaia Family Violence Prevention - On 20 November, nine White Ribbon Motorcycles with 11 bikers and support crew rode into Manaia School to share their call for action to end violence against women and children..

Nga Kete Hauora Opunake Whanau Day - On 10 December Nga Kete Hauora Opunake facilitated an end of year whanau day. Nga Kete Hauora has been running in Coastal Taranaki since February 2013 and has since run 12 workshops with near 150 attendees.

Coastal Community Transport Service - The amalgamated service has now been in operation for more than six months. The service, coordinated by Taranaki Red Cross, is well utilised particularly by the 65+ age group. The Public Health Unit has identified areas to prioritise further promotion of the service, such as to younger age groups, and further around the coast to areas such as Manaia. In February, the Red

Cross and the Public Health Unit are holding a 'community cuppa' to invite drivers, clients and the general community for a discussion about the service. This is to answer any questions about the service and to initiate some volunteer driver recruitment.

3.6.9 Health Promoting Schools

Cognition Education, providers of the National Leadership Service for Health Promoting Schools, have provided each DHB region with a HPS Snapshot, which includes data regarding the mix of schools engaged in HPS. In Taranaki, 89% of the schools we support are priority schools (decile 1-4), which compares favourably with national data where 73% of HPS are priority schools. Of the prioritised needs that we support individual schools to address, 42% are physical health issues (eg. healthy eating, physical activity), 42% mental/emotional wellbeing and 16% "other".

3.6.10 Nutrition, Physical Activity and Breastfeeding

A local Nutrition, Physical Activity network has been initiated. The network is made up of providers from Sport Taranaki, Heart Foundation, Cancer Society, Tui Ora and Whanau Pakari. This group was formed due to the lack of local cohesion since the end of the HEHA strategy.

The Breastfeeding/Whangai U Network have discussed the expansion of the BFWH programme into early childhood centres and workplaces. The focus is on accrediting early childhood centres/kohanga and workplaces as evidence shows that returning to work and/or entering children into early childhood centres can influence mothers breastfeeding duration.

3.6.11 Injury Prevention

There has been some slippage in the Injury Prevention programme due to staff vacancies and capacity. Both Kidsafe projects are well below expected participation rates. A review of projects will take place in February and strategies will be put in place to address lack of promotion and organisation of sessions.

3.6.12 Youth

The Taiohi Tu programme completed a mid project review of the Youth Health Campaign to determine its drive home messages and to ensure uniformity across radio, print and advocacy tactics. There are five planned phases of the campaign, with two underway including the Parauri Bay radio mini-series for radio release during December and January and the Parauri Panel Live Youth Health Show. Phase three includes a poster set to be released with the start of the school term next year and encapsulates the main messages of the campaign. The campaign supports positive and safe messages predominantly around issues of sexual and mental wellbeing.

3.6.13 Research and Evaluation

There has been some slippage in the Research Evaluation and Information Management Programme due to staff vacancies and capacity. Capacity is now in place and a Work Plan is in development prioritising projects to be completed by June 2014.

3.6.14 Infrastructure

The following submissions were made by the Public Health Unit and Medical Officer of Health in this period:

- The Medical Officer of Health provided advice to the New Plymouth, Stratford and South Taranaki District Councils to assist them in developing a Local Alcohol Plan in January. The purpose of this report was to provide information on alcohol-related health problems for the New Plymouth, Stratford, and South Taranaki District Councils so the Councils could make informed decisions about minimising the harm caused by excessive or inappropriate consumption of alcohol through local alcohol policies made under the Sale and Supply of Alcohol Act 2012. The report stated there was good to strong international evidence that policies which restrict the density of licences and restrict the opening hours are moderately effective at reducing alcohol-related harm.

3.6.15 Outcomes of submission notified in this period:

- Taranaki Regional Council on Dow AgroSciences Consent Renewal. Dow AgroSciences have waived timeframes specified in the Resource Management Act and are preparing a detailed response to points raised in the DHB submission. These will be discussed at a pre-hearing meeting organised by the Regional Council with the aim to agreeing consent conditions.
- The Public Health Unit submitted to the South Taranaki District Council Gambling Policy, recommending a sinking lid approach in August. The outcome of this policy process was informed in this period. The South Taranaki District Council will reduce the capped limit of Class 4 gaming machines from 154 to 140 and will allow no new TAB outlets.
- South Taranaki District Council Bylaw Review submission in August. Outcome notified in this period and as a result of the DHB submission, the South Taranaki District Council implemented additional health and safety requirements into Tattooists, Beauticians and Body Piercers Bylaw.

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

From 1-Jul-13
To 31- Dec 2013

		Month 4
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	Red
D6	Hauora Rangatahi	Amber
Programme Support		
E1	Workforce Development	Amber
E2	Information Management and Research and Evaluation	Red
E3	Health Information and Health Education Resources	Amber
E4	Public Health Infrastructure	Amber
E5	Workforce Profile and Budget	Amber

Key

Red	Behind Plan
Amber	In progress / On track
Green	Completed

4.0 HEALTH TARGET RESULTS

The December Health Target results are attached at Appendix 1.

4.1 PRIMARY HEALTH ORGANISATION HEALTH TARGET PERFORMANCE

The Quarter One 2013/14 results are attached at Appendix 2.

5.0 FINANCIAL REPORTS

This second report gives an over-view of the TDHB Funder financial position for the period ending Jan 2014.

The overall funder position for the seven months to Jan 2014 is a surplus of \$4,834k against a budgeted surplus of \$4,448K resulting in a positive variance of \$386k.

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, Health of Older People and Maori Health

<u>Personal Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$5,648K	\$5,002K	\$646K	F

- \$331k favourable variance relates to internal revenue passed to the Provider Arm. This variance will fluctuate during the year but will be zero at year end.

