Distribution:
Committee Members:
F Gilkison, Chairman
A Ballantyne, Deputy Chairman
E Borrows, M Bourke,
P Catt, K Denness,
K Eagles, B Jeffares,
P Lockett, A Rumball,
C Tuuta
Coopted member D Tamatea

Management:
CEO
GM Planning, Funding & Population Health
GM Finance & Corporate Services
Chief Advisor Maori Health
GM Hospital Services
Chief Medical Advisor
Director of Nursing
GM HR & Organisational Development
Quality Risk Manager
PA to Board
PA to GM, PF&PH

Advisors:
S Carrington, Media Advisor
P Franklin, Legal Advisor
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Public:
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Peter Jane, MoH
Te Whare Punanga Korero (7)
B Archer (Health Promotion)
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Health Care NZ
Agnus Lehrke, Grey Power
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Media – Daily News, Newstalk ZB, Hawera Star, Midweek, Opunake & Coastal News, Stratford Press
Health Centres – Stratford, Patea, Opunake, Mokau

Base Hospital Library
Hawera Hospital Library
Corporate Reception

TARANAKI DISTRICT HEALTH BOARD

AGENDA

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE/DISABILTY SUPPORT ADVISORY COMMITTEES

ORDINARY MEETING

Tuesday 28 August 2012
12.30pm

Corporate Room #1
Base Hospital
David Street
New Plymouth

COMMUNITY & PUBLIC HEALTH/DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING AGENDA

Tuesday 28 August 2012
12.30pm

Corp Meeting Room #1
Base Hospital
David Street
New Plymouth

1. Declaration to Open Meeting

2. Apologies

3. Conflicts of Interest

4. Public Comment

5. Minutes

5.1 Minutes of meeting held 26 June 2012 Pages 1 - 7

Resolution
That the Community and Public Health and Disability Support Advisory Committees resolve to accept the minutes of the meeting held 26 June 2012 as a true and correct record.

6. Matters Arising

7. Chairman's Report

8. Management Reports

8.1 Maori Health Plan Report Pages 9 - 27

Resolution
That the Community and Public Health and Disability Support Advisory Committees note and receive the report and attachments.

8.2 Planning Funding & Population Health Report

Pages 29 - 34

Resolution
That the Community and Public Health and Disability Support Advisory Committees note and receive the report.

8.3 District Annual Plan 2011/12 Year End Review

Pages – 35 - 47

Resolution
That the Community and Public Health and Disability Support Advisory Committees note and receive the District Annual Plan 2011/12 Year End Review

8.4 Funder Financial Results July 2012

Pages 49 - 69

Resolution
That the Community and Public Health and Disability Support Advisory Committees note and receive the July 2012 Funder Financial Results

9. Other Business

10. Date of Next Meeting
Tuesday, 30 October 2012 – New Plymouth

TARANAKI DISTRICT HEALTH BOARD

COMMUNITY & PUBLIC HEALTH / DISABIITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 26 June 2012
12.30 pm
Sport Taranaki Conference room
6A Maratahu Street
New Plymouth

Present
Flora Gilkison (Chairman), Colleen Tuuta, Pauline Lockett, Mary Bourke, Peter Catt (Committee Members), David Tamatea (Co-opted member).

In Attendance
Sandra Boardman (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Ramon Tito, (Kaumatua), Jenny James (Portfolio Manager Mental Health & Addictions), Channa Perry, Portfolio Manager Older People & Cancer Services; Sue Carrington (Communications Advisor), Fran Davey (Minute Secretary)

Paul Bourke, Doug Quayle, Yvonne Van Lent (on behalf of Mental Health First Aid)

680.0 Apologies
Resolution
That the apologies from Tony Foulkes (Chief Executive), Brian Jeffares, Alison Rumball, Ella Borrows, Karen Eagles and Kura Denness, (Board Members) be received and noted. Alex Ballantyne (Deputy Chairman) on leave of absence.

Tamatea/Catt
Carried

681.0 Conflict of Interest
The Register was circulated for signing by members. No new conflicts were registered.

682.0 Minutes of Previous Meeting
Resolution
That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held on 24 April 2012 as a true record.

Catt/Tamatea
Carried

With the following amendment:
676.1 – The TSB Community Trust has pledged a further $155,000 to the WRR project.

683.0 Mental Health First Aid

Presentation – Mr Bourke, Mr Quayle, Mrs Van Lent

- Mr Bourke explained the Mental Health First Aid Programme was created in Canberra in 2001 by a couple who had lost their son to suicide. The programme has been operating in Australia for over 10 years and is run under the auspices of the Orygen Youth Health Research Centre at the University of Melbourne. It is in 15 countries. The Manukau District Health board has developed a programme for Maori and Pacific Islanders and has been running for three years. Their aim is to train 200 people a year.
- The success of the programme is based on the Mental Health First Aid Action Plan, ALGEE :
  Approach, Assess and assist with any crisis
  Listen non-judgmentally
  Give support and information
  Encourage appropriate professional help
  Encourage other supports
- Mr Quayle who lives with depression shared how valuable he has found the information, non judgemental support, referrals and skills gained from attending the Mental Health First Aid workshops in Stratford.
- Mrs Van Lent, School Counsellor and HOD Guidance at New Plymouth Girls High school commented that in her professional opinion the Mental Health First Aid course was informative, comprehensive and at a level teachers, parents, nurses or youth workers could understand.
- Board members thanked and acknowledged the work and efforts of the presenters of Mental Health First Aid. It was an informative and positive presentation engaging a lot of discussion.

684.0 Management Reports

684.1 Maori Health Report

Chief Advisor Maori Health took her report as read with the following points of interest noted for discussion:

<u>Discussions</u>

- Ms Henare clarified the “next steps” in terms of socialising the Whanau Ora Health Needs Assessment were to attract other sectors including MSD, TPK, MOE, Ministry of Justice and Housing that address the socio economics of Whanau Ora.
- Ms Henare clarified Taranaki Ora is focused on health and social services, and the Tui Ora and Ngati Ruanui Whanau Ora Centres focus around medical practices.
- Feedback from the Ministry of Health on the Maori Health plan is due 29 June 2012.
- Dr Gilkinson asked if 85% of Maori are enrolled in PHOs, what is the total percentage of our population enrolled in PHOs? Mrs Boardman to feedback to next meeting.

- Members would like to receive the Appendices to reports in colour to clearly identify and interpret the data. Dr Catt to follow up receiving ecopy of Board papers.

Resolution
That the Community & Public Health and Disability Support Advisory Committee receive and note the Management Report of the Chief Advisor Maori Health.

Bourke/Catt
Carried

684.2 Taranaki DHB Disability Plan (DAG)
Presentation - Mrs Perry, Portfolio Manager Older People & Cancer Services

Terms of Reference
- Assist and advise TDHB to implement the NZ Disability Strategy through the TDHB Disability Action Plan
- Provide guidance, advice and support to inform TDHB planning and decision making processes
- Make recommendations to inform TDHB planning and policy aimed at meeting the needs of people with disabilities
- Provide comment and feedback on TDHB plans and reports as required

Purpose
- The Action Plan provides a framework that guides Taranaki DHB in implementing the NZ Disability Strategy through its role as:
- A Health & Disability Services Provider and employer
- As a Planner & Funder of Health & disability Services
- As a communicator and provider of information to our community and As a community leader.

Outcomes of Workshop
- Reviewed progress against Disability Action Plan 2007-10
- Identified new priorities and actions; and potential new partners
- Initial development of draft Disability Action Plan 2011-14
- Engaged in consultation on Taranaki Disability Strategy late 2011. Decision to align with Strategy.
- Draft Action Plan 2012-15

Vision
- Our vision is for every person with impairments to lead a life free of disability

Strategic Goals
- Taranaki Community are aware of and understand the issues facing people with disabilities
- People with disabilities are seen and valued for their strengths and abilities
- People with impairments have equal opportunities to participate

Big Wins
- Strategic links with the NZ Disability Strategy and the Taranaki Strategy
- Clear and direct links to Taranaki Strategy goals and objectives – our Action Plan supports delivery of the Taranaki Regional Disability Strategy, and vice versa
- Partnership approach

- Reduced duplication
- Reduced reporting

Achievements to Date

- Contribution to Project Maunga designs, e.g. sensory garden, accessible bathrooms in ward rooms
- Influence over design of car parking spaces across the hospital site
- Re-route of the No. 3 Tranzit Bus Service to include hospital grounds
- Adjustable ex-hospital beds donated to GP practices around Taranaki
- Key role in development of Blue Coats initiative
- Front entrance re-sealed to improve accessibility
- Disability May Affect You Awareness Event (May 2011)
- Promotion of Sign Language workshops to staff.

Assistive Hearing Device Trial

- During July and August, a number of hospital departments will be trialling the use of an Amigo Assistive Hearing Device. This device consists of a small microphone (worn by the health professional) and a set of discreet headphones (worn by the patient).
- The device amplifies the sound of the health professionals voice making it easier for hearing impaired people to hear what is being said through the headphones.
- If you feel that you would benefit from using this device a please ask a member of staff. The device can be used both at the reception desk and in a consultation appointment with the doctor. If the device is found to be beneficial the District Health Board may look at purchasing some of these assistive devices for the use around the hospital in future.
- If you use the device, we would welcome your feedback on whether you found it useful by filling in a short evaluation form (optional).

Plans for the Future

- Develop & implement a TDHB Disability Communication Plan
- Develop & implement a staff training plan
- Include “disability awareness” in TDHB Staff Induction Programme
- Participation in EEO Employer Awards
- People with disabilities continue to be involved in service planning, development and delivery
- Promote employment of people with disabilities
- Strengthening DAG role in providing expert advice to TDHB on disability
- Develop process to support outpatient booking of disability aids
- Continue to improve accessibility of TDHB hospital sites.

<u>Resolution</u>

That the Community and Public Health Advisory Committee and the Disability support Advisory Committee note and support the Taranaki DHB Disability Action Plan 2012-2015.

Lockett/Catt
Carried

- The Chairperson on behalf of all members congratulated Mr Tamatea on receiving his Queens Service Medal.
- Mrs Lockett left the meeting at 2.30pm.

684.3 Taranaki DHB Adult MH&A Continuum Sub-project Residential Services Review, Mrs James, Portfolio Manager Mental Health and Addictions

Background

- In October 2011 the Community & Public Health and Advisory Committee considered and supported the completion of the Adult Mental Health and Addictions Continuum Project. One of the service red flag and action areas identified in the Continuum Report was the need to review the mix and model of MH&A Residential Services across Taranaki.
- In March 2012 a sub-project was established to undertake the review and work streams covering 5 key service areas were held.
- Input into the final recommendations included the following organisations:
  Taranaki DHB Provider Arm
  Pathways
  Tui Ora Limited and affiliated Provider network
  Midland Health Network
  National Hauora Coalition
  Salvation Army
  Healthcare NZ
  Progress to Health
  Schizophrenia Fellowship
  Consumer and Family Advisors
  Likeminds
  Salvation Army
  Workwise
  The final report has been completed and the prioritised recommendations have been signed off by the Project Sponsor.

Discussion

- Clients will be managed during the change between the current and new models as outlined in the transition plan.
- The National Age Related Residential Care contracts remunerate the providers adequately for the service they provide. As we move forward with the aging population concurrent issues with aging and mental health problems, the service model will focus on providing specialised support to residential providers.
- Members to be sent Blueprint documents link to Ministry of Health by Minute Secretary.
- Adult Mental Health residential beds are averaged per 100,000 population. Taranaki have 27 beds being 9 above the national average. These beds are based at the hospital. For kaupapa Maori Tui Ora have facilities at Mill Road, Brixton and Waitara for 13 beds.

