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**Next Meeting Date** 24 November 2015  
**Deadline for Agenda Items** 10 November 2015

# MidCentral District Health Board

## A g e n d a

### Community & Public Health Advisory Committee

## Part 1

Date: 13 October 2015

Time: 1.00pm

Place: Board Room  
Board Office  
Heretaunga Street  
Palmerston North

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Tuesday, 13 October 2015

### Part 1

#### Order

1. APOLOGIES

2. NOTIFICATION OF LATE ITEMS

3. CONFLICT AND/OR REGISTER OF INTERESTS

**3.1 Amendment to the Register of Interests**

**3.2 Declaration of Conflicts in Relation to Today's Business**

4. MINUTES

**4.1 Minutes**

Pages: 1 - 7  
Documentation: minutes of 1 September 2015  
Recommendation: that the minutes of the previous meeting held on 1 September 2015 be confirmed as a true and correct record.

**4.2 Recommendations to the Board**

To note that all recommendations contained in the minutes were approved by the Board.

**4.3 Matters Arising from the Minutes**

To consider any matters arising from the minutes of the meeting held on 1 September 2015 for which specific items do not appear on the agenda or in management reports.

## 5. GOVERNANCE

### 5.1 2015/16 Work Programme

Pages: 8 - 12  
Documentation: Chief Executive Officer's report dated 6 October 2015  
Recommendation: that the updated work programme for 2015/16 be noted

## 6. OPERATIONAL REPORTS

### 6.1 Update on Home Management Refocus

Pages: 13 - 15  
Documentation: report from Senior Portfolio Manager, Health of Older People dated 28 September 2015  
Recommendation: that the report be received

### 6.2 Funding & Planning Operating Report (August 2015)

Pages: 16 - 22  
Documentation: report from Acting General Manager, Funding & Planning dated 30 September 2015  
Recommendation: that this report be received

### 6.3 Finance Report – Result of August 2015

Pages: 23 - 25  
Documentation: report from Finance Manager, Funding & Planning dated 10 September 2015  
Recommendation: that the report be received

## 7. LATE ITEMS

To discuss any such items as identified under item 2

## 8. DATE OF NEXT MEETING

24 November 2015

## 9. EXCLUSION OF PUBLIC

Recommendation: that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Reference
"In Committee" Minutes of the previous meeting	For reasons stated in the previous agenda	
Funding & Planning Operating Report (Part 2) – 2016/17 Planning Assumptions and Parameters	Subject to negotiation	9(2)(j)
Contracts – Update 1	Subject to contractual negotiations	9(2)(j)

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 1 September 2015 at 1pm at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

### **PRESENT:**

Di Anderson (Chair)  
 Barbara Cameron (Deputy Chair)  
 Adrian Broad  
 Ann Chapman  
 Nadarajah Manoharan  
 Phil Sunderland (ex officio)  
 Donald Campbell  
 Andrew Ivory

### **IN ATTENDANCE:**

Mike Grant, Acting Chief Executive  
 Craig Johnston, Acting General Manager, Funding & Planning  
 Rebecca Bensemman, Committee Secretary  
 Barb Bradnock, Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships  
 Andrew Orange, Interim Portfolio Manager, Primary Care  
 Claudine Tule, Portfolio Manager, Mental Health & Addictions  
 Vivienne Ayres, Manager, DHB Planning & Accountability  
 Cheryl Benn, Midwifery Advisor  
 Doug Edwards, Maori Health Advisor  
 Maha Patel, Intern Portfolio Manager  
 Amanda Rouse, Maternity Quality & Safety Coordinator  
 Stephanie Turner, Director, Maori Health & Disability  
 Chris Nolan, Service Director, Mental Health & Addiction Services  
 Jordan Dempster, Communications Officer  
 Barbara Robson, Board Member

### **OTHER:**

Public: (2)  
 Media: (0)

### **1. APOLOGIES**

Apologies for absence were received from Oriana Paewai and the Chief Executive Officer.

### **2. NOTIFICATION OF LATE ITEMS**

There were no late items.

### **3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

#### **3.1 Amendment to the Register of Interests**

There were no amendments to the Register of Interests.

#### **3.2 Declaration of Conflicts in Relation to Today's Business**

There were no declarations of conflict in relation to today's business.