<u>Mental Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(53)K	\$(30)K	\$(23)K	U

<u>Population Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(38)K	\$0k	\$(38)k	U

<u>Health of Older People</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(226)K	\$(350)K	\$124K	F

<u>Maori Health Health</u>			
Actual Surplus / (Deficit)	Budget Surplus / (Deficit)	Variance Surplus / (Deficit)	
\$(497)K	\$(175)K	\$(322)K	U

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

At this stage in the financial year, the Funder's planned surplus of \$10m is viewed as a challenging target. This is mainly due to an increased level of Inter District Flow expenditure for 2013-14 which the Funder is required to absorb. In addition to this the Funder also has to absorb additional Inter District Flows expenditure estimated at \$600k related to 2012-13.

Detailed financial analysis is attached as Appendix 3-8.

6.0 ACTION REQUIRED

- That the Committee's receive and note the Management Reports from Chief Advisor Maori Health and General Manager Planning, Funding and Population Health.

Becky Jenkins

Acting General Manager – Planning, Funding & Population Health

Appendices

Appendix 1 - Health Targets

Appendix 2 - Primary Health Organisation Health Target Performance

Appendix 3 - Funder Financial Performance Report

Appendix 4 - Personal Health Financial Report

Appendix 5 - Mental Health Financial Report

Appendix 6 - Population Health Financial Report

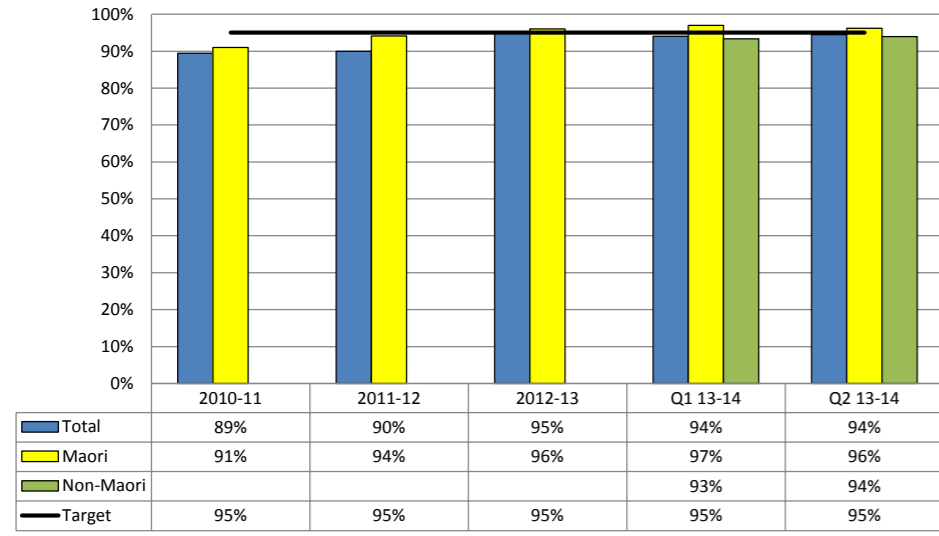
Appendix 7 - Health of Older People Financial Report

Appendix 8 - Maori Health Financial Report

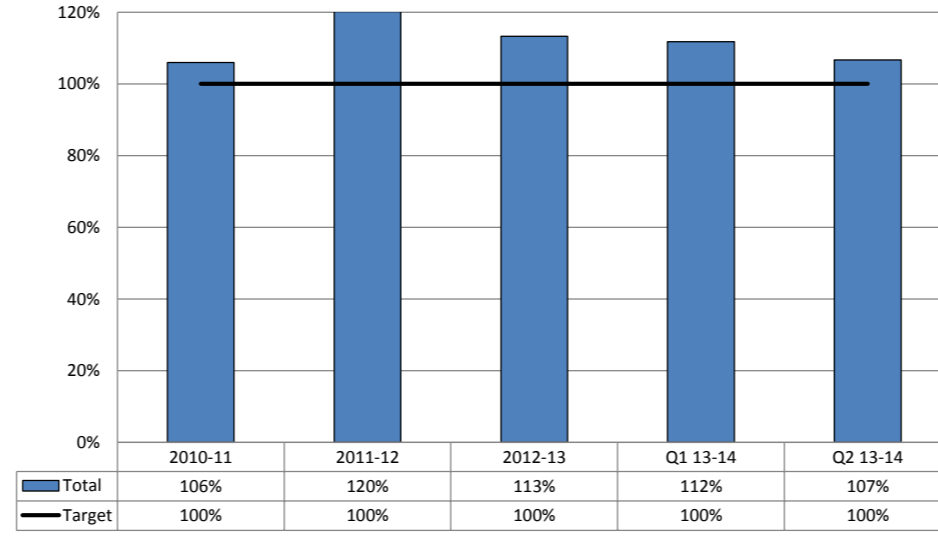
Taranaki District Health Board Health Target Monitoring 2013-14 (December 2013)