Resolution

That the Community and Public Advisory Committee and Disability Support Advisory Committee note and support the completion of Sub Project for the Review of the MH&A Residential Services and to progress with implementation.

Bourke/Catt
Carried

684.4 Planning, Funding and Population Health Report
General Manager Planning, Funding and Population Health took her report as read.

Discussion

- Mrs Boardman advised the Public Health Unit Annual Plan has been approved.
- A key priority is to close the gap of 7.9%, 123 babies who not recorded as being registered with a GP.
- Mrs Boardman advised the DHB services will wrap around Te Kete centre as a service delivery point when it is set up.
- Green prescriptions continue with slightly lower funding.

Resolution

That the community and Public Health Advisory Committee and the Disability Support Advisory Committee note and receive the report and attachments.

Tamatea/Catt
Carried

Next Meeting

It was noted the next meeting date is 28 August 2012.

The meeting concluded at 3.17 pm.

Chairman Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List from 28 August 2012						
Action No	**Date Raised**	**Action Description**	**Status**	**Assigned**	**Due Date**	**Updates**
8	26/06/12	E-copy of board papers for members	Progressing	Dr Catt	28/08/12	Feedback at August meeting
~~9~~	~~26/06/12~~	~~Blueprint documents website~~	~~Completed~~	~~F Davey~~	~~29/6/12~~	~~Completed~~

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

FROM Ngawai Henare, Chief Advisor Māori Health

DATE 20 August 2012

SUBJECT **MĀORI HEALTH REPORT**

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1. INTRODUCTION

This report summarises Maori health activities for the period ended 30 July 2012.

2. MAORI HEALTH PLAN

2.1. The full annual report of achievements over the 2011-2012 year will be presented to the first joint Te Whare Punanga Korero / TDHB Board meeting on a date to be confirmed.

2.2. In relation to the draft Maori Health Plan 2012-13, feedback from MOH has been received. The TDHB has discretion as to whether it makes any of the changes suggested by MOH. Generally our feedback relates to detailing timeframes for activities, and monitoring. Both factors will be strengthened.

2.3. The MOH suggestion of including the impact of the Maori Health Plan on the reduction of disparity will also be followed.

2.4. National priorities diabetes management and workforce development have been removed by MOH to align with Ministry targets. However as both are significant priorities for TDHB, diabetes management has become a local priority while workforce development is a Midland regional priority.

2.5. The regional priority for Maori provider capacity development has been amended to encapsulate the intent of protecting existing Maori health investment which includes Maori provider contracts, Maori-specific services in mainstream organisations, non-capitated PHO funding and Maori workforce development.

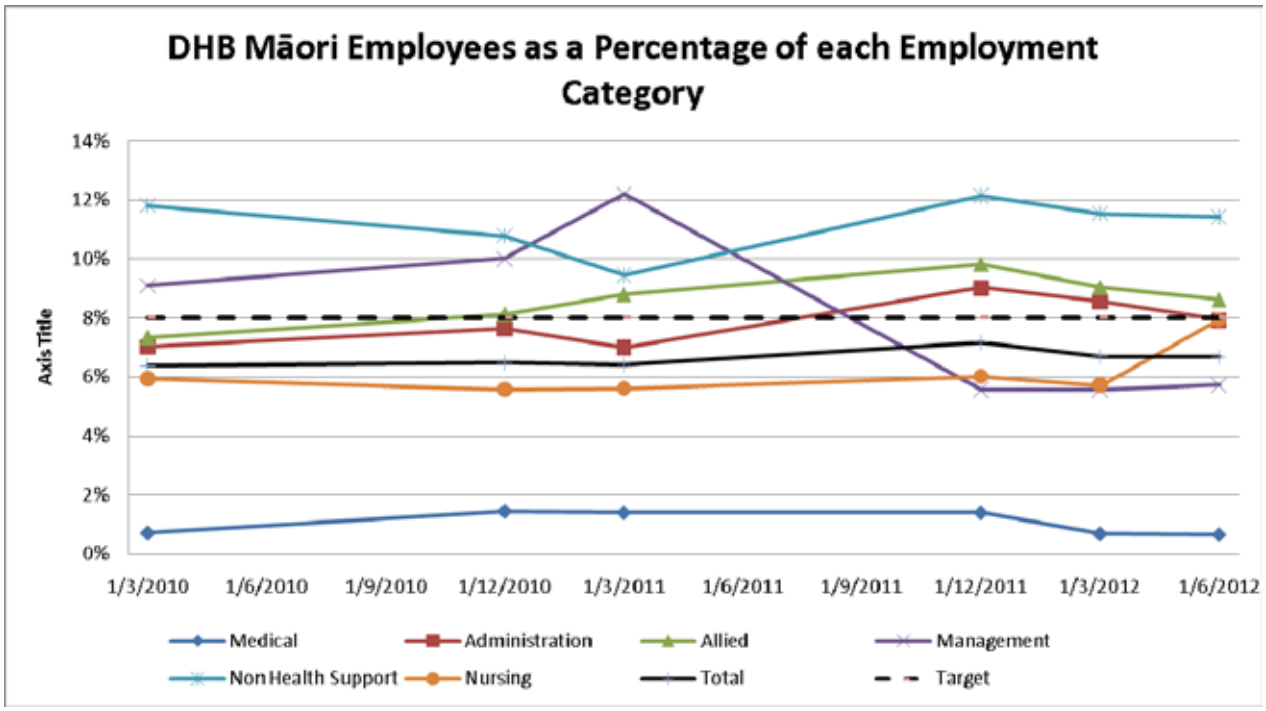
2.6. The revised summary of National, Regional and Local indicators for the Maori Health Plan 2012-13 showing baseline, targets and current ethnic disparities (where data is available), is attached as Appendix A.

2.7. The revised Maori Health Plan is due back to the MOH by 31 August.

2.8. We aim to have the first 2012-13 quarterly report available for the first joint meeting of Te Whare Punanga Korero and the TDHB Board. The full annual report for 2011-12 will also be presented at that time.

TDHB MAORI WORKFORCE

2.9. Below shows movement in TDHB Maori staffing by professional grouping from March 2010 to June 2012. While absolute numbers have increased the proportion of Maori has remained fairly static.



2.10. The following table shows the breakdown of Maori and non-Maori staff as well as those not stated. The absolute numbers shown, put into context, the Maori workforce changes over time as well as the Maori proportionate to non-Maori staffing.

	Maori	Non Maori	Not Stated	Total	% Maori	% Unknown
Medical	1	129	25	155	0.65%	16.13%
Nursing	49	668	91	808	6.06%	11.26%
Allied	26	249	27	302	8.61%	8.94%
Non Health Support	12	76	17	105	11.43%	16.19%
Administration	2	31	2	35	5.71%	5.71%
Management	23	242	25	290	7.93%	8.62%
Total	**113**	**1395**	**187**	**1695**	**6.67%**	**11.03%**

2.11. The Human Resources team has begun a programme to encourage staff to check and correct their ethnicity records as required. The general finding in ethnicity data accuracy research is that Maori are likely to be understated. An explanation of the importance of accurately recording ethnicity will hopefully lead to improved workforce ethnicity data.

WHAKATIPURANGA RIMA RAU WORKFORCE DEVELOPMENT PROJECT

2.12. Whakatipuranga Rima Rau delivers the Incubator programme to 178 registered year 12 and 13 Taranaki secondary school students, 18 more than the target for 2012-13. The programme is delivered to students from the 13 Taranaki secondary schools. 46 TDHB health professionals have supported the programme to date by attending 21 student workshops where they have shared their respective health career journeys.

2.13. The WRR Trust recently confirmed its work programme for the ensuing year by finalising its Result Card. Thanks go to MSD Families and Communities which provided Chriss Bull, trained in Results-Based Accountability, to facilitate the process.

2.14. The work programme for the ensuing year will again focus on the three work-streams of infrastructure development, WHYORA – promoting health as a career, and establishing employment relationships.

2.15. Three cadetships are in place with the cadets showing good progress and interest in pursuing health careers. One nursing cadet is with Tui Ora Ltd and is expected to be absorbed into the Tui Ora team at the end of her cadetship should a suitable vacancy arise. She has been fully embraced by the Tui Ora team with a view to this happening. The second placement is with WAVES, a young man specialising in youth social work. This cadet has enrolled in WITT to undertake a degree in social work. The third cadet is working in the TDHB dental team in a dental assisting role. She too is showing good commitment to pursuing a health career in the dental area. WRR staff are working closely with all three cadets to ensure they are supported to continue and further their health career pathways.

2.16. The Midland region Maori workforce hub Kia Ora Hauora, has provided funding to support Maori students enrolled in health studies at WITT. WRR is looking at assisting 11 Maori students with travel and home support (groceries, childcare) to enable them to continue with their studies.

2.17. Kia Ora Hauora has also allocated funding for internships which WRR is currently developing the framework for, for 2012-13.

TDHB MAORI HEALTH SPEND

2.18. The following table shows TDHB Maori health expenditure for 2011-12.

DHB MĀORI EXPENDITURE - Annual Report 2011-12

SUMMARY TABLE	Disability	Māori	Mental	Personal	Public	Total	GST	GST inclusive
Māori health providers	720,974	1,887,628	3,985,137	1,911,265	87,500	8,592,505	1,288,876	9,881,380
Specific Māori services	0	573,155	161,980	0	0	735,135	110,270	845,405
Iwi/Māori-led PHOs	0	0	0	1,019,480	0	1,019,480	152,922	1,172,402
Māori workforce or provider training	0	0	0	0	0	50,788	7,618	58,406
Total Expenditure	**720,974**	**2,460,783**	**4,147,117**	**2,930,745**	**87,500**	**10,397,907**	**1,559,686**	**11,957,593**

2.19. Please note that total expenditure for the year shows an increase of 7% over 2010-11. Given the current constrained financial environment this is a good result indicative of the TDHB's commitment to investment in Maori health improvement.

2.20. The above results support the findings of the Ministry of Health's report measuring DHB's funding of health services to Maori providers from 2006/07 – 2010/11, released in January 2012, to the effect that Taranaki DHB along with six other DHB's fund Maori health providers above the national average in terms of:

- Average Maori health provider funding per Maori person from 2008/09 to 2010/11 (2nd of the 20 DHB's)
- Average percentage of appropriation funding to Maori health providers for the same period (4th of the 20 DHB's)

It is interesting to note that four of the five Midland DHB's are the top four ranked DHB's in both categories. The report also found that 10 DHB's fund below the national average in both categories.

2.21. In the reporting template being developed we will be tracking Maori health spend to show the level of increasing or reducing investment over time.

3. ADVANCING WHANAU ORA

3.1. Please find attached (Appendix B) a proposed framework and indicators for monitoring Whanau Ora, taken from the TDHB Whanau Ora HNA. Note the use of the four pathways of He Korowai Oranga, Maori Health Strategy, along with an additional component – demography - to classify indicators of health sector performance.

4. The framework will be used to guide initial discussions with Te Kawau Maro alliance regarding the development of the Results Based Accountability framework for monitoring the performance of the alliance in meeting Maori health improvement outcomes.

5. TE WHARE PUNANGA KORERO ACTIVITIES

5.1. Please see the attached (Appendix C) Quarter 4 response to MOH reporting which summarises the outcomes of the TWPK and TDHB agenda during the year. The response received an "Outstanding" rating by the MOH which puts into context, the nature and productivity of the relationship in comparison to other DHB's.

5.2. The signing of the revised Memo of Understanding between TWPK and TDHB has now been completed.

5.3. TWPK representatives David Tamatea and Darryn Ratana have been fully involved in discussions with other Midland Iwi relationship boards including discussions with the Francis Group regarding regionalisation. They also took the opportunity to meet separately as a Board with Francis Group representatives on 14 August to contribute to the regionalisation discussions.