### **4. MINUTES**

#### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 21 July 2015 be confirmed as a true and correct record.*

#### **4.2 Recommendations to the Board**

It was noted that all recommendations contained in the minutes were approved by the Board.

#### **4.3 Matters Arising from the Minutes**

*Item 7.2 Finance Report – Draft Result of June 2015*

In response to a query from Nadarajah Manoharan it was advised the Funder is expecting no additional revenue from the Ministry of Health (MoH) in the event that MidCentral Health over delivers against elective service targets for 2015/16 (as was the case in 2014/15).

### **5. GOVERNANCE**

#### **5.1 2015/16 Work Programme**

Progress against the 2015/16 work programme has generally been achieved with a significant update on the Mental Health service reconfiguration to be considered at this meeting.

The Acting Chief Executive reminded the Committee that a Strategic Workshop is scheduled for 29 October 2015.

It was recommended:

*that the updated work programme for 2015/16 be noted.*

### **6. STRATEGIC/SPECIAL ISSUES**

The Chair requested the Committee move forward in the agenda to Item 6.4 Mental Health Report.

#### **6.4 Mental Health Report**

Chris Nolan, Service Director, Mental Health & Addiction Services (MHAS), introduced this report and noted future reporting is to be expanded to make it more accurate and pertinent, within context of the quality and risk framework. It is intended that future reporting provide a full and complete picture.

'Phase one' activities arising from implementation of the MHAS review recommendations have been completed with this summary report recording achievements to date and identifying components requiring further work, including a change of culture. 'Phase two' proposes the expansion of the review recommendations to create a sector wide vision, including establishment of a provider network to progress both quality and improved service delivery across the sector.

Key messages arising from this report include awareness that mental health delivers services in a community setting, and that focus needs to shift from the notion that mental health services are delivered solely in an inpatient setting, which is leading to overuse of the inpatient unit.

MidCentral DHB (MDHB) is unable to manage this change on its own and will need to develop functional relationships across community networks. It is important to concentrate on areas that improve access to services, including primary care. A degree of trust needs to exist between organisations that are essentially independent of each other. It takes time to establish a degree of connectedness and develop a network of providers with a collaborative approach to delivering mental health services across the sector. This is a population-based approach with providers needing to know and understand the mental health needs of its community. No single provider is able to adequately meet the needs of individuals and families on their own. Isolation of service can lead to adverse outcomes and it is important to recognise that meeting mental health needs is a collective responsibility.

'Phase two' identifies a range of initiatives which aspire to achieve mental health care over a full continuum, from youth to older people. Mental health is the only service to cover such scope and it is vital that clear priorities are identified in our local communities.

Phil Sunderland noted a level of comfort with 'phase one' activities and questioned whether this process was complete. It was advised that those recommendations to be placed into 'phase two' need to be carefully identified but essentially 'phase one' was now complete. Mr Sunderland added that he is comfortable with the direction for 'phase two' and appreciates the necessity for developing a service to meet the community's needs. He then questioned whether this process is intuitive or does it need to be taught and explained. Developing a provider network requires leadership, a combined leadership group, trust and clear processes to achieve the desired outcome. Mr Sunderland sought Mr Nolan's view on intended governance structures including likely participation. Mr Nolan responded the aim is to create a functional network that isn't dependent on a central coordinating body. Governance helps build a collective vision but it is important that organisations retain an independent identity.

Adrian Broad noted that development of a provider network was to a December 2016 timeline. He queried the best approach to bring various organisations and agencies together to advance discussions. Mr Nolan advised some work needs to be done in this area and that actively engaging every organisation (General Practice, Ministry of Social Development, NZ Police, etc) would be necessary in designing and forming a successful structure.

The Acting Chief Executive reminded the Committee that a workshop on Mental Health Services was scheduled at the conclusion of the meeting which would address such areas. Essentially, the provider arm continues to be internally focused whereas achieving an external focus remains the biggest challenge.

Donald Campbell noted the importance of engaging with consumers and added that for a provider network to be effective the community needs to accept this new approach to service delivery.

It was recommended:

*that this report be received.*

The Chair asked the Committee to return to Item 6.1 Regional Services Plan Implementation Update – Quarter 4, 2014/15 in the agenda.