Appendix 1

Shorter Stays In Emergency Departments



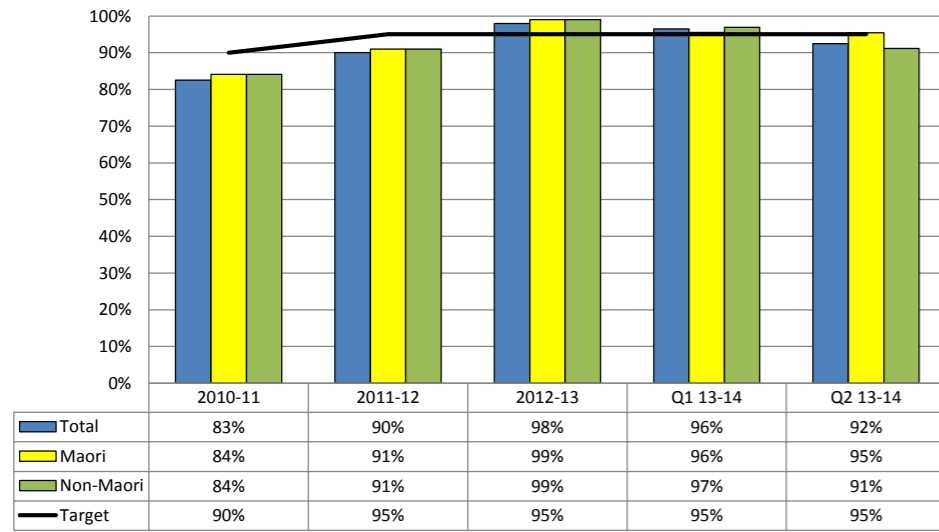
Improved Access to Elective Surgery



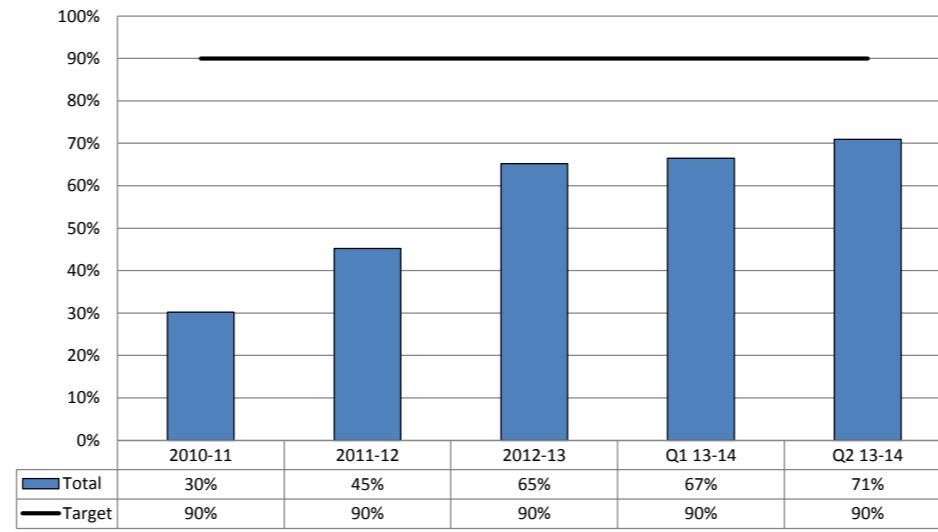
Shorter Waits for Cancer Treatments



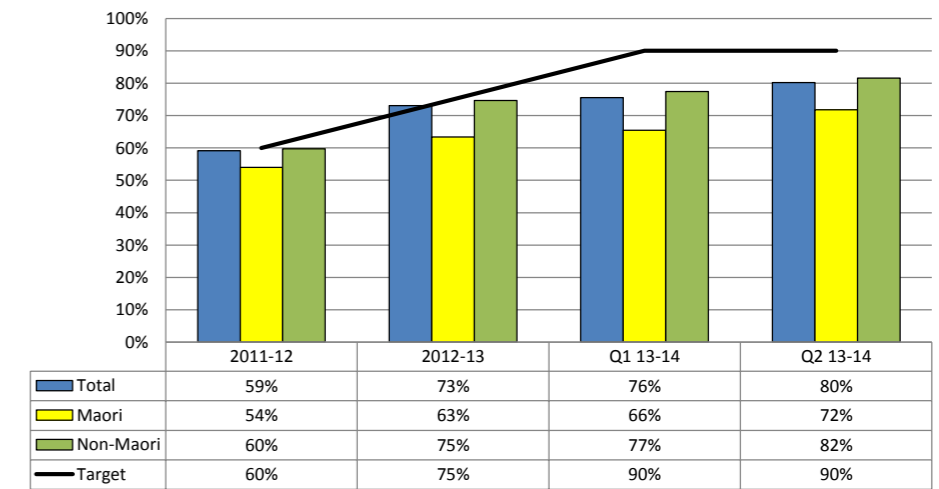
Better Help for Smokers to Quit - Secondary



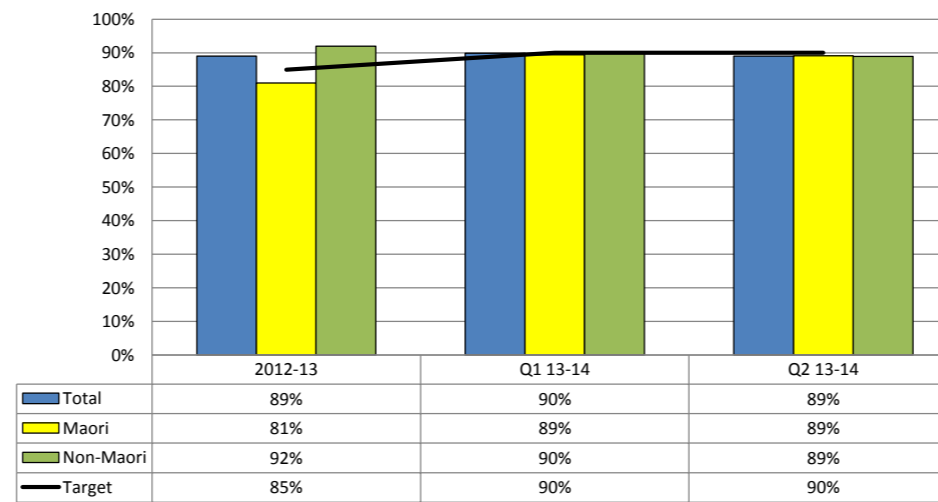
Better help for smokers to quit Primary



More Heart and Diabetes Checks - CVD Risk Assessments



Increased Immunisation for 8 month olds



How is My PHO performing?