5.4. TWPK's administration support has moved from the TDHB Maori Health unit to Tui Ora from 1 July 2012. The shift demonstrates TWPK's support of Tui Ora in which TWPK is part owner.

6. "PROPORTIONATE UNIVERSALISM" – AN APPROACH TO REDUCING HEALTH INEQUALITIES

6.1. Attached (Appendix D) is the Executive Summary from "The Marmot Review", a strategic review of health inequalities in England Post 2010.

6.2. The summary is recommended reading to inform thoughts on addressing health inequalities. The full report can be provided on request.

6.3. Recent discussions amongst the Midland GM's Maori and Midland Iwi Relationship board highlight the thoughts in this publication as worthy of consideration for strengthening the policy framework for action on reducing health inequalities. The Midland group is proposing that the approach be advocated by the national Te Tumu Whakarae forum (DHB Maori managers) with the Ministry of Health.

7. RECOMMENDATION

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

Ngawai Henare
Chief Advisor Māori Health

Appendix A

Taranaki 2012-13 Māori Health Plan Priorities and Indicators

National Priorities and Indicators		
1	N1-Data Quality	Ethnicity data accuracy in TDHB Provider Arm services
2	N2-Access to Care	Percentage of Māori enrolled in PHOs
3		Ambulatory sensitive hospitalisation (ASH) rate 0-4y, 45-64 0-74y ASR per 100,000
4	N3-Maternal Health	Percentage of infants exclusively breastfed at 6 weeks, 3 months and 6 months
5	N4-Cardiovascular Disease	Number of tertiary cardiac interventions
6		The proportion of the eligible population who have had the blood tests for CVD risk assessment in the last five years
7	N6-Cancer	Breast screening rate among the eligible population
8		Cervical screening rate among the eligible population
9	N7-Smoking	Percentage of adults 15+ admitted to hospital either acutely or for elective procedures who are provided with advice and help to quit
10		Percentage of smokers in primary care who are provided with advice and help to quit
11	N8-Immunisation	Percentage of 8 month olds fully immunised
12		Seasonal influenza immunisation rates for Māori aged 65 years and over
Regional Priorities and Indicators		
13	R1- Māori Health Investment	Investment in Maori-specific services including Māori provider contracts, Maori-specific services in mainstream organisation, Maori PHO's (non-capitated funding) and Maori health and disability workforce development no less than the value of investment in 2011/12
14	R2-Maori Health Workforce	Percentage of Māori staff in Management, Clinical, Allied Health, non-health support, Administrative positions in TDHB

15	Refer to He Raranga-A-Tira Regional Services Plan Midland Maori Health Accountability Framework, Section Two, Midland Regional Services Maori Health Action Plan (attached) for other regional priorities and activities	
Local Priorities and Indicators		
16	L1-Access to Services	Did-Not-Attend (DNA) rate for outpatient appointments
17	L2-Oral Health	Percentage of 5 year olds in Taranaki carries-free
18		DMFT scores at year 8 in Taranaki
19	L3-Respiratory Health	Asthma hospitalisation rate 0-14 years ASR per 100,000
20	L4-Sudden Unexplained Death of Infants Syndrome	SUDI mortality rate per 1,000 live births of Maori infants
21	L5-Maori Health Workforce	Report on the total number of Māori recruited to the Incubator programme
22	L6-Diabetes	Percentage of diabetics who have attended a Diabetes Annual Review (DAR);
23		Percentage of diabetics who have completed DAR and are HbA1c < 64 mmol/mol

APPENDIX 4 FRAMEWORK AND PROPOSED INDICATORS FOR MONITORING POPULATION AND PERFORMANCE ACCOUNTABILITY

INDICATOR FRAMEWORK

He Korowai Oranga provides key elements of the overarching Whānau Ora HNA Framework. The monitoring framework adopted for the HNA is comprised of five domains, four of which are based on the pathways identified in He Korowai Oranga. The monitoring framework is populated with indicators classified under each of the five domains. This monitoring framework used in the Whānau Ora HNA report may be readily adaptable for use within a variety of accountability frameworks. One such framework is Results Based Accountability (RBA). RBA is increasingly being adopted in the Health and Disability Sector and this section makes explicit the way in which the Whānau Ora HNA Framework can be applied in a RBA model as an example.

RESULTS BASED ACCOUNTABILITY[1] (RBA)

RBA is defined as a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, states and nations. Results Based accountability can also be used to improve the performance of programmes, agencies and services and systems. Two levels of accountability measures are considered.

POPULATION Accountability	The Taranaki DHB is one of a group of partners collectively responsible for supporting whānau living in Taranaki to achieve Whānau Ora. The framework contains POPULATION accountability indicators for monitoring Whānau Ora for Māori living in Taranaki. These are not service-based indicators.
PERFORMANCE Accountability	Service providers are responsible for the performance of services delivered. PERFORMANCE accountability is measured using service-based indicators

DATA DEVELOPMENT ISSUES

There is currently no robust set of comprehensive indicators that are able to capture Whānau Ora. Indicators have not yet been developed to measure many of the concepts that underpin Whānau Ora. In some areas there is a lack of regularly collected regional data, and there are problems with ethnicity data collection and reporting to enable disaggregation by ethnicity. In the monitoring framework below, potential indicators for which data are not yet available are included in *italics* to provide an indication of areas where data development work is required. For example, the indicator set 'Te Ara Tuatahi Pathway One – Development of whānau, hapū, iwi and Māori communities' includes examples of the types of measures that may gauge the wellbeing of the whānau collective at the whānau level. There are no regional data sources currently available that enable use of these indicators for the purpose of this Whānau Ora HNA. Further detail regarding data issues is provided in the introductory section of this report.

[1] Trying Hard is not Good Enough. Mark Friedman (2005)

DOMAIN 1: DEMOGRAPHY			
Category	**Framework Heading**	**Population Accountability Description**	**Performance Accountability**
Sound Understanding of Māori Population Characteristics	Population Size	Number of Māori Projected population to 2026 Birth rate	
	Population Composition	Age structure Family composition of households Geographic distribution (e.g. Māori density) Iwi region/rohe affiliations, tribal affiliations Māori living with a disability	
DOMAIN 2: TE ARA TUATAHI PATHWAY ONE: Development of whānau, hapū, iwi and Māori communities			
Category	**Framework Heading**	**Population Accountability Description**	**Performance Accountability**
Thriving whānau, hapū, iwi and Māori communities	*Marae Development*	*Access to Marae*	
	Knowledge of Iwi Affiliations	Ability to name iwi affiliations	
	Te Reo Māori	Numbers of Māori enrolled in kōhanga reo by TLA Self assessed proficiency in te reo Māori by iwi Percentage of Māori who can hold a conversation about a lot of everyday things in Māori	
	Participation in Māori Medium Educations	Number of Māori enrolled in Kohanga reo Number of Māori enrolled in kura kaupapa Enrolments in Māori Medium Education by percentage of instruction in te reo	
	Iwi Activities/Responsiveness	*Service provision to whānau by iwi* *Iwi events* *Representative iwi structures/decision making bodies* *Māori owned businesses (Māori employer or self-employed)* *Measure in place to grow iwi leadership* *Iwi have proactive role in environment reporting* *Strategic planning by iwi*	
	Size of Māori Asset Base	Proceeds from Treaty of Waitangi settlements Māori owned businesses (Māori employer of self employed) Māori contribution to Taranaki GDP *Land in Māori ownership* *Assets held by iwi on behalf of membership*	
	Whakawhanaungatanga – whānau cohesion	*Degree and quality of whānau contact* *Assistance in times of need* *Allocation of whānau resources*	

		Mechanism for accountability to whānau *Reo Māori and cultural practices to transmit values and knowledge whānau marae, whānau trust* *Kaumatua housing* *Healthy whānau policies e.g. Smokefree homes* *Tangihanga* *Membership of marae committees* *Educated achievements* *Planning hui, whānau reunions* *Positive role in marae activities*	
DOMAIN 3: TE ARA TUARUA PATHWAY TWO: Māori participation in the health and disability sector			
Category	**Framework Heading**	**Population Accountability Description**	**Performance Accountability**
Active Māori Participation	Increasing Māori Participation in Decision Making		Māori on DHB Board, number and percent Māori on DHB Boards/committees, e.g. Clinical Board, number and % Māori involvement in PHO governance
	Māori Provider Capacity and Capability		*DHB expenditure on Māori providers* *Māori recruited to workforce development programmes* Number and type of Māori providers
	Māori Health Workforce Development		Māori specific positions, number and role Staff in each service who are Māori, percent *Māori recruited to workforce development programmes* *Māori recruited to the incubator programme*

DOMAIN 4: TE ARA TUATORU PATHWAY THREE: Effective health and disability services			
Category	**Framework Heading**	**Population Accountability Description**	**Performance Accountability**
Addressing Health Inequalities	Healthier Lifestyles Adopted	Infants exclusively breastfeed at three weeks, three months and six months Percentage of adults over 15 years classified as overweight or obese Percentage of adults over 15 years consuming 2+ fruit per day Percentage of adults over 15 years consuming 3+ vegetables per day Percentage of adults over 15 years doing regular physical activity Percentage of adults over 15 years reporting hazardous alcohol drinking Percentage of adults who are current smokers or non-smokers but exposed to smoking in the home Prevalence of youth smokers 14-15 years age specific rate per 100 Prevalence of current smokers (adults) Teenage pregnancy, rate per 1000	Identified current smokers enrolled in a PHO and provided with advice and help to quit, percent Percentage of adults 15+ admitted to hospital who are provided with advice and help to quit
	Long and Equitable Life Expectancy	Infant mortality Life expectancy at birth Leading causes of avoidable mortality by age group Leading causes of avoidable hospitalisation by age group Low birth weight rate per 1000 live births Prevalence of people reporting health status as good or very good	Percentage of children fully immunised at age two years Ambulatory Sensitive Admission (ASH) rates
	Chronic Conditions Prevented and Managed	CVD hospitalisation CVD mortality	Adults 15 years and over taking medication for high blood pressure Adults 15 years and over taking medication for high cholesterol (statins) Blood pressure checks in the last 12 months Cholesterol checks in the last 12 months Percentage of Māori population who have had their CVD risk assessed within the past five years Māori and non- Māori age standardised rate of selected CVD procedures relative to need.