### **6.1 Regional Services Plan Implementation Update – Quarter 4, 2014/15**

This is a regular update on progress against implementation of the 2014/15 Regional Services Plan for quarter ending June 2015. The layout of this report has been reformatted with the executive summary used as a reference to attain further information within the report as required.

The Chair referred to the interventional approach to polypharmacy and noted this approach is a primary care focused intervention using specialist support. The Interim Portfolio Manager, Primary Care remarked this is one model for addressing multiple medicines use, with the pilot being undertaken by Whanganui DHB.

It was recommended:

*that this report be received.*

### **6.2 Non Financial Monitoring Framework and Performance Measures – Report for Quarter 4, 2015/16**

The Manager, DHB Planning & Accountability provided an overview of this report and reminded the Committee that each quarter presents a different suite of performance indicators for assessment. For further clarification, where the Ministry has provided an assessment as 'outstanding' this is to be interpreted as 'excellent' (rather than as 'overdue').

Andrew Ivory noted that immunisation coverage rates for 8 month old infants was just short of target again this quarter (at 94 per cent). It was advised that once the decliners are factored in, the number of missing children is very small and has a disproportionate impact on the statistics.

Adrian Broad commented that a number of performance measures remain 'partially achieved' and questioned whether it was realistic to expect these indicators will ever be fully 'achieved'. The Manager, DHB Planning & Accountability acknowledged achievement of some measures will continue to be a challenge. It is important that relativities be taken into account when assessing overall performance as vagaries in data, from a statistical standpoint, can also influence results. The Acting General Manager, Funding & Planning pointed out that in the report there is clear evidence of improvement across the quarters, which is a sign the DHB is steadily improving.

It was recommended:

*that this report be received.*

### **6.3 Annual Prioritisation Framework Update**

The Acting General Manager, Funding & Planning provided a brief outline of the annual review of the prioritisation framework. At the previous meeting it was suggested that new legislative health and safety requirements might need to be included. This had been considered. As these requirements sit within the procurement and contracting process, which is a subheading within the prioritisation framework, it was decided to maintain the status quo and review the framework again in 12 months time.

It was recommended:

*that this report be received and the Community and Public Health Advisory Committee makes any comments and suggestions*

*that the prioritisation framework be confirmed for use in the 2015/16 financial year*

## **6.5 2014/15 Annual Maori Health Plan Quarter 4 Progress Report – Update 2**

The Director, Maori Health & Disability provided an overview of this report; the context of which includes key strategic approaches to integrating Maori values across every stream of work, quality processes, training programmes, whanau ora collectives and linking together with communities. Several initiatives have been undertaken to progress a common interest and commitment to advancing Maori Health throughout the district. Maori Health indicators are used as an enabler to bring focus to what is being actioned and achieved. Progress is being made against these targets but a clear strategic approach is required to prioritise and focus on those populations in need.

Andrew Ivory noted the importance of continued workforce development and commented that the format of this report was clear and easy to understand.

Barbara Cameron questioned at what point it is necessary to assess whether this approach is working given that many health areas affecting Maori have their origin in factors beyond health's influence. The Maori Health Director replied it is an ongoing process and that health is not always the leader within a collaborative approach. This is a journey with many faces and it is a process of continually reviewing, adjusting and moving forward toward improving outcomes.

It was recommended:

*that this report be received.*

## **7. OPERATIONAL REPORTS**

### **7.1 Child Health Service – Community Team Annual Report**

The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships provided an overview of this report which showcases the achievements of the Child Health Service - Community Team over the past year.

Adrian Broad noted the significant impact that family violence causes and asked how the Child Health Service is contributing towards keeping children safe in the district. The Senior Portfolio Manager responded this is a community problem with key government agencies moving forward by looking to share information and work collaboratively.

Barbara Cameron questioned the effectiveness of the Regional Interagency Network (RIN) in this regard. It was advised this is a RIN initiative and presents good opportunities to learn from activities in other agencies which can only lead to positive consequences.

It was recommended:

*that this report be received.*

### **7.2 MidCentral Annual Maternity Report and Maternity Quality & Safety Report 2015/16**

The Midwifery Advisor advised this is the first MidCentral Annual Maternity Report which has been combined with the Maternity Quality & Safety Report for 2015/16.