2013/14 QUARTER ONE (JULY TO SEPTEMBER) RESULTS



Increased Immunisation Using PHO Performance Programme (PPP) Data



Ranking	PHO	Current performance	Target performance
1	Compass Health - Waikato	98%	90%
2	Royal Canterbury PHO	97%	90%
3	Christchurch PHO Limited	96%	90%
4	Ora Toa PHO Limited	95%	90%
5	Southern Primary Health Organisation	95%	90%
6	Coastal Primary Health Organisation	95%	90%
7	Primary and Community Services Otago	95%	90%
8	Te Awakāwhiri Health Network	94%	90%
9	Kimihia Waikato (Morrison PHO Trust)	94%	90%
10	Compass Health - Capital and Coast	94%	90%
11	Micardo's Health Network - Lakes	94%	90%
12	East Coast PHO	93%	90%
13	West Coast PHO	93%	90%
14	Central Primary Health Organisation	93%	90%
15	Health Hawke's Bay Limited	93%	90%
16	Regional Health (Charitable) Limited	93%	90%
17	Procare Networks Limited	93%	90%
18	Alliance Health Plus Trust	92%	90%
19	Auckland PHO Limited	92%	90%
20	Well Health Trust	91%	90%
21	Total Healthcare Charitable Trust	91%	90%
22	Micardo's Health Network - Tararaki	91%	90%
23	Micardo's Health Network - Waikato	91%	90%
24	Western Bay of Plenty PHO Ltd	91%	90%
25	Morua Health PHO Limited	91%	90%
26	Nelson Bays Primary Health	90%	90%
27	Micardo's Health Network - Tararaki (H)	90%	90%
28	Waikato PHO Limited	90%	90%
29	Health Rotorua Limited	89%	90%
30	Eastern Bay Primary Health Alliance	89%	90%
31	Whangarei Regional PHO	89%	90%
32	National Haemato Coalition	89%	90%
33	Haukai PHO	89%	90%
34	Te Tai Tokerau PHO Ltd	89%	90%
35	Ngati Pouni Hauora Charitable Trust	84%	90%
36	Nga Matapunga Oranga Limited	82%	90%
All PHOs		92%	90%

Increased immunisation
 The national immunisation target is 90 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2014 and 95 percent by December 2014. This quarterly progress includes children who turned eight months between July and September 2013, are enrolled in a PHO and who were fully immunised (percentage 90%).

Health target results are referenced to a number by the PHO Performance Programme (PPP) which is sourced from national collections and a number of organisations.

Better Help for Smokers to Quit Using PHO Performance Programme (PPP) Data



Ranking	PHO	Current performance	Target performance
1	Compass Health - Waikato	96%	90%
2	Morua Health PHO Limited	90%	90%
3	Primary and Community Services Otago	87%	90%
4	Nelson Bays Primary Health	87%	90%
5	East Coast PHO	85%	90%
6	Health Hawke's Bay Limited	85%	90%
7	Whangarei Regional PHO	80%	90%
8	Western Bay of Plenty PHO Ltd	78%	90%
9	Central Primary Health Organisation	77%	90%
10	Alliance Health Plus Trust	77%	90%
11	Compass Health - Capital and Coast	75%	90%
12	Eastern Bay Primary Health Alliance	73%	90%
13	Health Rotorua Limited	72%	90%
14	Micardo's Health Network - Waikato	70%	90%
15	Micardo's Health Network - Tararaki	69%	90%
16	Christchurch PHO Limited	65%	90%
17	Te Awakāwhiri Health Network	64%	90%
18	Te Tai Tokerau PHO Ltd	63%	90%
19	Ngati Pouni Hauora Charitable Trust	61%	90%
20	Southern Primary Health Organisation	60%	90%
21	West Coast PHO	58%	90%
22	Nga Matapunga Oranga Limited	56%	90%
23	Kimihia Waikato (Morrison PHO Trust)	56%	90%
24	Western Bay of Plenty PHO Ltd	56%	90%
25	Total Healthcare Charitable Trust	56%	90%
26	Haukai PHO	55%	90%
27	Micardo's Health Network - Tararaki (H)	54%	90%
28	Royal Canterbury PHO	54%	90%
29	Coastal Primary Health Alliance	53%	90%
30	Procare Networks Limited	50%	90%
31	Micardo's Health Network - Lakes	49%	90%
32	Well Health Trust	49%	90%
33	National Haemato Coalition	46%	90%
34	Ora Toa PHO Limited	44%	90%
35	Waikato PHO Limited	40%	90%
36	Regional Health (Charitable) Limited	30%	90%
All PHOs		65%	90%

Better help for smokers to quit
 The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

More Heart and Diabetes Checks Using PHO Performance Programme (PPP) Data



Ranking	PHO	Current performance	Target performance
1	Total Healthcare Charitable Trust	83%	90%
2	East Coast PHO	83%	90%
3	Compass Health - Waikato	82%	90%
4	Morua Health PHO Limited	82%	90%
5	Procare Networks Limited	82%	90%
6	Auckland PHO Limited	80%	90%
7	Whangarei Regional PHO	80%	90%
8	Coastal Primary Health Alliance	79%	90%
9	Micardo's Health Network - Lakes	79%	90%
10	Compass Health - Capital and Coast	79%	90%
11	Western Bay of Plenty PHO Ltd	79%	90%
12	Ngati Pouni Hauora Charitable Trust	78%	90%
13	Micardo's Health Network - Waikato	78%	90%
14	Micardo's Health Network - Tararaki	77%	90%
15	Alliance Health Plus Trust	75%	90%
16	Central Primary Health Organisation	74%	90%
17	Micardo's Health Network - Tararaki (H)	73%	90%
18	Health Hawke's Bay Limited	73%	90%
19	Nga Matapunga Oranga Limited	72%	90%
20	Ora Toa PHO Limited	72%	90%
21	Haukai PHO	71%	90%
22	Well Health Trust	69%	90%
23	Primary and Community Services Otago	68%	90%
24	Te Tai Tokerau PHO Ltd	67%	90%
25	Nelson Bays Primary Health	66%	90%
26	West Coast PHO	64%	90%
27	Southern Primary Health Organisation	64%	90%
28	Waikato PHO Limited	64%	90%
29	Health Rotorua Limited	62%	90%
30	Christchurch PHO Limited	61%	90%
31	National Haemato Coalition	61%	90%
32	Eastern Bay Primary Health Alliance	54%	90%
33	Te Awakāwhiri Health Network	51%	90%
34	Royal Canterbury PHO	47%	90%
35	Kimihia Waikato (Morrison PHO Trust)	42%	90%
36	Regional Health (Charitable) Limited	30%	90%
All PHOs		69%	90%