		Asthma hospitalisation, 0-14 years ASR per 100,000 COPD hospitalisation, 45+ years COPD mortality, by gender COPD prevalence	Asthma re-admission, 0-4 years
		Diabetes self reported prevalence Diabetes hospitalisation for complications (renal failure and amputations) Diabetes hospitalisation, adults over 15 years	Percentage of diabetics who have completed Diabetes Annual Review and are HbA1c<8% Percentage of diabetics who have attended a Diabetes Annual Review (DAR)
		All cancer mortality Breast cancer registrations, hospitalisations and deaths Colorectal cancer registrations, hospitalisations and deaths Lung cancer registrations, hospitalisations and deaths	Breast screening coverage Cervical screening coverage
		Lifetime, 12-month and 1-month prevalence of mental disorders Percentage of adults with high or very high probability of having an anxiety or depressive disorder Prevalence of any self-reported chronic mental health condition, adults 15+ years Prevalence of depression and anxiety disorder, percent Self harm hospitalisations, 5+ years, per 100,000 Suicide, 5+ years per 1000,000	Access to secondary mental health and additions services
		Percentage of 5 year-olds in Taranaki caries free DMFT scores at Year 8 in Taranaki	Percentage of adults with unmet dental needs in the last 12 months
Equitable Access to Quality Care	Equitable Access to Quality Care		DNA rate for all follow-up appointments, by service DNA rate for all FSA, by service DNA rate for colposcopy DNA rate for gynaecology outpatients Percentage of adults whose last visit to GP in past 12 months was free Percentage of the population enrolled with a PHO Eligible Mothers participating in antenatal checks Emergency Department Use Readmissions Hearing test failure of 5 year olds starting school Participation in tamariki ora checks/B4 school checks

	Improving Mainstream Effectiveness		*Provision of cultural competency training for TDHB staff and Board* *He Ritenga Audits completed in Taranaki Services* *PHO Maori Health Plans aligned with DHB Maori Health Targets* *Whanau ora Service Provision* *Processes in place to actively engage whanau in determining and achieving whanau or goals* *Mair Health expenditure review and target settings*
Quality Māori Health Information	Quality Māori Health Information		Percentage of PHO enrolments with ethnicity stated at enrolments % of DHB records with ethnicity as "not-stated" or "undefinable" Reporting and measurements against ethnicity data
DOMAIN 5: Te Ara Tuawhā Pathway Four – Working across sectors			
Category	**Framework Heading**	**Population Accountability Description**	**Performance Accountability**
Working Together Effectively	Intersectoral collaboration		Initiatives' to support intersectoral collaboration
	Socio-Economic Determinants of Health	Treated unfairly or had something nasty done due to the groups they belong to Adults over 15 years of age living in households without access to a telephone and internet Adults over 15 years without access to a motor vehicle at home Household crowding (need one or more extra bedrooms), percent Household size, number of residents Maori population by NZDep 2006 Owner occupied households, percent People of all ages living in overcrowded households People without any form of home heating, percent	

Appendix C

Quarter Four Response – MOH Reporting Requirements

DHB – Iwi/Māori relationships

Measure 3:
Provide a report demonstrating:

- Achievements against the Memorandum of Understanding (MoU) between a DHB and its local Iwi/Māori health relationship partner, and describe other initiatives achieved that are an outcome of engagement between the parties during the reporting period.
- Provide a copy of the MoU.

Response

The relationship between Te Whare Punanga Korero (representing the 8 iwi of Taranaki and taurahere) and TDHB has continued under the MoU agreed in 2008. The parties have agreed the terms of the revised Memo of Understanding – see copy attached.

The following achievements have been made under this Agreement throughout the year:

1. **Provide strategic advise and guidance to TDHB on planning and funding of health services to improve the health status of Maori in Taranaki**

   Whakatipuranga Rima Rau

   This is a workforce strategy that aims to create 500 employment opportunities for Maori in the Taranaki health and disability workforce over ten years. TWPK is a partner in the Trust with the Taranaki DHB and MSD. Other partners in the project are TPK, the TSB Community Trust and the Western Institute of Technology at Taranaki (WITT). During the year good progress has been made engaging secondary schools and secondary school students to take part in 'health as a career' programmes, WRR has facilitated six 10-week work placements and 4 x 12-month cadetships. Work is continuing to establish a database to record student pathways, manage health and disability sector vacancies and to record the make-up of the health and disability workforce.

   TWPK / TDHB Meetings

   TWPK has a representative on two TDHB Advisory Committees - the Hospital Advisory Committee and the Community and Public Health / Disability Support Advisory Committees. These are significant forums through which TWPK contributes strategic advice and guidance on a wide range of issues.

   The strategic projects to which TWPK has had input in the current year include:

   - South Taranaki health services review. TWPK has representatives on the Steering Group;
   - Discussions regarding the review of the Memorandum of Understanding between TWPK and TDHB;
   - Oversight of Te Kawau Maro RFP for a single provider of Maori Health Services under an integrated outcomes-based contracting arrangement. This resulted in the selection of Te Kawau Maro strategic alliance between Tui Ora Ltd and the National Hauora Coalition as the deliverer of Maori health services across the whole of Taranaki;
   - Monitoring of the Maori Health Plan 2011-12;
   - Membership of the Whanau Ora Health Needs Assessment steering group. The report that resulted, "Whanau Ora Health Needs Assessment, Maori Living in Taranaki" co-authored by Dr Mihi Ratima and Becky Jenkins, is a comprehensive health needs assessment undertaken within a Whanau Ora context, the first of its kind undertaken by any DHB;

- In October 2011 the full TWPK and TDHB boards met to discuss the relationship and in particular the MoU, how it works and the strategic agenda they are engaged in to advance Maori health interests. This resulted in agreement on a revised MoU and a commitment to ongoing meaningful engagement;
- The full TWPK board has participated along with the TDHB Board in two strategic planning workshops to consider the 2012-13 Annual Plan and Maori Health Plan. One of the workshops devoted time to specifically considering the inclusion of priorities identified in the Whanau Ora Health Needs Assessment.

TWPK and TDHB keep an open door policy around access to one another. A commitment has been made between the two boards to meet regularly (quarterly or 4-monthly). Monitoring of the Maori Health Plan will be the main agenda item.

The Chief Advisor Maori Health reports monthly to the TWPK Board on significant Maori health development activities and issues and is the main conduit for information between the two Boards.

TDHB and TWPK have agreed to co-sponsor a project that will be delivered by the CAMH, with regard to advancing the Whanau Ora Kaupapa in Taranaki. The project will be resourced by TDHB.

Midlands Iwi Relationship Boards and GM's Maori Forum

TWPK and TDHB Chief Advisor Maori Health participate jointly in Midlands Iwi Relationships Boards and GM's Maori 2-monthly hui. This enables TWPK to contribute to the regional agenda and to provide strategic advice locally, on regional issues. TWPK reviewed this involvement in March and will continue to review for relevance to the local Taranaki agenda. Two members from the TWPK Board represent them on the Midlands group.

Taranaki Whanau Ora Discussion Hui

TWPK board joined with the TDHB board in meeting te Tai Hauauru Regional Leadership Group in December 2011. The purpose of the hui was to strengthen relationships between the parties, to gain common understandings of the respective strategic priorities and contributions to Whanau Ora and to identify ways of supporting each other to strengthen our relationships and implement Whanau Ora in Taranaki. Further discussions are needed to advance the relationship objectives and a commitment has been made by the three parties to do this.

The work that resulted from the consultative forum created by TWPK to discuss Whanau Ora strategy has been put on hold while the representatives discuss with their respective iwi Boards whether and how they want to influence other sectors.

2. Monitor the effectiveness and outcomes of health services provided to Maori by the TDHB through TDHB Provider Arm and NGO funding arrangements:

TWPK receives all reports to the Board and from these extracts issues of significance for Maori. Participation in Advisory Board committees is the main vehicle for raising issues which TWPK has with regard to performance of the sector. The commitment to regular (quarterly or four-monthly) meetings with TDHB Board will provide further opportunity for TWPK to emphasise the important issues. A review is currently under way of the TDHB Board Committee meetings and the involvement of TWPK is part of that agenda. The main focus of TWPK / TDHB Board meetings is intended to be Maori Health Plan monitoring.

The Chief Advisor Maori Health reports monthly to TWPK on strategic issues. These now incorporate a monthly report against Maori Health Plan indicators, a new level of monitoring which enables TWPK to be more focused in identifying and fulfilling their advocacy role. The monitoring regime is still in its infancy however the opportunity for more meaningful and targeted engagement by TWPK with TDHB is clearly evident.

The CAMH also seeks advice, support and/or TWPK endorsement on strategic decisions such as Whakatipuranga Rima Rau Maori workforce development, Maori Health Plan monitoring, Whanau Ora Health Needs Assessment and others.

3. TWPK's roles and responsibilities are facilitated through the following meetings:

- Representation on monthly HAC and 2-monthly CPHAC / DSAC meetings
- Monthly and as required meetings with the Chief Advisor Maori Health
- as required meetings with:
  - TDHB Board Chairman and CEO
  - General Manager Planning, Funding & Population Health
  - General Manager Hospital and Specialist Services
  - Any other member of TDHB staff relevant to issues under consideration
- One-off planning meetings / workshops with the TDHB Board to discuss the strategic relationship and giving effect to it
- Leadership in Whanau Ora strategy developments for Taranaki
- Monthly and as required meetings of the Whakatipuranga Rima Rau Maori health workforce trust;

4. Initiatives achieved that are an outcome of engagement between the parties

- Significant contribution / influence on delivering on the Oranga Kai, Oranga Pumau strategy and Community Action Fund projects (40 projects delivered in 2010/11 and an additional 17 in the first half of 2011-12)
- Participation in South Taranaki Alive with Opportunities project, review of health services in South Taranaki to deliver improved Maori responsiveness
- Development of Taranaki Whanau Ora strategic principles and proposals regarding establishment of an iwi-led Taranaki Leadership Forum
- Engagement with Te Tai Hauauru RLG to improve relationships to underpin effective implementation and achievement of Whanau Ora in Taranaki
- Production of "Whanau Ora Health Needs Assessment, Maori Living in Taranaki", co-authored by Dr Mihi Ratima and Becky Jenkins, released in April 2012
- Development of the Taranaki Maori Health Plan 2011-12 and drafting of the Maori Health Plan 2012-13
- Implementation of Te Kawau Maro Maori Health Strategy through an RFP process that resulted in the formation of Te Kawau Maro strategic alliance, a joint venture between Tui Ora Ltd and the National Hauora Coalition to deliver Maori health service contracts throughout Taranaki. provider and outcomes-based contracting (en train)

Provide a copy of the MoU

The revised MoU is attached.

U:\Maori Health\
TWPK Board\Key Doc

Measure 4:

Report on how (mechanisms and frequency of engagement) local Iwi/Māori are supported by the DHB to participate in the development and implementation of the strategic agenda; service delivery planning, development, monitoring, and evaluation (include a section on PHOs).

Response

TWPK membership on the HAC and CPHAC/DSAC is a key vehicle for TWPK to participate in the strategic agenda of TDHB.

TWPK Board and TDHB Board have participated in three workshops together during the year and there is a commitment by both Boards to on-going engagement.

The Board and Board Committee papers together with the Chief Advisor Maori Health's monthly report to TWPK are the main vehicles for information sharing and advice for/to TWPK. This includes detailed reporting against the Maori Health Plan indicators.

Meetings with the Board Chair, CEO and as required opportunities to meet with members of the Executive Management Team are available for TWPK / TDHB engagement over a wide range of issues including strategy and service planning, development, monitoring and evaluation.

TWPK's role and make-up is incorporated into TDHB in-service induction and annual refresher training and in the Treaty of Waitangi awareness workshops so TDHB staff are aware of their existence and role.

Implementation of Te Kawau Mārō, Taranaki Maori Health Strategy, Te Haumi Maori Health Investment Plan, Whakatipuranga Rima Rau, Whanau Ora Health Needs Assessment and Maori Health Plans are substantial projects that have strengthened the connection between TWPK and TDHB. Development of the Maori Health Plan and subsequent monitoring has been a significant lever for TWPK/TDHB engagement over the past six months in particular.

TWPK is represented on the Midland Iwi Relationship Board which has a strong connection to each of the Midland DHB's.

The TWPK board chair and other board members are frequent visitors to the Maori Health Unit for a range of TDHB activities they are involved with.

The Maori Health unit provided TWPK's administrative and secretarial support up until 30 June 2012. TWPK held its regular meetings on TDHB premises and has had ready access to the TDHB's resources. This arrangement ceases from 1 July 2012 due to TWPK deciding to purchase its secretarial support from Tui Ora Ltd in which TWPK is 50% shareholder. TWPK bought electronic equipment which is held by the Maori Health unit and used for TWPK as well other Maori Health activities. TDHB has agreed to maintain the equipment.

Executive summary

Key messages of this Review

1 Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.[1]

2 There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.

3 Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

4 Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.

5 Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.

6 Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.