Nadarajah Manoharan referred to the possibility of establishing a primary birthing unit in Palmerston North and asked whether any further progress had been made in this regard. The Midwifery Advisor advised the business case is to be developed and put forward as part of the Annual Plan process.

The Chair commended the establishment of the Midwifery Professional Support Programme in recognition that midwives are working in stressful situations and may require professional support and guidance on occasion. It was advised the pilot was very well received with participants being enthusiastic and supportive of the programme.

The Midwifery Advisor noted the importance of communication between primary/secondary as well as primary/primary and in this regard three workshops are to be held on the day of this report being launched.

The Acting Chief Executive acknowledged the positive tenor of the report but also referred the Committee to Part II of the Hospital Audit Committee agenda for further reading and information on the status of women's health services.

Adrian Broad questioned whether in fact this report was cause to celebrate success. The Midwifery Advisor noted this but confirmed significant work is being achieved in this space. The upcoming workshops are critical and need to be part of the culture change going forward. Evolution of service will continue to occur with more work still to be done.

It was recommended:

*that this report be received.*

### **7.3 Planning & Funding Operating Report – July 2015**

The Acting General Manager, Funding & Planning advised a change of date for the next joint board workshop being Friday 2 October at the Marton Golf Club

*Item 5.5.1 Universal Newborn Hearing Screening and Early Intervention Programme Update*  
For the month of July there were five babies unscreened as part of MidCentral's Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP). The Senior Portfolio Manager, Child, Youth & Intersectoral Partnerships confirmed this was a great result given that of the five babies unscreened, two families declined the screen, two moved from the area and one was discharged following a series of Did Not Attends.

*Item 5.1.2 Local Initiatives: Cross Community and District Group Activity*

The introduction of Medi-Map (an electronic medicines management system) in the district for aged residential care (ARC) may well be delivering results already. In terms of evidence, the volume of medicines ARC facilities are returning through the SEDUM project has dropped. It is too early however to link this definitively to Medi-Map but it continues to look promising.

It was recommended:

*that this report be received.*

### **7.4 Finance Report - Result of July 2015**

The Acting General Manager, Funding & Planning advised the Committee there were no significant patterns or events with the Funder's July result being a \$9k surplus to budget.

It was recommended:

*that the report be received.*

## **8. LATE ITEMS**

There were no late items for this section of the meeting.

**9. DATE OF NEXT MEETING**

Tuesday, 13 October 2015

**10. EXCLUSION OF PUBLIC**

It was recommended:

*that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reason stated:*

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>"In Committee" Minutes of the Previous Meeting</i>	<i>For reasons stated in the previous agenda</i>	

Confirmed this 13<sup>th</sup> day of October 2015

.....  
Chairperson

**TO** Community & Public Health Advisory Committee

**FROM** Chief Executive Officer

**DATE** 6 October 2015

**SUBJECT** 2015/16 Work Programme



## MEMORANDUM

### 1. PURPOSE

This report updates progress against the Committee's 2015/16 work programme. It is provided for the Committee's information and discussion.

### 2. SUMMARY

This report advises progress against the 2015/16 work programme. Generally, the work programme has been achieved.

A profile on a 2015/16 annual plan initiative is included in the General Manager's report in line with the Committee's request. Featured this month was Mental Health & Addictions: Suicide Prevention Action Plan, Drivers of Crime – Single Point of Entry Service for Offenders with Alcohol and Other Drug Problems, and Children of Parents with Mental Illness Addictions (COPMIA).

We were scheduled for report back on future reporting arrangements in respect of the Regional Women's Health Service. This will be determined following the RWHS evaluation which is now due to be completed by the fourth quarter of 2015/16. The work programme has been noted accordingly.

Next month we intended to report back on the feasibility of a primary birthing centre in Palmerston North. This matter is discussed in the General Manager's update and due to other developments, the report has been postponed six months. The work programme has been noted accordingly.

Set out below is a below of the reports provided to the Community & Public Health Advisory Committee. This includes reports provided to the Committee at its last meeting, its current meeting, and those scheduled for its next meeting. Members will note that as advised by management in a separate report, the feasibility study for a primary birthing unit in Palmerston North will now be provided in 2016.