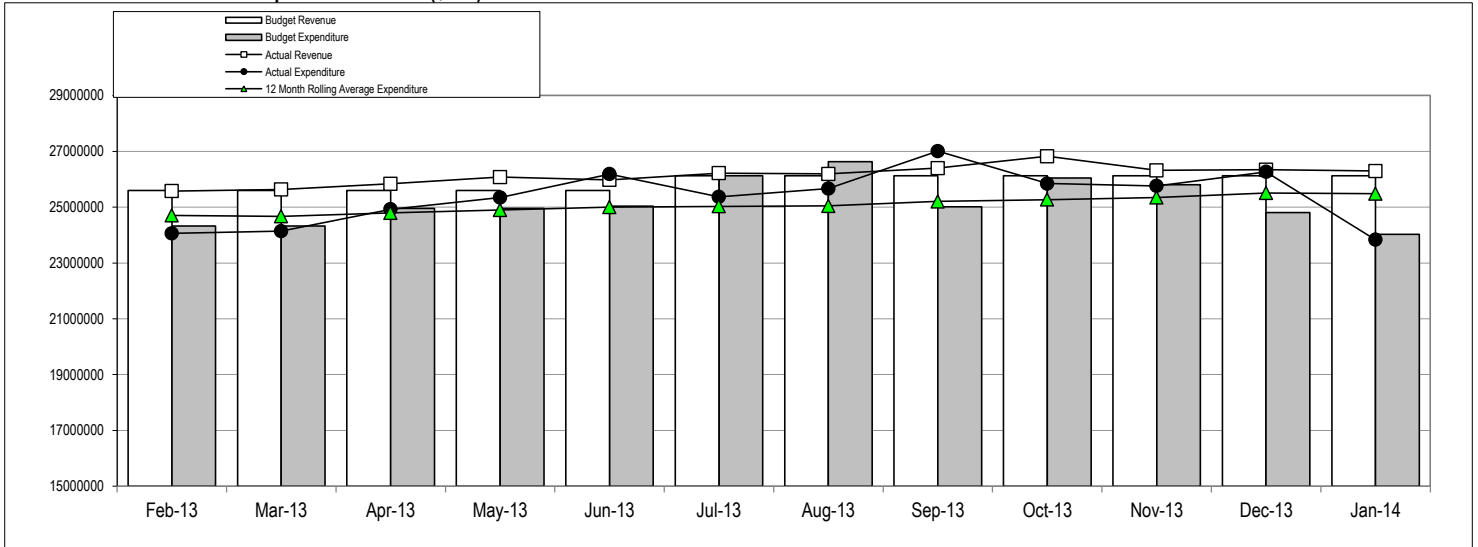
More heart and diabetes checks
 This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years by July 2014.

More information on the health targets can be found on www.health.govt.nz/healthtargets

Taranaki DHB
Funder Financial Performance Report for Jan 14

Summary January-14	Month			YTD				Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	Variance as % of YTD Budget	
Revenue								
Personal Health	19,642	19,542	100	137,856	136,794	1,062		234,504
Mental Health	2,578	2,578	0	18,045	18,045	(0)		30,934
Population Health	115	57	59	761	397	364		681
Health of Older People	3,558	3,553	6	25,112	24,869	244		42,632
Maori Health	230	230	0	1,610	1,610	0		2,761
Funding and Governance	170	170	0	1,190	1,190	0		2,040
Total	26,294	26,129	164	184,575	182,905	1,670	1%	313,552
Expenses								
Personal Health	17,222	17,581	(359)	132,209	131,792	417		224,205
Mental Health	2,496	2,430	66	18,098	18,075	23		30,934
Population Health	105	57	48	799	397	402		680
Health of Older People	3,547	3,539	9	25,339	25,218	121		42,632
Maori Health	294	255	39	2,107	1,785	322		3,061
Funding and Governance	170	170	0	1,190	1,190	0		2,040
Total	23,835	24,031	(197)	179,741	178,457	1,284	1%	303,552
Profit/(Loss)								
Personal Health	2,420	1,961	458	5,648	5,002	646		10,299
Mental Health	82	148	(66)	(53)	(30)	(23)		(0)
Population Health	10	0	10	(37)	1	(38)		1
Health of Older People	11	14	(3)	(226)	(350)	123		0
Maori Health	(64)	(25)	(39)	(497)	(175)	(322)		(300)
Funding and Governance	0	0	0	0	0	0		0
Total	2,459	2,098	361	4,834	4,448	386		10,000

TDHB Funder Revenue and Expenditure Trends (\$'000)