7 Reducing health inequalities will require action on six policy objectives:
- — Give every child the best start in life
- — Enable all children young people and adults to maximise their capabilities and have control over their lives
- — Create fair employment and good work for all
- — Ensure healthy standard of living for all
- — Create and develop healthy and sustainable places and communities
- — Strengthen the role and impact of ill health prevention

8 Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.

9 Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

TO Community & Public Health Advisory and Disability Support Advisory Committees

FROM Sandra Boardman, General Manager Planning Funding & Population Health

DATE 21 August 2012

SUBJECT Planning, Funding & Population Health Report - July to August 2012.

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

1.0 Summary

This report provides the Committees with an update on national, regional and local activities during the period July to August 2012.

The format of this report has been changed to provide more detailed information about DHB activities at a national, regional and local level. Progress against the Annual Plan will be reported each month as an appendix to the Chief Executives Report and Funder financials are presented as a separate report.

2.0 National Activity

2.1 Newborn Enrolment with a GP

From 1 October babies will be enrolled with their GP soon after their birth so they receive essential healthcare such as immunisations, sooner.

Under the new enrolment policy, GP practices will enter the newborn into their patient database as soon as they are nominated as the baby's GP by the parents at the birthing unit – rather than waiting to enrol them at their first doctor's appointment, as currently happens.

One of the biggest benefits of having a newborn enrolled with a GP is the practices can remind parents when their baby is due for their first immunisation at six weeks of age.

Currently very few newborns are enrolled at six weeks of age which means many start their immunisations late exposing them to the risk of preventable diseases like whooping cough and polio. The new enrolment procedures should assist Taranaki DHB in achieving the Health Target for immunisation.

2.2 Free Access to After Hours Doctors visits for under sixes.

Over 90 per cent of New Zealand children aged under-six now have access to free after-hours doctors' visits. The Government consider this policy an important preventative health measure as parents are more likely to take their child to the doctor for treatment before their condition becomes severe. The programme is estimated to cost around $7 million a year nationally and has been funded by savings from medicines coming off patent.

In Taranaki all children under the age of six years are able to access free after hour care via the two Accident and Medical Centres, Midland Health Network GPs who provide after hour care or via the emergency departments at Hawera and Base Hospitals.

2.3 National Tumour Stream Standards.

National working groups have been established for melanoma and for hepatobiliary and upper gastrointestinal cancer. Tumour stream standards are needed to guide a consistent approach to service provision and promote uniform standards of service provision across New Zealand. Work on the standards is expected to be completed by June 2013

3.0 Regional Activity

3.1 Regional Clinical Services Plan

The 2012/13 Regional Services Plan was signed off by all five District Health Boards and was approved by the Minister of Health. Activities planned for 2012/13 have been initiated and four project managers appointed to lead the various streams of regional clinical network activity.

3.2 Regional Information Services Strategic Plan

The vision for Regional IS Plan is to implement an integrated shared care solution across primary and secondary health care providers in the Midland region by 30th June 2014.

The 5 strategic goals described in the Midland Regional IS Plan are that:

- Major health sites connected in a secure and trusted environment
- Hosting for regional services implemented
- Secure and trusted environment extended across region
- Users access regional services through a single login
- All users can collaborate, contribute and consume information services in a secure and trusted environment

The key focus areas to deliver these goals are:

- Midland Connected Health (secure data network; voice, video and e-mail services)
- Midland Platform (Core regional computing platform; integration platform; user authentication)
- Service Management

- Identity and Access Management

Progress to deliver the 2012/13 Regional IS Plan is proceeding to plan.

3.3 Regional Smoke free Activity

Gary Thompson has been appointed as the Midland Smoke-free Director and is currently undertaking his induction to the region.

3.4 Central Cancer Network

A Central Cancer Network Clinical Forum was held on 21 August to:

- Inform clinical teams about current cancer control programme priority work areas
- Gain input from clinical teams about the following key regional work areas: Faster Cancer Treatment, MDM development, Nursing in Cancer Care Strategy and Clinical Leadership
- Strengthen clinical engagement and ownership of the cancer control programme across the region

The forum enabled activities and plans for 2012/13 to be discussed and further refined to assist Taranaki DHB in meeting the Faster Cancer Treatment Health Target.

3.5 Mental Health

A youth forensic mental health model of care is being developed in Midland region. This is a hub and spoke model, with the hub being Hauora Waikato. The proposed Taranaki spoke could see a new court liaison/ community advisor position being established. A prioritisation process will determine when the different parts of the model would be implemented, depending on funding availability.

4.0 Local Activity

4.1 Taranaki Alliance Leadership Team (Midland Health Network)

A Taranaki Alliance Leadership Team (TALT) has been established to provide oversight and direction to the implementation of Midland Health Network models of care in Taranaki. A work plan for 2012/13 has been agreed which aligns closely with both the implementation of the Networks business case and the DHB's Annual Plan. It is anticipated that these meetings will be a key enabler to driving forward integration and changes to models of care in Taranaki.

4.2 Telehealth

Dr Amanda Oakley, the Waikato based Dermatologist who has pioneered the use of Telehealth in Taranaki, is working with Health Intelligence to try to resolve a number of important operational barriers which impede the effective use of this technology between Waikato Hospital and Taranaki Base Hospital.

Discussions with senior medical staff have identified two areas for further consideration about the potential use of Telehealth. These areas are mental health

and renal medicine. Meetings will be held with clinical staff and management from Base Hospital and Hawera Hospital to further explore opportunities.

4.3 South Taranaki – Alive with Opportunities for Better Health Care

The South Taranaki Service Integration Steering Group and South Taranaki Community Forum continue to meet regularly, with recent meetings focusing on the development of the integrated family health centre at SouthCare Medical Practice and the development of the oral health facility at Hawera Hospital. An emerging concept is the further development of the Hawera Hospital /SouthCare site as a health campus.
The South Taranaki Clinical Forum has met on a number of occasions to discuss patient pathways for pharmacy services out of hours and treatment of cellulitis and DVT. The original intent that the group would develop and implement a number of South Taranaki specific clinical pathways has been reconsidered in the light of regional clinical networks and moves to regionally consistent clinical pathways. The focus of the Clinical Forum has therefore changed to consider the localisation of regional clinical pathways in South Taranaki.

4.5 Te Kawau Maro Alliance

The Te Kawau Maro Strategic Alliance Partners have now completed the consolidation phase of their plan. The formal launch of the new entity will take place on 29 August and is expected to be attended by the Associate Minister of Health, Hon Tariana Turia.

The DHB and its Alliance partners are now focusing on the development of an outcomes framework which will form the basis of the DHBs contract with the Alliance from July 2013.

4.6 Mental Health and Addictions Continuum

The residential care review identified 5 areas which will be considered over the next 9 months:

- Alcohol and other drugs
- Crisis and planned respite
- South Taranaki - whole of system
- Longer term aging clients, like in age and interest, with severe and enduring mental illness and co-morbidities
- Adult recovery rehabilitation beds

Co-existing problems workforce development training has expanded with an increase in the number of champions to eight. All provider arm and NGO services have completed a service readiness check and are now developing plans to implement new ways of working.

4.7 Youth Health Strategy

The Governance Group for the development of the Youth Health Strategy includes representatives from DHB, PHO, MSD and Education. Eighty young people have been interviewed to determine how and where they access health services; and what they see as their biggest health issues. The priority health areas identified by young people in Taranaki are substance abuse, sexual and mental health services.

The draft Youth Health Strategy is expected to be completed by the end of September and will include a results based accountability framework.

4.7 Health of Older People

Changes to the model of care for older people, and others with complex long term health conditions,continue to be implemented. Care Managers, responsible for the assessment and care coordination of those with high and complex needs, have been appointed and have completed training on the InterRAi assessment tool. Discussions are continuing about the alignment of this resource with GP practices.

A two day workshop was held in August to plan the implementation of the long term conditions model of care developed by the Midland Health Network, in particular how multidisciplinary teams comprising staff from the DHB and primary care providers could deliver the new model of care. It is anticipated that implementation of the new model of care will begin shortly.

4.8 Palliative Care Plan

A Palliative Care Plan is being developed to provide the foundation for continued and enhanced collaborative planning of hospital, community and hospice based palliative care services. The overall aim of the project is to develop a systematic and informed approach to the provision and funding of palliative care services through the implementation of the following vision:

All people who are dying and their families/whanau who could benefit from palliative care, have timely access to quality palliative care services that are culturally appropriate and are provided in a timely way.

Specifically the Taranaki Palliative Care Plan will identify ways in which the DHB can work with Hospice Taranaki and other providers towards local implementation of the nine strategies contained within the New Zealand Palliative Care Strategy:

- Ensure access to essential palliative care services
- Each DHB to have at least one local palliative care service
- Develop specialist palliative care services
- Implement hospital palliative care teams
- Develop quality requirements for palliative care services
- Inform the public about palliative care services
- Develop palliative care workforce training
- Ensure that the recommendations from the Paediatric review are implemented
- Address issues of income support

A contractor, with extensive knowledge and national expertise in this area, has been engaged to undertake the following approach:

- Literature review
- Review of existing and potential local models of service delivery in the context of national developments
- Stakeholder consultation
- Stock take and gap analysis of current services
- Mapping of current palliative care services and patient and family journey through these services
- Identification and prioritisation of future options for sustainable, quality palliative care service delivery in Taranaki
- Identification of specific recommendations relating to service development and delivery options for Maori and other high needs groups
- Review of current and planned workforce developments and development of recommendations for workforce development to support future service delivery
- Development of a draft Palliative Care Plan to presentation to stakeholders.

A draft Plan was due to be completed by the end of July, but timeframes have been extended to the end of October to enable more comprehensive consultation with stakeholders.

5.0 Action required

The Committees are asked to note activities being undertaken at a national, regional and local level.

Sandra Boardman
General Manager – Planning, Funding & Population Health

TO Community & Public Health Advisory Committee and Disability Support Advisory Committee

FROM Sandra Boardman, General Manager Planning Funding & Population Health

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

DATE 21 August 2012

SUBJECT District Annual Plan 2011/12 Year End Review

Introduction

This paper details the progress made against the 2011/12 Annual Plan.