Reporting Category	Last Meeting	Current Meeting	Next Meeting
2016/17 Annual Plan Development	<ul style="list-style-type: none"> <li>Annual review of prioritisation framework</li> </ul>	<ul style="list-style-type: none"> <li>2016/17 planning approach &amp; assumptions update</li> </ul>	<ul style="list-style-type: none"> <li>2016/17 Regional Service Plan – approach &amp; timeline</li> <li>2016/17 planning assumptions – funding related</li> </ul>

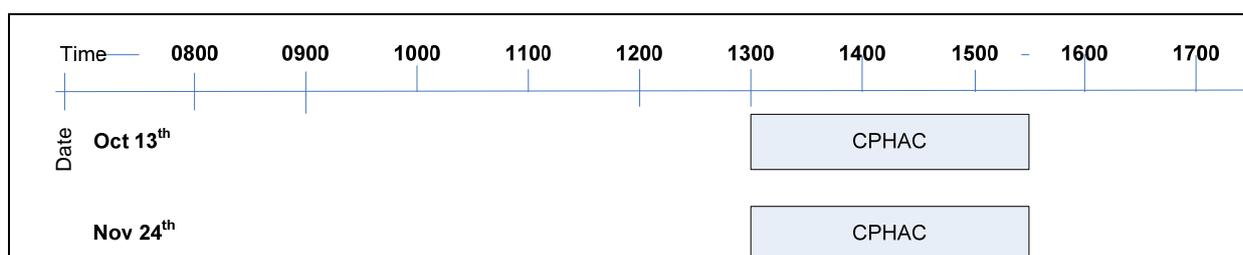
#### COPY TO:

#### CEO's Department

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			<ul style="list-style-type: none"> <li>Draft price volume schedule 2016/17</li> </ul>
<b>Monitoring Annual (AP) &amp; Regional (RSP) Plan Implementation</b>	<ul style="list-style-type: none"> <li>Regional service plan implementation – update 1</li> <li>Mental health service reconfiguration – update 1</li> <li>Profile of AP initiative</li> <li>2014/15 Maori Health Plan – update 2</li> </ul>	<ul style="list-style-type: none"> <li>Home management services update</li> </ul>	<ul style="list-style-type: none"> <li>2015/16 RSP implementation – update 2</li> <li>2015/16 AP – update 1 re implementation of primary care initiatives</li> <li>Mental health service update 2</li> <li>2015/16 Maori Health Plan – update 1 re implementation</li> <li>Profile of a 2015/16 AP service/initiative</li> </ul>
<b>Sub-regional work - centralAlliance</b>	<ul style="list-style-type: none"> <li>2015/16 AP: update re centralAlliance strategic plan</li> <li>Regional women's health service update</li> </ul>	<ul style="list-style-type: none"> <li>2015/16 AP: update re centralAlliance strategic plan (contained in operational report)</li> </ul>	<ul style="list-style-type: none"> <li>2015/16 AP: update re centralAlliance strategic plan</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>Non-financial performance measures to 30.6.15</li> </ul>		<ul style="list-style-type: none"> <li>Non-financial performance measures for quarter ended September 2015</li> <li>Annual report from the Central PHO Clinical Board</li> </ul>
<b>Operational Matters</b>	<ul style="list-style-type: none"> <li>July results</li> <li>Child health service – community team annual report</li> <li>MidCentral annual maternity report for maternity quality &amp; safety report</li> </ul>	<ul style="list-style-type: none"> <li>August results</li> <li>Contracts update</li> </ul>	<ul style="list-style-type: none"> <li>September/October results</li> </ul>
<b>Reporting</b>	<ul style="list-style-type: none"> <li>Work programme update</li> </ul>	<ul style="list-style-type: none"> <li>Work programme update</li> </ul>	<ul style="list-style-type: none"> <li>Work programme update</li> </ul>
<b>Workshops</b>	<ul style="list-style-type: none"> <li>Mental health &amp; addiction services</li> </ul>		<ul style="list-style-type: none"> <li>Mental health strategic planning workshop (date TBA)</li> </ul>

Committee commitments through until the end of the year are set out below. Please note that a date for the mental health strategic planning workshop is yet to be advised and is expected to take place in late November.