Personal Health

26

<i>Jan 2014</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 - Personal Health	(19,383,711)	(19,277,213)	(106,498)	(135,970,752)	(134,940,493)	(1,030,259)	(231,326,560)	A
IDF Revenue	(258,000)	(258,000)	-	(1,806,609)	(1,806,002)	(607)	(3,096,003)	
Accident Insurance	-	(6,750)	6,750	(41,542)	(47,250)	5,708	(81,000)	
Personal Health - Other Revenue	-	-	-	(37,334)	-	(37,334)	-	
REVENUE TOTAL	(19,641,712)	(19,541,964)	(99,748)	(137,856,237)	(136,793,745)	(1,062,492)	(234,503,563)	
Expenditure								
NGO	8,081,724	7,930,881	150,843	56,263,406	55,516,170	747,236	95,170,578	
Provider	9,140,484	9,650,041	(509,556)	75,945,189	76,275,868	(330,678)	129,033,972	
Total	17,222,209	17,580,922	(358,714)	132,208,595	131,792,038	416,557	224,204,550	
PROFIT/(LOSS)	2,419,503	1,961,041	458,462	5,647,642	5,001,707	645,935	10,299,013	
EXPENSES								
NGO								
6111 Child and Youth	41,428	43,986	(2,557)	319,611	307,900	11,711	527,829	
6136 Laboratory (Funder)	471,444	430,022	41,422	3,279,220	3,010,156	269,064	5,160,268	G
6144 Maternity	40,422	62,897	(22,475)	305,214	440,281	(135,067)	754,767	B
6148 Tertiary and Secondary Obstetrics	2,376	-	2,376	(23,366)	-	(23,366)	-	B
6152 Pregnancy and Parenting Education	10,441	5,244	5,197	38,767	36,709	2,058	62,930	
6156 Maternity Payment Schedule	-	1,844	(1,844)	11,228	12,907	(1,679)	22,126	
6164 Sexual Health	19,003	6,887	12,115	57,008	48,211	8,796	82,648	
6168 Adolescent Dental Benefit	65,129	83,070	(17,941)	562,636	581,492	(18,857)	996,844	
6180 School Dental	11,884	11,625	258	67,308	81,377	(14,070)	139,504	
6184 Secondary/Tertiary Dental	329	1,724	(1,394)	9,099	12,065	(2,966)	20,682	
6192 Pharmaceuticals (Funder)	2,216,491	2,287,042	(70,551)	16,224,326	16,009,293	215,033	27,444,503	H
6228 General Medical Subsidy	52,679	62,912	(10,232)	495,011	440,381	54,631	754,938	
6232 Primary Practice Services Capitated	1,702,554	1,620,113	82,441	11,600,230	11,340,791	259,439	19,441,356	I
6236 Practice Nurse Subsidy	3,629	8,492	(4,863)	50,972	59,441	(8,469)	101,899	
6240 Rural Bonus	71,238	68,119	3,119	518,949	476,834	42,115	817,429	
6244 Immunisation	16,130	61,963	(45,833)	174,888	433,743	(258,855)	743,559	C
6256 Palliative Care	170,994	217,463	(46,469)	1,148,263	1,522,241	(373,978)	2,609,556	F
6262 Domiciliary & Domestic Nursing	19,750	20,854	(1,103)	140,246	145,976	(5,730)	250,244	
6266 Chronic Disease Mgmt	68,227	84,107	(15,881)	475,160	588,752	(113,592)	1,009,289	
6273 Medical Outpatients	-	-	-	85,410	-	85,410	-	J
6287 Miscellaneous Services	35,845	82,383	(46,537)	321,324	576,680	(255,356)	988,594	
6288 Price adjusters and Premium	111,422	147,335	(35,914)	770,182	1,031,348	(261,166)	1,768,025	D
6289 Travel and Accommodation	16,436	10,567	5,869	72,869	73,972	(1,103)	126,809	
6290 IDF Own DHB Population	2,933,872	2,612,232	321,640	19,558,852	18,285,621	1,273,231	31,346,779	D
	8,081,724	7,930,881	150,843	56,263,406	55,516,170	747,236	95,170,578	
Provider								
6111 Child and Youth	81,572	81,572	-	571,004	571,004	-	978,864	
6136 Laboratory (Funder)	125,815	62,280	63,534	505,358	435,961	69,398	747,361	
6144 Maternity	48,448	36,922	11,525	269,981	258,456	11,525	443,068	
6148 Tertiary and Secondary Obstetrics	532,036	633,734	(101,698)	3,844,422	3,947,635	(103,213)	6,504,278	
6156 Maternity Payment Schedule	5,250	-	5,250	36,750	-	36,750	-	
6160 Neo Natal	78,379	239,466	(161,087)	1,207,194	1,366,766	(159,572)	2,450,152	
6164 Sexual Health	25,863	28,869	(3,006)	227,572	230,579	(3,006)	376,492	
6168 Adolescent Dental Benefit	5,355	3,332	2,023	80,437	78,414	2,023	130,889	
6176 Relief of Pain Dental	1,919	5,167	(3,248)	28,348	31,595	(3,248)	53,594	
6180 School Dental	211,817	206,917	4,899	2,023,743	2,018,844	4,899	3,134,086	
6184 Secondary/Tertiary Dental	93,088	92,498	590	1,110,448	1,109,858	590	2,015,297	
6194 Pharmaceutical Cancer Treatment Drug	117,141	134,520	(17,379)	786,703	941,640	(154,937)	1,614,240	
6232 Primary Practice Services Capitated	-	-	-	11,000	-	11,000	-	
6244 Immunisation	20,932	20,932	-	159,394	146,521	12,873	251,179	
6248 Radiology	116,138	116,138	-	1,094,340	1,094,341	-	1,773,855	
6260 Meals on Wheels	4,935	4,935	-	34,547	34,547	-	59,224	
6262 Domiciliary & Domestic Nursing	277,096	288,539	(11,443)	2,247,366	2,296,479	(49,113)	3,753,644	
6264 Community Based Allied Health	148,214	161,494	(13,280)	1,289,551	1,302,831	(13,280)	2,205,012	
6266 Chronic Disease Mgmt	33,636	43,522	(9,886)	571,124	581,010	(9,886)	844,192	
6271 Medical Inpatients	2,005,506	2,251,639	(246,133)	17,089,866	17,191,890	(102,024)	27,581,778	
6273 Medical Outpatients	769,971	865,345	(95,374)	6,239,675	6,708,116	(468,441)	11,564,162	
6275 Surgical Inpatients	2,660,588	2,672,814	(12,226)	22,786,336	22,798,561	(12,225)	39,842,958	
6277 Surgical Outpatients	433,724	419,533	14,191	3,641,164	3,498,283	142,881	6,072,084	
6279 Paediatric Inpatients	158,967	118,193	40,774	1,643,219	1,602,446	40,773	2,712,229	
6281 Paediatric Outpatients	119,180	65,437	53,744	799,988	645,978	154,010	1,104,027	
6286 Emergency Services	622,509	605,022	17,487	3,963,055	3,945,568	17,487	6,926,661	
6287 Miscellaneous Services	61,351	110,163	(48,812)	1,015,199	771,139	244,060	1,321,953	
6288 Price adjusters and Premium	121,213	121,213	-	848,491	848,491	-	1,454,556	
6289 Travel and Accommodation	259,845	259,845	-	1,818,913	1,818,913	-	3,118,137	
	9,140,484	9,650,041	(509,556)	75,945,189	76,275,868	(330,678)	129,033,972	E