Highlight Reports

- The attached highlight reports detail what was achieved, not achieved and an explanation of those areas where the expected activities were not delivered.
- Overall good progress was made against the Annual Plan in all areas

Action Required

The Committees are asked to note the DHBs progress in delivering the 2011/121 Annual Plan

Sandra Boardman
General Manager – Planning, Funding & Population Health

Annual Plan Highlight Report ***PRIMARY AND COMMUNITY*** **Reporting Period: 2011/2012**	
Date:	August 2012
Project Mgr:	Vicki Kershaw
Overall Summary:	**AMBER** = Majority Achieved or on Plan Some delays occurred at the roll out of the National Hauora Coalition business case. Contract negotiations delayed implementation of the regional radiology referral guidelines.
Achievements: (Ahead of Plan or on Plan)	• Agree Terms of Reference for Midlands Smoking SLATs • Active participation in the Midland Alliance Leadership Team (ALT) • Implementing the decisions made by the Midland ALT • Active participation in IFHC planning and locality planning • Active participation in the National Hauora Coalition Midland ALT • Align contracts to outcomes in line with Results Based Accountability to facilitate the delivery of Whanau outcomes • Develop networks with MSD and Te Puni Kokiri • Work with the Taranaki Whanau Ora Strategic Principles • Develop working relationship with Te Taihauauru Regional Leadership Group • Develop working relationship with the Taranaki Whanau Ora Leadership Group once established • Review of Waikato DVT Protocol and Waikato Cellulitis Protocol for primary care • Implementation of Waikato DVT Protocol and Waikato Cellulitis Protocol in primary care • Consider and make decisions on recommendations from the Midland Health Network Older Persons, CVD/Diabetes, Nursing, Mental Health and Child & Youth Service Level Alliance Teams. Implement agreed recommendations • Agree Terms of Reference for Midlands Smoking SLATs • Care managers linking Primary Health Care and Secondary services for the patient and navigating the systems to ensure patients/whanau access to wrap around services • Implementation Plan for the regional access criteria for the Primary

	Referred Radiology • Linking the Project SPLICE and IFHC projects • Commit executive personnel and appropriate secondary clinicians to the ALT and SLAT forums. • Identify a model of service delivery that meets the health needs of the community in South Taranaki • Support the NHC in establishing a South Taranaki Whanau Ora site to demonstrate the Mama Pepi Tamariki and the Oranga Ki Tua Programmes • Support Tui Ora Ltd as the organisation implements a Whanau Ora Centre based at the Te Aroha Medical Centre in New Plymouth
Not Achieved: (Behind Plan or Not Tracking)	• Support the NHC to evaluate both Mama, Pepi, Tamariki and Oranga Ki Tua programmes • Support the NHC roll-out the Mama, Pepi, Tamariki and Oranga Ki Tua and Whanau Ora assessment programmes across Taranaki • Increase Primary Care Access to Radiology by 12% from 27,100 Relative Value Units (RVU) to 30,350 RVU's • Agree Terms of Reference for Midlands Network e-health • Implementation of Results Based Accountability Framework and one Integrated Contract for services under the National Hauora Coalition business case
Comments on Behind Plan or Not Tracking:	• The NHC have not yet implemented the Mama, Pepi, Tamariki or Oranga ki Tua programmes. • TDHB will support the roll-out of the Mama, Pepi, Tamariki and Oranga ki Tua and the Whanau Ora programmes , once NHC have them approved by their ALT and have implementations plans. • TDHB are unable to increase Primary Care Access to Radiology until contract negotiations are complete between Fulford Radiology and Taranaki DHB. • The Results Based Accountability Framework will be implemented once the NHC have implemented their business case in Taranaki. TDHB is working with Te Kawau Maro partners to implement the framework across the TKM contracts.

Annual Plan Highlight Report ***HEALTH OF OLDER PEOPLE*** **Reporting Period: 2011/2012**	
Date:	20 August 2012
Project Mgr:	Channa Perry
Overall Summary:	**AMBER** = Majority Achieved or on Plan Good progress was made in most areas. However some delays occurred where further engagement and discussion was required with other parties.
Achievements: (Ahead of Plan or on Plan)	• Provision of additional support to care homes to prevent resident admission to hospital • Increased availability and options for dementia day care • Expand the current ADARDS specialist dementia day programme in Taranaki to two days per week (currently one day per week) • Establish a specialist dementia day programme in South Taranaki • Implementation of systematic process to manage DHB requirements as part of the new integrated auditing process • Development of rest home based Transitional Care Service for older people with sub-acute medical needs • Increasing opportunities for early intervention through improvements in assessment and care management of older people in the community • Increased availability and options for day care services • Increased use of residential respite services for regular, planned respite care • Establish an in-home dementia support programme using specialist home-based support workers for carer respite • TDHB continues to engage on an ongoing basis with regard to the aged residential care review • Implementation of new software programme to manage referrals and care planning processes • Recruitment of staff required to undertake screening, assessment, care planning and care coordination • Recruitment of up to 8 Care Managers responsible for assessment and care coordination for older people and people with long-term chronic conditions who have high and complex needs • Recruitment of Project Manager and Lead Practitioner to support implementation of interRAI as part of the national roll out programme • Provision of interRAI software training to Care Managers and non-complex assessors working in the new Care Management service

Annual Plan Highlight Report ***CHILD AND YOUTH*** **Reporting Period: 2011/2012**	
Date:	August 2012
Project Mgr:	Jenny James, Becky Jenkins
Overall Summary:	**AMBER** = Majority Achieved or on Plan A number of activities relating to achievement of the Immunisation Health Target were not achieved.
Achievements: (Ahead of Plan or on Plan)	• Health Target Immunisation - Focus on 'declines' on the NIR • Health Target Immunisation - Work with NIR analysts to develop NIR queries to support small area analysis of coverage and determine the best approach to target those areas to promote immunisation • HPV and influenza programmes in place • Health Target Immunisation - Greater routine use of outreach immunisation services • New Pathway for management of child and adolescent obesity (Whanau Pakari) has been established.
Not Achieved: (Behind Plan or Not Tracking)	• Health Target Immunisation - Work undertaken by PHOs and NIR to audit data quality entered via practice management system • Health Target Immunisation - Working to promote early GP enrolment at postnatal discharge • Health Target Immunisation - Review of the information provided to prospective parents by antenatal education services and promoting immunisation education for antenatal educators via IMAC courses • Health Target Immunisation - Focus on 'declines' on the NIR • Health Target Immunisation - Promoting early and seamless transfer of care from LMCs to GPs of newborns
Comments on Behind Plan or Not Tracking:	• The antenatal service specifications are being redeveloped nationally. It is anticipated that as a result the specs will include more specific requirements around immunisation education for antenatal classes. • The immunisation output measures that are behind plan or not tracking have specific deliverables in the Immunisation Strategic Plan for 2012/13. With the role of the Immunisation Coordinator employed within the DHB (previously IMAC) this has provided opportunity for additional resource to meet milestones in the plan.

Annual Plan Highlight Report ***CHILD AND YOUTH*** **Reporting Period: 2011/2012**	
Date:	August 2012
Project Mgr:	Jenny James, Becky Jenkins
Overall Summary:	**AMBER** = Majority Achieved or on Plan A number of activities relating to achievement of the Immunisation Health Target were not achieved.
Achievements: (Ahead of Plan or on Plan)	• Health Target Immunisation - Focus on 'declines' on the NIR • Health Target Immunisation - Work with NIR analysts to develop NIR queries to support small area analysis of coverage and determine the best approach to target those areas to promote immunisation • HPV and influenza programmes in place • Health Target Immunisation - Greater routine use of outreach immunisation services • New Pathway for management of child and adolescent obesity (Whanau Pakari) has been established.
Not Achieved: (Behind Plan or Not Tracking)	• Health Target Immunisation - Work undertaken by PHOs and NIR to audit data quality entered via practice management system • Health Target Immunisation - Working to promote early GP enrolment at postnatal discharge • Health Target Immunisation - Review of the information provided to prospective parents by antenatal education services and promoting immunisation education for antenatal educators via IMAC courses • Health Target Immunisation - Focus on 'declines' on the NIR • Health Target Immunisation - Promoting early and seamless transfer of care from LMCs to GPs of newborns
Comments on Behind Plan or Not Tracking:	• The antenatal service specifications are being redeveloped nationally. It is anticipated that as a result the specs will include more specific requirements around immunisation education for antenatal classes. • The immunisation output measures that are behind plan or not tracking have specific deliverables in the Immunisation Strategic Plan for 2012/13. With the role of the Immunisation Coordinator employed within the DHB (previously IMAC) this has provided opportunity for additional resource to meet milestones in the plan.

Annual Plan Highlight Report ***MENTAL HEALTH & ADDICTIONS*** **Reporting Period: 2011/2012**	
Date:	20 August 2012
Project Mgr:	Jenny James
Overall Summary:	**AMBER** = Majority Achieved or on Plan The Midland Regional Mental Health and Addictions Network continued with regional approach to service development. Two Mental Health and Addictions Projects were completed in 2011/12. The MH&A Adult Continuum Project, and phase II the review of the mix and model of care for MH&A Residential Care. The recommendations were approved and the implementation phase begins in 2012/2013. Taranaki DHB MH&A sector has reviewed its progress against the implementation of Co-existing disorder workforce development and training and has increased the number of champions in the region.
Achievements: (Ahead of Plan or on Plan)	• Delivery of community based programmes such as work placement and housing services • Increased number of Crisis intervention plans • Implementation of Better Sooner More Convenient Mental Health Services • Taranaki will continue to be the 'demonstration site' for the improved primary and secondary Mental Health & Addictions integration • Continue to review and address the key aspects of the continuum of service delivery from the Mental Health and Addictions Adult Continuum Project • Regional Eating Disorders Strategic Plan - Fully developed clinical pathways with the Auckland Regional Eating Disorders that are consulted and agreed that include the hub and spoke • Regional Eating Disorders Strategic Plan - Fully developed clinical pathways with Starship Hospital that are consulted and agreed • Regional Eating Disorders Strategic Plan - Fully developed clinical pathways with Thrive residential service that are consulted and agreed • Midland Co-existing Problems Strategic Plan - Develop regional agreement re CEP levels of competencies • Midland Co-existing Problems Strategic Plan - National CEP training is co-ordinated, delivered and evaluated in each Midland district • Midland MH&A Workforce Development Strategic Plan - 100% achievement of 2011 - 12 workforce development objectives • Midland MH&A Workforce Development Strategic Plan - 100%

	achievement of LGR presentations to the Midland provider arm services • Midland MH&A Workforce Development Strategic Plan - Takarangi Competency Framework Phase II project is completed and an Evaluation Report is developed. • C&Y Continuum of Care - A Service Level Agreement and agreed Clinical Pathway is fully developed with the ADHB Child Family Unit. • C&Y Continuum of Care - A project is undertaken to identify alternatives to Child Youth inpatient beds being provided out of area. • Midland MH&A Needs Assessment - Utilisation tables are refreshed to included NGO PRIMHD data • Midland MH&A Needs Assessment - Minister of Health Mental Health and Addiction Plan 2011/2012 is implemented • Mental Health and Addictions Provider Arm models of care - Implementation of the Acute services review and associated models of care • Midland MH&A Workforce Development Strategic Plan - Takarangi Competency Framework Phase II project is completed and an Evaluation Report is developed.
Not Achieved: (Behind Plan or Not Tracking)	• Single point of access to primary care counselling
Comments on Behind Plan or Not Tracking:	• Single point of access report was considered by the MHN as part of the SLAT development for Primary Mental Health Services. A final meeting of the original cross sector project group did not occur in Mental Health and Addictions plans other priorities.