### 3. RECOMMENDATION

It is recommended:

*that the updated work programme for 2015/16 be noted.*

Kathryn Cook  
Chief Executive Officer

ID	Task Name	2015												2016				
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1	<b>CPHAC, 2015/16 Work Programme</b>	[Timeline bar from May 2015 to Sep 2016]																
2																		
3	<b>STRATEGIC ISSUES</b>	[Timeline bar from May 2015 to Sep 2016]																
4	<b>Regional Services Plan</b>	[Timeline bar from Jun 2015 to Jun 2016]																
5	<b>2015/16 Implementation</b>	[Timeline bar from Jul 2015 to Jul 2016]																
6	Update 1	[Vertical tick in Sep 2015]																
7	Update 2	[Vertical tick in Nov 2015]																
8	Update 3	[Vertical tick in Mar 2016]																
9	Update 4	[Vertical tick in Jun 2016]																
10	<b>2016/17 RSP Development</b>	[Timeline bar from Nov 2015 to Dec 2016]																
11	Approach & timeline	[Vertical tick in Nov 2015]																
12	Draft 1	[Vertical tick in Feb 2016]																
13	<b>Annual Plan</b>	[Timeline bar from May 2015 to Sep 2016]																
14	<b>2016/17 AP Development</b>	[Timeline bar from Jun 2015 to Jun 2016]																
15	Needs assessment	[Vertical tick in Jul 2015]																
16	Annual review of prioritisation framework	[Vertical tick in Sep 2015]																
17	Assumptions - funding related	[Vertical tick in Oct 2015]																
18	Assumptions - funding related	[Vertical tick in Nov 2015]																
19	Price volume schedule (draft)	[Vertical tick in Nov 2015]																
20	Planning workshop	[Vertical tick in Feb 2016]																
21	Draft AP	[Vertical tick in Mar 2016]																
22	<b>2016/17 Maori Health Plan Development</b>	[Timeline bar from Mar 2016 to Apr 2016]																
23	Draft 1	[Vertical tick in Mar 2016]																
24	<b>2016/17 Funding Arrangements Document</b>	[Timeline bar from Mar 2016 to Apr 2016]																
25	Draft 1	[Vertical tick in Mar 2016]																
26	<b>2015/16 AP Implementation</b>	[Timeline bar from May 2015 to Sep 2016]																
27	Primary care initiatives: update 1	[Vertical tick in Nov 2015]																
28	Primary care initiatives: update 2	[Vertical tick in Jun 2016]																
29	<b>centralAlliance Strategic Plan</b>	[Timeline bar from Jun 2015 to Jun 2016]																
30	Update 1	[Vertical tick in Jul 2015]																
31	Update 2	[Vertical tick in Sep 2015]																
32	Update 3	[Vertical tick in Oct 2015]																
33	Update 4	[Vertical tick in Nov 2015]																
34	centralAlliance - laboratory contract	[Vertical tick in Jun 2016]																
35	<b>Mental Health Service Reconfiguration</b>	[Timeline bar from May 2015 to Sep 2016]																
36	Update 1	[Vertical tick in Oct 2015]																
37	Update 2	[Vertical tick in Nov 2015]																
38	Update 3	[Vertical tick in Mar 2016]																

ID	Task Name	2016																
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
39	Update 4																	
40	Possibility of a mental health workshop																	
41	<b>Non-financial Performance Indicators</b>																	
42	2014/15, Quarter 4																	
43	2015/16, Quarter 1																	
44	2015/16, Quarter 2																	
45	2015/16, Quarter 3																	
46	2015/16, Quarter 4																	
47	<b>Information Only</b>																	
48	Secondary care initiatives, inc centralAlliance: update 1																	
49	Secondary care initiatives, inc centralAlliance: update 2																	
50	Quality (inc customer satisfaction & clinical governance indicators): update 1																	
51	Quality (inc customer satisfaction & clinical governance indicators): update 2																	
52	Workforce: update 1																	
53	Workforce: update 2																	
54	<i>PNH Site Reconfiguration</i>																	
55	Update 1																	
56	Update 2																	
57	Update 3																	
58	Update 4																	
59	Update 5																	
60	<i>Major Projects 14/15 Annual Plan</i>																	
61	Regional Women's Health Service Update 1 (including cancer sub-specialty workstreams)																	
62	RHWS future reporting arrangements (post evaluation - Hospital Audit) NOW JUNE 2016																	
63	<b>Business Cases</b>																	
64	Feasibility of primary birthing unit, PNth																	
65	Feasibility of primary birthing unit, PNth																	
66	Turbo Kidz																	
67	<b>2015/16 Maori Health Plan Implementation</b>																	
68	Update 1																	
69	Update 2																	
70	<b>2014/15 Maori Health Plan Implementation</b>																	
71	Update 2																	
72	<b>OPERATIONAL REPORTS</b>																	