Note

A Revenue

Revenue includes funding for Cardiovascular Screening, Rural After Hours , Maternity Quality & Safety Programme & After Hours Primary Healthcare not anticipated in the budget. In Oct, advanced funding for InterRAI host support costs and revenue related to 2012-13 Elective services was received.

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

The 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

G Laboratory

Waikato DHB has identified additional tests performed on behalf of Medlab which will be invoiced to TDHB during the course of the year

H Pharmaceuticals

Additional costs of the new CPSA agreement have come to light which were not anticipated in the budget

I Primary Practice Services

Top up funding has been provided to support the transfer of patients from Te Atiawa practice to Tui Ora Family Health

J Medical

Expenditure relates to a new contract with Midland Health Network for Heart & Diabetes Checks

Mental Health

28

Jan 2014	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)	-	(18,043,178)	(18,043,179)	1	(30,931,164)	
IDF Revenue	(276)	(276)	-	(1,933)	(1,933)	-	(3,313)	
Revenue Total	(2,577,873)	(2,577,873)	-	(18,045,111)	(18,045,112)	1	(30,934,477)	
Mental Health Expenditure								
NGO	849,938	801,118	48,820	5,805,186	5,607,827	197,359	9,613,417	
Provider	1,645,925	1,628,813	17,112	12,292,584	12,466,921	(174,336)	21,321,061	
Total	2,495,863	2,429,931	65,931	18,097,770	18,074,747	23,023	30,934,478	
PROFIT/(LOSS)	82,010	147,942	(65,931)	(52,659)	(29,636)	(23,023)	(1)	
EXPENSES (Payment to Providers)								
NGO								
6321 Crisis Respite	33,200	1,683	31,517	280,650	11,780	268,870	20,195	
6325 Alcohol and Drug General	5,037	-	5,037	35,259	-	35,259	-	
6340 Dual Diagnosis A and D	81,533	119,681	(38,148)	570,733	837,769	(267,035)	1,436,175	
6355 Maternal Mental Health	9,815	9,804	11	68,689	68,626	63	117,644	
6360 Child and Youth Mental Services	53,510	43,310	10,200	354,160	303,169	50,990	519,719	
6370 Kaupapa Maori Services	47,535	47,535	-	332,710	332,745	(35)	570,420	
6390 Mental Health Team Services	106,919	62,710	44,209	615,888	438,971	176,918	752,521	
6415 Day Activity and Rehab Services	103,408	103,408	-	723,950	723,859	91	1,240,901	
6420 Mental Health Services for Older People	19,937	19,937	-	139,558	139,558	-	239,242	
6425 Consumer and Carer/Family Support	20,343	20,343	-	142,360	142,404	(44)	244,121	
6430 Home Based Support	146,333	146,333	-	1,024,355	1,024,328	27	1,755,990	
6435 Carer/Family Support	13,562	13,562	-	94,935	94,936	-	162,747	
6440 Community Residential Beds and Services	160,830	177,395	(16,566)	1,125,785	1,241,768	(115,983)	2,128,745	
6490 Mental Health Other	23,996	12,699	11,297	135,993	88,895	47,098	152,391	
6492 IDF Own DHB Population	23,979	22,717	1,262	160,160	159,020	1,140	272,606	
	849,938	801,118	48,820	5,805,186	5,607,827	197,359	9,613,417	A
Provider								
6311 Acute Mental Conditions	545,136	419,324	125,812	3,966,965	3,841,154	125,812	6,541,631	
6321 Crisis Respite	(7,857)	7,857	(15,715)	7,858	55,001	(47,144)	94,288	
6335 Methadone	49,546	36,193	13,353	266,702	253,348	13,354	434,311	
6340 Dual Diagnosis A and D	105,814	122,308	(16,494)	839,663	856,156	(16,493)	1,467,697	
6350 Eating Disorder	3,844	3,844	-	26,906	26,906	(1)	46,125	
6355 Maternal Mental Health	18,434	18,434	-	129,039	129,039	-	221,210	
6360 Child and Youth Mental Services	198,524	222,485	(23,961)	1,519,265	1,557,395	(38,130)	2,669,819	
6390 Mental Health Team Services	489,262	601,641	(112,378)	3,953,258	4,211,484	(258,226)	7,219,686	
6410 Mental Health Workforce Development	5,633	5,633	-	39,429	39,430	(1)	67,594	
6420 Mental Health Services for Older People	223,556	177,062	46,494	1,445,273	1,398,779	46,495	2,390,307	
6425 Consumer and Carer/Family Support	6,280	6,280	-	43,958	43,959	(1)	75,358	
6435 Carer/Family Support	6,280	6,280	-	43,958	43,959	(1)	75,358	
6490 Mental Health Other	1,473	1,473	-	10,311	10,312	-	17,677	
	1,645,925	1,628,813	17,112	12,292,584	12,466,921	(174,336)	21,321,061	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.