Annual Plan Highlight Report ***LONG TERM HEALTH CONDITIONS*** **Reporting Period: 2011/2012**	
Date:	August 2012
Project Mgr:	Vicki Kershaw, Becky Jenkins, Channa Perry
Overall Summary:	**AMBER** = Majority Achieved or on Plan Smoking Cessation and Tobacco Control is behind plan in a number of key areas. Joint funding of a Regional Palliative Care Medical specialist did not proceed as other DHB's did not commit funding.
Achievements: (Ahead of Plan or on Plan)	• Health Target Smoking Advice - Systems and processes in place in the sector to enable recording of smoking status, the offer of ABC and capture and report this data to MoH. Includes smokefree data being included in the EDS provided to primary care. • Health Target Smoking Advice - Buy in from Senior Management and Senior Clinicians within the hospital and primary care, and identification of champions. • Health Target Smoking Advice - Availability of NRT within the hospital and community. • Health Target Smoking Advice - Close monitoring of areas within the hospital experiencing challenges to achieve the target • Smoking Cessation Initiatives - Policy and Environment - To champion, advocate and support the appropriate review, planning, implementation to further smokefree policy development within Taranaki DHB - To provide leadership to ensure tobacco control is included as a key activity in DHB health documents • Smoking Cessation Initiatives - Primary Care - Strengthen systems to support the delivery of ABC in clinical practice - Provide training to GP's, Nurses and Administration staff in ABC Approach - Enable clinical leadership to support ABC tobacco initiatives - Increased Nicotine Replacement Therapy and promotion of smoking cessation support services - Strengthen referral systems between health and cessation services Health Target Diabetes CVD - Strong collaboration and co-ordination between primary and secondary care • Health Target Diabetes CVD - Work in collaboration with Primary Health Care to increase the percentage of eligible population who have a CVD

	risk assessment. • Health Target Diabetes CVD - Taranaki DHB will use the bi-annual DHBNZ PHO Performance Programme Scorecard to monitor the progress against targets for both the CVD Risk Assessment and the Diabetes Targets for the Taranaki population • Health Target Diabetes CVD - Work with primary care to improve the number of people who have good diabetes management • Health Target Cancer Services - Information systems and collection supporting prospective demand management allowing flexibility in managing workflow and scheduling. • Health Target Cancer Services - Workflow streamlined from FSA to start of treatment will ensure patients start treatment within four weeks. • Health Target Cancer Services - Workflow streamlined from FSA to start of treatment will ensure patients start treatment within four weeks. • Health Target Cancer Services - Regular process reviews will identify where the system bottlenecks are and ensure processes can be put in place to minimise the bottlenecks and / or impact of bottlenecks on target achievement. • Health Target Cancer Services - Timely upgrading and replacement of capital to ensure appropriate capacity is maintained. • Health Target Cancer Services - Improve training and education opportunities to improve the skill mix of key radiation treatment workforce. • Health Target Cancer Services - Strategies for recruitment and retention of key radiation treatment workforce. • Development of Taranaki Cancer Plan to support implementation of the New Zealand Cancer Control Strategy at the local level
Not Achieved: (Behind Plan or Not Tracking)	• Health Target Smoking Advice - Focus on sustainable, quality interventions. • Smoking Cessation Initiatives - Smokefree Taranaki - Implement key actions from the review in Taranaki to continue to make progress on Smokefree environments and smoking cessation services - Continue to support the Tobacco Health Target in priority groups Māori, Pregnant women and Parents through Secondary Care services • Smoking Cessation Initiatives - Mental Health - Hospital, Primary and Community health professions trained in ABC Approach - Strengthen systems to support the delivery of ABC in clinical practice • Midland DHB Regional Smokefree Initiative - Implement agreed local actions within the Midland Smokefree Programme Regional Action Plan

	• Joint funding of a Regional Palliative Care Medical Specialist to support Hospice service (dependent on joint funding by Whanganui & Mid Central DHB – funding still to be established)
Comments on Behind Plan or Not Tracking:	• Progress has been made on the implementation of Tobacco Control and Smoking Cessation Initiative during 2011-12. Work will continue in 2012-13 with the implementation of Taranaki Tobacco Action Plan particularly in relation to supporting pregnant women who smoke to quit and community based mass quitting initiatives • The Joint Funding of a Regional Palliative Care Medical Specialist was dependent on joint funding from other central region DHBs. Funding was not committed by other DHBs hence the project did not go ahead.

TO Community & Public Health Advisory and Disability Support Advisory Committees

FROM
Sandra Boardman
General Manager Planning, Funding and Population Health

DATE
16 August 2012

SUBJECT
July 2012 Funder Financial Results

TARANAKI DISTRICT HEALTH BOARD

MEMORANDUM

1. Overview

This report gives an over-view of the TDHB Funder financial position for the month of July 2012 being the first month of the new financial year ending June 2013.

The overall funder position for July 2012 is a surplus of $556k against a budgeted surplus of $352K resulting in a positive variance of $203k.

Personal Health reports a surplus of $952k , compared to a budgeted surplus of $394K resulting in a surplus variance of $558K.

Mental Health reports a surplus of $51K compared to a budgeted break even.

Population Health reports a deficit of $25k compared to a budgeted break even.

Health of Older People reports a surplus of $220k compared to a budgeted breakeven.

Maori Health reports a deficit of $642k compared to a budgeted deficit of $42k resulting in a negative variance of $600k. Expenditure in July included a payment of $594k for Te Kawau Maro funding previously accrued in personal health.

Detailed financial analysis is attached to this report.

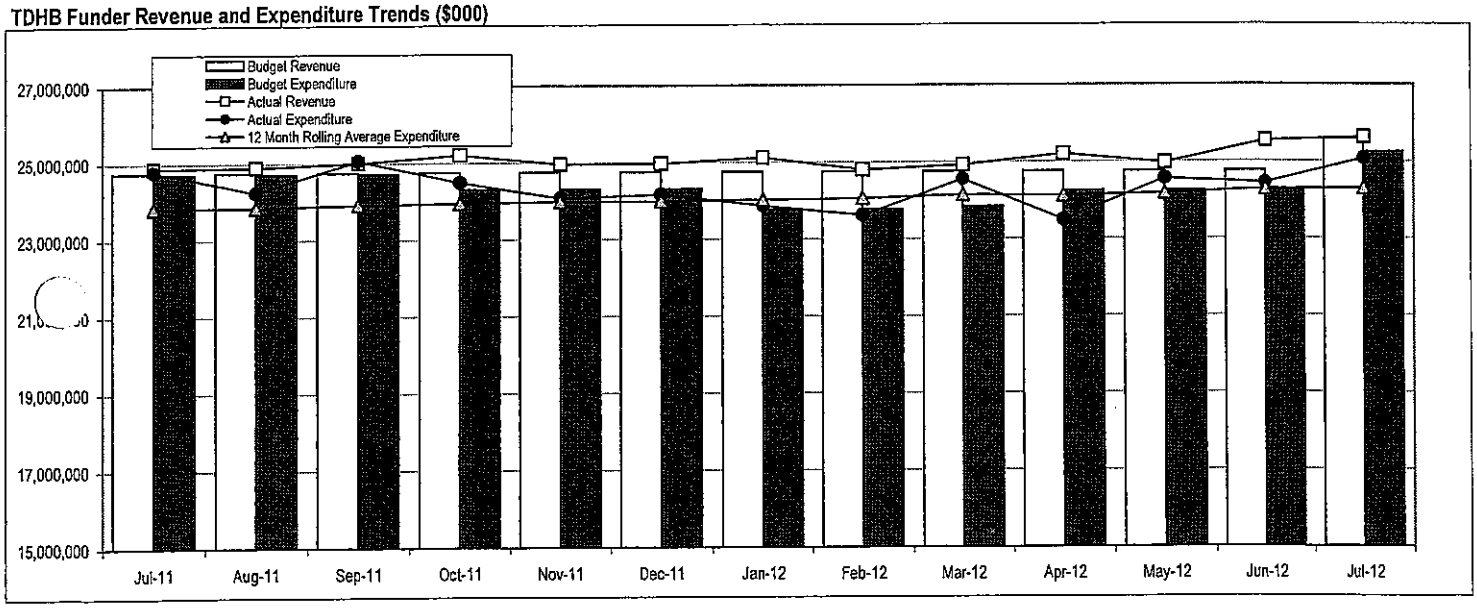
The funder budgeted surplus for 2012-13 is $9.0 Million. This is a challenging target but there is no evidence at this early stage in the year that this surplus will not be achieved.

Sandra Boardman
General Manager – Planning and Funding

Taranaki DHB
Funder Financial Performance Report for Jul 12

Summary July-12	Month Actual	Budget	Variance	YTD Actual	Budget	Variance	Variance as % of YTD Budget	Annual Budget
Revenue								
Personal Health	18,862	18,758	104	18,862	18,758	104		225,093
Mental Health	2,655	2,618	37	2,655	2,618	37		31,414
Population Health	16	82	(66)	16	82	(66)		987
Health of Older People	3,715	3,756	(40)	3,715	3,756	(41)		45,068
Maori Health	164	164	0	164	164	0		1,969
Funding and Governance	216	216	0	216	216	0		2,597
Total	**25,628**	**25,594**	**34**	**25,628**	**25,594**	**34**	**0%**	**307,127**
Expenses								
Personal Health	17,910	18,364	(454)	17,910	18,364	(454)		215,593
Mental Health	2,604	2,618	(14)	2,604	2,618	(14)		31,414
Population Health	41	82	(41)	41	82	(41)		987
Health of Older People	3,495	3,756	(260)	3,495	3,756	(260)		45,068
Maori Health	806	206	600	806	206	600		2,469
Funding and Governance	216	216	0	216	216	0		2,597
Total	**25,073**	**25,242**	**(169)**	**25,073**	**25,242**	**(169)**	**-1%**	**298,127**
Profit/(Loss)								
Personal Health	952	394	558	952	394	558		9,500
Mental Health	51	0	51	51	0	51		0
Population Health	(25)	0	(25)	(25)	0	(25)		0
Health of Older People	220	(0)	220	220	(0)	220		(0)
Maori Health	(642)	(42)	(600)	(642)	(42)	(600)		(500)
Funding and Governance	(0)	0	(0)	0	0	0		0
Total	**556**	**352**	**203**	**556**	**352**	**203**		**9,000**

TDHB Funder Revenue and Expenditure Trends ($000)