ID	Task Name	2016																
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
73	<b>General Manager's Report (inc health targets &amp; portfolio updates)</b>																	
74	Report 1 (results for May/June)																	
75	Report 2 (results for July)																	
76	Report 3 (results for August)																	
77	Report 4 (results for Sep/Oct)																	
78	Report 5 (results for Nov/Dec)																	
79	Report 6 (results for Jan/Feb)																	
80	Report 7 (results for March)																	
81	Report 8 (results for April)																	
82	Report 9 (results for May/June)																	
83	Proposed negotiating approach 2016/17																	
84	Consolidated financial reporting reinstated																	
85	HMSS full briefing																	
86	<b>Annual Plan - Profile of Initiatives</b>																	
87	Profile 1																	
88	Profile 2																	
89	Profile 3																	
90	Profile 4																	
91	<b>Contract Updates (&gt;\$250k)</b>																	
92	Update 1																	
93	Update 2																	
94	Update 3																	
95	Update 4																	
96	<b>Quality</b>																	
97	Annual report from PHO Clinical Board																	
98	<b>GOVERNANCE</b>																	
99	CPHAC terms of reference review																	
100	Mental Health Workshop																	
101	<b>CARRIED FORWARD FROM 2014/15</b>																	
102	Home management services: options for reassessment																	
103	<b>Information Only</b>																	
104	2014/15 Quality update 2																	
105	2014/15 Workforce update 2																	

**TO** Community and Public Health Advisory  
Committee

**FROM** Senior Portfolio Manager  
Health of Older People

**DATE** 28 September 2015

**SUBJECT** UPDATE ON HOME MANAGEMENT  
REFOCUS



## Memorandum

### 1. SUMMARY

#### 1.1 Purpose

This report updates the Committee on the recent change to the Home Management Refocus and clarifies the work-plan going forward. This report is for information only.

#### 1.2 Executive summary

In response to feedback from the community the DHB has modified its approach to the refocus of Home Management services. Any changes to future supports will occur following a review/reassessment of each individual's supports. Supportlinks has begun recruiting an additional assessor/coordinator to enable this to occur.

Activity to progress the necessary changes occurred with notification to clients, general practitioners in September along with all advocacy and stakeholder groups receiving the news of the modified approach.

At the writing of this report, no significant feedback had been received from the general community. Activity is progressing to apply the modified approach and a full report will be provided to a future meeting.

#### 1.3 Recommendation

It is recommended:

*that this report be received*

## **2. BACKGROUND**

In April 2015, the MidCentral DHB adjusted the thresholds for Home Based Management Services so that only patients assessed as requiring Personal Care would receive Home Management. This was part of a move to focus services and funding on the growing number of clients with high level needs. The changes aligned MidCentral with the policies of Whanganui and some other DHBs around the country.

The April change applied to all new referrals only. This left a group of about 1,100 clients already receiving Home Management without Personal Care, most of whom had been given their allocations of support between 2003 and 2010 based on previous criteria.

In August 2015 the DHB moved to adjust the services provided to grandparented clients. As of 28 September, all clients were to be reduced to one hour of Home Management per fortnight.

An implementation plan was developed and put in place. It had the support of the DHB, Home and Community Support Agencies and the Ministry of Health. It included communications with affected clients, service providers, stakeholders, advocacy groups and media.

## **3. UPDATE**

### **3.1 Individual Client Enquires**

Of the 1,041 notifications to clients, around sixty people contacted Supportlinks to discuss the changes. Almost half of these were people who needed to be reassessed. Many of this group were visually impaired – a client group with exceptional needs that had been acknowledged in the original policy change. Of the balance of callers, some believed the change was justified; a small number notified the DHB they were no longer needed the service. There was also a small group of callers who were aggrieved at the proposed service changes. One of these came to the DHB via the Ministry of Health.