Population Health

29

<i>Jan 2014</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 Public Health	(115,498)	(56,749)	(58,750)	(761,335)	(397,242)	(364,093)	(680,986)	A
REVENUE TOTAL	(115,498)	(56,749)	(58,750)	(761,335)	(397,242)	(364,093)	(680,986)	
Expenditure								
NGO	70,807	34,555	36,252	571,958	241,887	330,072	414,663	
Provider	34,238	22,111	12,127	226,794	154,780	72,014	265,336	
Total	105,045	56,667	48,379	798,752	396,666	402,086	679,999	
PROFIT/(LOSS)	10,453	82	10,371	(37,418)	575	(37,993)	987	
NGO								
6540 Nutrition and Physical Activity	41,691	11,222	30,469	339,335	78,553	260,782	134,663	B
6545 Physical Environment	-	-	-	120,000	-	120,000		C
6565 Tobacco	29,116	23,333	5,783	112,623	163,333	(50,710)	280,000	
	70,807	34,555	36,252	571,958	241,887	330,072	414,663	
Provider								
6515 Communicable Diseases	4,955	4,955	-	29,733	34,688	(4,955)	59465	
6535 Non-communicable Diseases	9239	9239	0	64675	64675	0	110871	
6540 Nutrition and Physical Activity	12127	0	12127	84887	0	84887	0	D
6565 Tobacco	7,917	7,917	-	47,500	55,417	(7,917)	95,000	
	34,238	22,111	12,127	226,794	154,780	72,014	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

Health of Older People

30

Jan 2014	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Disability Support Services	(3,471,992)	(3,466,267)	(5,725)	(24,507,627)	(24,263,868)	(243,758)	(41,595,203)	
IDF Revenue	(86,394)	(86,394)	-	(604,756)	(604,756)	-	(1,036,724)	
REVENUE TOTAL	(3,558,385)	(3,552,661)	(5,725)	(25,112,383)	(24,868,624)	(243,758)	(42,631,927)	
Expenditure								
NGO	3,159,341	3,079,762	79,579	21,689,735	21,558,335	131,400	36,957,145	
Provider	388,106	458,789	(70,683)	3,649,116	3,659,799	(10,683)	5,674,780	
Total	3,547,447	3,538,551	8,896	25,338,851	25,218,133	120,717	42,631,925	
PROFIT/(LOSS)	10,939	14,110	(3,171)	(226,468)	(349,509)	123,041	2	
Expenses								
NGO								
6615 Information and Advisory	3,191	3,191	-	22,339	22,339	-	38,295	
6620 Needs Assessment	(2,822)	806	(3,629)	10,126	5,644	4,482	9,676	
6625 Service Co-ordination	(3,771)	956	(4,727)	11,055	6,690	4,365	11,468	
6630 Home Support	431,063	573,799	(142,736)	3,574,947	4,016,591	(441,644)	6,885,584	
6635 Caregiver Support	11,842	17,235	(5,393)	108,456	120,648	(12,192)	206,825	
6640 Residential Care: Rest Homes	1,338,214	1,315,976	22,238	9,235,985	9,211,832	24,153	15,791,712	
6650 Residential Care: Hospitals	1,177,858	952,556	225,302	7,182,306	6,667,892	514,414	11,430,672	
6661 Day Programmes	15,612	27,906	(12,294)	146,987	195,343	(48,356)	334,874	
6663 Minor Disability Sppt Expend	6,593	3,437	3,156	23,698	24,058	(360)	41,242	
6664 NASC Flexible funding	1,003	11,434	(10,432)	11,387	80,039	(68,652)	137,210	
6680 Respite Care	35,091	26,998	8,093	344,172	188,983	155,189	323,970	
6692 IDF Disability Support Own DHB	145,468	145,468	-	1,018,277	1,018,277	-	1,745,617	
	3,159,341	3,079,762	79,579	21,689,735	21,558,335	131,400	36,957,145	
Provider								
6610 AT and R (Assessment, Treatment and Rehabilitation)	212,302	292,985	(80,683)	2,418,489	2,499,173	(80,683)	3,685,135	
6625 Service Co-ordination	113,081	113,081	-	791,566	791,566	-	1,356,971	
6630 Home Support	10,000	-	10,000	70,000	-	70,000	-	
6651 Aging in Place	36,236	36,236	-	253,654	253,654	-	434,836	
6660 Environmental Support: Mobility and Sensory Aids	6,959	6,959	-	48,712	48,712	-	83,507	
6690 Community Health	9,528	9,528	-	66,694	66,693	-	114,332	
	388,106	458,789	(70,683)	3,649,116	3,659,799	(10,683)	5,674,780	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.

Maori Health

31

Jan 2014	<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)	-	(1,610,378)	(1,610,378)	-	(2,760,648)	
REVENUE TOTAL	(230,054)	(230,054)	-	(1,610,378)	(1,610,378)	-	(2,760,648)	
Expenditure								
NGO	243,390	205,410	37,980	1,723,729	1,437,872	285,857	2,464,923	
Provider	50,600	49,644	957	383,356	347,506	35,850	595,725	
Total	293,990	255,054	38,936	2,107,085	1,785,378	321,706	3,060,648	
PROFIT/(LOSS)	(63,936)	(25,000)	(38,936)	(496,707)	(175,000)	(321,706)	(300,000)	
Expenses (Payments to Providers)								
NGO								
6807 Maori Service Development	4,905	71,813	(66,908)	54,335	502,692	(448,357)	861,757	A
6812 Maori Workforce Development	16,667	55,106	(38,439)	116,667	385,744	(269,077)	661,276	A
6891 Whanau Ora Services	221,818	78,491	143,327	1,552,727	549,436	1,003,291	941,891	A
	243,390	205,410	37,980	1,723,729	1,437,872	285,857	2,464,923	
Provider								
6807 Maori Service Development	50,600	49,644	957	383,356	347,506	35,850	595,725	B
	50,600	49,644	957	383,356	347,506	35,850	595,725	

A Whanau Ora Services

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

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.