Jul 2012	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Personal Health	(18,602,767)	(18,498,832)	(103,936)	(18,602,767)	(18,498,832)	(103,936)	(221,985,981)	A
IDF Revenue	(258,883)	(258,883)	-	(258,883)	(258,883)	-	(3,106,599)	
REVENUE TOTAL	(18,861,651)	(18,757,715)	(103,936)	(18,861,651)	(18,757,715)	(103,936)	(225,092,580)	
Expenditure								
NGO	7,019,565	7,523,258	(503,693)	7,019,565	7,523,258	(503,693)	90,279,099	
Provider	10,890,145	10,840,396	49,748	10,890,145	10,840,396	49,748	125,313,481	
Total	17,909,709	18,363,655	(453,945)	17,909,709	18,363,655	(453,945)	215,592,580	
PROFIT/(LOSS)	951,941	394,060	557,881	951,941	394,060	557,881	9,500,000	
EXPENSES								
NGO								
6111 Child and Youth	45,054	43,540	1,515	45,054	43,540	1,515	522,476	
6136 Laboratory (Funder)	358,198	414,631	(56,433)	358,198	414,631	(56,433)	4,975,571	
6144 Maternity	9,722	-	9,722	9,722	-	9,722	-	B
6148 Tertiary and Secondary Obstetrics	-	49,223	(49,223)	-	49,223	(49,223)	590,676	
6152 Pregnancy and Parenting Education	3,706	5,205	(1,500)	3,706	5,205	(1,500)	62,462	
6156 Maternity Payment Schedule	-	1,861	(1,861)	-	1,861	(1,861)	22,328	
6164 Sexual Health	19,003	6,828	12,174	19,003	6,828	12,174	81,941	
6168 Adolescent Dental Benefit	87,196	80,538	6,659	87,196	80,538	6,659	966,452	
6180 School Dental	14,309	14,386	(77)	14,309	14,386	(77)	172,636	
Secondary/Tertiary Dental	85	1,928	(1,843)	85	1,928	(1,843)	23,140	
Pharmaceuticals (Funder)	2,557,431	2,353,706	203,725	2,557,431	2,353,706	203,725	28,244,474	
6228 General Medical Subsidy	63,117	62,486	631	63,117	62,486	631	749,826	
6232 Primary Practice Services Capitated	1,589,533	1,536,774	52,758	1,589,533	1,536,774	52,758	18,441,292	
6234 Prim Hlth Care St Health Promotion	-	88,923	(88,923)	-	88,923	(88,923)	1,067,078	
6236 Practice Nurse Subsidy	11,081	6,600	4,481	11,081	6,600	4,481	79,203	
6240 Rural Bonus	66,030	66,831	(800)	66,030	66,831	(800)	801,969	
6244 Immunisation	40,074	63,329	(23,255)	40,074	63,329	(23,255)	759,948	
6256 Palliative Care	198,138	194,484	3,654	198,138	194,484	3,654	2,333,812	
6262 Domiciliary & Domestic Nursing	20,571	19,670	901	20,571	19,670	901	236,039	
6266 Chronic Disease Mgmt	44,418	48,704	(4,286)	44,418	48,704	(4,286)	584,448	
6287 Miscellaneous Services	66,805	43,967	22,838	66,805	43,967	22,838	527,605	
6288 Price adjusters and Premium	(532,031)	63,432	(595,463)	(532,031)	63,432	(595,463)	761,183	C
6289 Travel and Accomodation	13,409	12,496	913	13,409	12,496	913	149,950	
6290 IDF Own DHB Population	2,343,716	2,343,716	-	2,343,716	2,343,716	-	28,124,590	
	7,019,565	7,523,258	(503,693)	7,019,565	7,523,258	(503,693)	90,279,099	
Provider								
6111 Child and Youth	76,193	76,193	-	76,193	76,193	-	914,313	
6136 Laboratory (Funder)	112,492	61,731	50,762	112,492	61,731	50,762	740,768	D
6144 Maternity	36,597	36,597	-	36,597	36,597	-	439,160	
6148 Tertiary and Secondary Obstetrics	722,570	722,570	-	722,570	722,570	-	8,670,835	
6160 Neo Natal	2,504	2,504	-	2,504	2,504	-	30,045	
6164 Sexual Health	31,098	31,098	-	31,098	31,098	-	373,171	
6168 Adolescent Dental Benefit	10,811	10,811	-	10,811	10,811	-	129,734	
Relief of Pain Dental	4,427	4,427	-	4,427	4,427	-	53,121	
School Dental	253,697	253,697	-	253,697	253,697	-	3,044,363	
6184 Secondary/Tertiary Dental	176,271	176,271	-	176,271	176,271	-	2,115,247	
6194 Pharmaceutical Cancer Treatment Drug	132,320	133,333	(1,013)	132,320	133,333	(1,013)	1,600,000	E
6232 Primary Practice Services Capitated	2,384	2,384	-	2,384	2,384	-	28,609	
6244 Immunisation	12,351	12,351	-	12,351	12,351	-	148,211	
6248 Radiology	117,181	117,181	-	117,181	117,181	-	1,406,174	
6260 Meals on Wheels	4,892	4,892	-	4,892	4,892	-	58,701	
6262 Domiciliary & Domestic Nursing	312,698	312,698	-	312,698	312,698	-	3,752,371	
6264 Community Based Allied Health	185,211	185,211	-	185,211	185,211	-	2,222,526	
6266 Chronic Disease Mgmt	71,098	71,098	-	71,098	71,098	-	853,181	
6271 Medical Inpatients	2,486,650	2,486,650	-	2,486,650	2,486,650	-	27,939,893	
6273 Medical Outpatients	771,017	771,017	-	771,017	771,017	-	9,252,204	
6275 Surgical Inpatients	3,543,490	3,543,490	-	3,543,490	3,543,490	-	39,814,492	
6277 Surgical Outpatients	565,111	565,111	-	565,111	565,111	-	6,781,332	
6279 Paediatric Inpatients	214,617	214,617	-	214,617	214,617	-	2,411,429	
6281 Paediatric Outpatients	126,432	126,432	-	126,432	126,432	-	1,517,188	
6286 Emergency Services	520,448	520,448	-	520,448	520,448	-	6,245,370	
6287 Miscellaneous Services	19,891	19,891	-	19,891	19,891	-	238,688	
6288 Price adjusters and Premium	120,144	120,144	-	120,144	120,144	-	1,441,725	
6289 Travel and Accomodation	257,553	257,553	-	257,553	257,553	-	3,090,630	
	10,890,145	10,840,396	49,748	10,890,145	10,840,396	49,748	125,313,481	

Jul 2012	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Mental Health	(2,654,504)	(2,617,800)	(36,704)	(2,654,504)	(2,617,800)	(36,704)	(31,413,599)	
Revenue Total	(2,654,504)	(2,617,800)	(36,704)	(2,654,504)	(2,617,800)	(36,704)	(31,413,599)	
Mental Health Expenditure								
NGO	804,822	818,907	(14,085)	804,822	818,907	(14,085)	9,826,882	
Provider	1,798,893	1,798,893	-	1,798,893	1,798,893	-	21,586,714	
Total	2,603,715	2,617,800	(14,085)	2,603,715	2,617,800	(14,085)	31,413,596	
PROFIT/(LOSS)	50,790	-	50,790	50,790	-	50,790	3	
EXPENSES (Payment to Providers)								
NGO								
6321 Crisis Respite	1,304	2,275	(971)	1,304	2,275	(971)	27,299	
6325 Alcohol and Drug General	(2,500)	-	(2,500)	(2,500)	-	(2,500)	-	
6340 Dual Diagnosis A and D	80,814	89,043	(8,229)	80,814	89,043	(8,229)	1,068,516	
6355 Maternal Mental Health	9,717	9,717	-	9,717	9,717	-	116,608	
6360 Child and Youth Mental Services	42,928	34,700	8,228	42,928	34,700	8,228	416,400	
6370 Kaupapa Maori Services	47,116	47,116	-	47,116	47,116	-	565,393	
6390 Mental Health Team Services	62,157	108,531	(46,374)	62,157	108,531	(46,374)	1,302,366	
6410 Mental Health Workforce Development	-	9,474	(9,474)	-	9,474	(9,474)	113,691	
6415 Day Activity and Rehab Services	102,496	72,787	29,710	102,496	72,787	29,710	873,438	
6420 Mental Health Services for Older People	19,761	19,761	-	19,761	19,761	-	237,134	
6425 Consumer and Carer/Family Support	20,164	20,164	-	20,164	20,164	-	241,970	
Home Based Support	135,876	98,643	37,233	135,876	98,643	37,233	1,183,717	
5 Carer/Family Support	13,443	13,443	-	13,443	13,443	-	161,312	
6440 Community Residential Beds and Services	159,447	175,832	(16,386)	159,447	175,832	(16,386)	2,109,989	
6490 Mental Health Other	7,347	12,668	(5,321)	7,347	12,668	(5,321)	152,016	
6492 IDF Own DHB Population	104,753	104,753	-	104,753	104,753	-	1,257,033	
	804,822	818,907	(14,085)	804,822	818,907	(14,085)	9,826,882	A
Provider								
6311 Acute Mental Conditions	519,790	519,790	-	519,790	519,790	-	6,237,475	
6321 Crisis Respite	10,030	10,030	-	10,030	10,030	-	120,356	
6325 Alcohol and Drug General	37,812	37,812	-	37,812	37,812	-	453,738	
6335 Methadone	35,873	35,873	-	35,873	35,873	-	430,479	
6340 Dual Diagnosis A and D	140,504	140,504	-	140,504	140,504	-	1,686,047	
6350 Eating Disorder	3,810	3,810	-	3,810	3,810	-	45,718	
6355 Maternal Mental Health	16,122	16,122	-	16,122	16,122	-	193,463	
6360 Child and Youth Mental Services	222,295	222,295	-	222,295	222,295	-	2,667,545	
6390 Mental Health Team Services	627,085	627,085	-	627,085	627,085	-	7,525,019	
6410 Mental Health Workforce Development	15,802	15,802	-	15,802	15,802	-	189,619	
6420 Mental Health Services for Older People	154,650	154,650	-	154,650	154,650	-	1,855,799	
6425 Consumer and Carer/Family Support	6,224	6,224	-	6,224	6,224	-	74,693	
6435 Carer/Family Support	6,224	6,224	-	6,224	6,224	-	74,693	
6490 Mental Health Other	2,673	2,673	-	2,673	2,673	-	32,070	
	1,798,893	1,798,893	-	1,798,893	1,798,893	-	21,586,714	

Note

A NGO Various

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

Jul 2012	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH Public Health	(16,429)	(82,249)	65,820	(16,429)	(82,249)	65,820	(986,989)	A
REVENUE TOTAL	(16,429)	(82,249)	65,820	(16,429)	(82,249)	65,820	(986,989)	
Expenditure								
NGO	32,246	73,010	(40,764)	32,246	73,010	(40,764)	876,118	
Provider	9,239	9,239	-	9,239	9,239	-	110,871	
Total	41,485	82,249	(40,764)	41,485	82,249	(40,764)	986,989	
PROFIT/(LOSS)	(25,056)	-	(25,056)	(25,056)	-	(25,056)	-	
NGO								
6540 Nutrition and Physical Activity	22,246	31,343	(9,097)	22,246	31,343	(9,097)	376,118	A
6565 Tobacco	10,000	41,667	(31,667)	10,000	41,667	(31,667)	500,000	A
	32,246	73,010	(40,764)	32,246	73,010	(40,764)	876,118	
Provider								
6535 Non-communicable Diseases	9,239	9,239	-	9,239	9,239	-	110,871	
	9,239	9,239	-	9,239	9,239	-	110,871	

Note

A Nutrition and Physical Activity and Tobacco

Actual revenue associated with this expenditure will be released from the Income in Advance Account on a periodic basis

Jul 2012	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget	Notes
REVENUE								
MoH - Disability Support Services	(3,613,827)	(3,654,327)	40,500	(3,613,827)	(3,654,327)	40,500	(43,851,929)	
IDF Revenue	(101,353)	(101,353)	-	(101,353)	(101,353)	-	(1,216,236)	
REVENUE TOTAL	(3,715,180)	(3,755,680)	40,500	(3,715,180)	(3,755,680)	40,500	(45,068,165)	
Expenditure								
NGO	3,001,204	3,261,477	(260,273)	3,001,204	3,261,477	(260,273)	39,137,723	
Provider	494,204	494,204	-	494,204	494,204	-	5,930,444	
Total	3,495,407	3,755,681	(260,273)	3,495,407	3,755,681	(260,273)	45,068,167	
PROFIT/(LOSS)	219,773	-	219,773	219,773	-	219,773	(2)	
Expenses								
NGO								
6615 Information and Advisory	3,117	-	3,117	3,117	-	3,117	-	
6625 Service Co-ordination	600	-	600	600	-	600	-	
6630 Home Support	536,113	605,833	(69,720)	536,113	605,833	(69,720)	7,269,998	
6635 Caregiver Support	26,229	30,906	(4,678)	26,229	30,906	(4,678)	370,876	
6640 Residential Care: Rest Homes	1,281,866	1,382,977	(101,111)	1,281,866	1,382,977	(101,111)	16,595,728	
6650 Residential Care: Hospitals	935,430	1,030,784	(95,354)	935,430	1,030,784	(95,354)	12,369,407	
6661 Day Programmes	27,980	23,972	4,008	27,980	23,972	4,008	287,662	
6663 Minor Disability Sppt Expend	2,226	3,649	(1,422)	2,226	3,649	(1,422)	43,784	
6664 NASC Flexible funding	19,323	9,873	9,450	19,323	9,873	9,450	118,474	
6680 Respite Care	7,094	12,256	(5,162)	7,094	12,256	(5,162)	147,074	
6692 IDF Disability Support Own DHB	161,227	161,227	-	161,227	161,227	-	1,934,720	
	3,001,204	3,261,477	(260,273)	3,001,204	3,261,477	(260,273)	39,137,723	
Provider								
6610 AT and R (Assessment, Treatment and Rehabilitation)	325,696	325,696	-	325,696	325,696	-	3,908,351	
6625 Service Co-ordination	116,250	116,250	-	116,250	116,250	-	1,395,000	
6650 Residential Care: Hospitals	9,444	9,444	-	9,444	9,444	-	113,323	
6651 Aging in Place	35,917	35,917	-	35,917	35,917	-	431,000	
6660 Environmental Support: Mobility and Sensory Aids	6,898	6,898	-	6,898	6,898	-	82,770	
	494,204	494,204	-	494,204	494,204	-	5,930,444	