### **3.2 Agency and Advocacy Feedback**

Home and Community agencies reported the intended changes were progressing without fuss from clients or staff. One agency reported that staff were excited to be working with higher skilled tasks and another reported a high tolerance for the change. The proposed focus on prioritisation of higher and more complex services was generally seen to be in alignment with Providers' own strategies of engaging staff to a higher skill level.

No agency contacted the NASC service concerned about the safety of clients who may have needed to retain all or a greater part of their allocations.

### **3.3 Modified Approach**

Notwithstanding the fact that the response from clients and providers was in line with the implementation plan, the DHB took the feedback from the community and the issues raised as an opportunity to review its position. The result was a decision to adopt a modified approach; all clients will be individually reviewed.

Reviews will be against the DHB's current eligibility criteria, which may mean clients who do not require Personal Care will not receive any Home Management support. Supportlinks does not have the capacity to review the large number of grandparented clients, so the new approach has necessitated the recruitment of an additional assessor. This process is now underway. It is expected it will take at least 18 months to review all the clients.

### **3.4 Implementation of the Modified Approach**

Implementing the modified approach has involved considerable administrative work, particularly in relation to information systems. There is still a significant manual component to the administration of Home Based Support Services. Supportlinks anticipates that there may be a few issues arising because of the short time frames, but these will be attended to as they arise.

The workload impact on Home Based Support Providers was significant because of the necessary rostering changes. The Providers managed this process comfortably and worked closely alongside the Supportlinks NASC service to implement the change.

## **4. FINANCIAL IMPACT**

In the medium term the modified approach will achieve the objective of offsetting growth in Home Support packages for clients with high and complex needs, but it will take longer to achieve this. The savings in 2015/16 will be less because of the need to reassess clients, and the DHB will incur additional costs (ie, recruitment of an additional assessor). However, by the 2016/17 year the DHB should see more resources freed up as the grandparented clients are progressively reassessed against the current Home Management Support criteria.

## **5. CONCLUSION**

A modified approach will see the majority of the 1041 affected clients reviewed prior to decisions being made about allocations of disability support. The bulk of the reviews will occur over an eighteen month period starting in January 2016. The DHB has listened to the feedback from the public and older persons advocacy groups and made the decision to modify its approach to include reviews.

## **6. RECOMMENDATION**

It is recommended:

*that this report be receive.*

**Jo Smith**  
Senior Portfolio Manager  
Health of Older People  
Funding & Planning

**TO** Community and Public Health Advisory  
Committee

**FROM** Acting General Manager  
Funding and Planning

**DATE** 30 September 2015

**SUBJECT** FUNDING & PLANNING OPERATING  
REPORT (AUGUST 2015)



## Memorandum

### 1. PURPOSE

This report is for the CPHAC's information and discussion. Its main purpose is to provide an update on the activities of Funding & Planning. No decision is required.

### 2. SUMMARY

Activity in the Health of Older Persons' portfolio continues to focus on supporting the sector to provide best-practice care for older people within available resources.

The Mental Health portfolio reports progress on the local implementation of a review of addictions services. Mental Health Annual Plan initiatives are also summarised for the Committee's information.

The Primary Care portfolio celebrates achievements in the Green Prescriptions programme and from Wards Pharmacy, while the Child and Youth Health portfolio provides an update on a review of the DHB's pregnancy and parenting, and maternity resource contracts.

### 3. RECOMMENDATION

It is recommended:

*that this report be received*

**Craig Johnston**  
**Acting General Manager**  
**Funding and Planning**

## **4. LOCAL MATTERS**

### **4.1 Health of Older Person**

#### **4.1.1 Age on the Go Expo**

MidCentral DHB is co-funder alongside the Horowhenua District Council of an *Age on the Go Expo* occurring on October 2<sup>nd</sup>, 2015. This is an annual event which promotes positive aging by showcasing activities and services that focus on good health, fun and support for older people in the Horowhenua. Fifty six organisations will showcase their products or services. This is a popular day out for many in the district and is expected to draw record crowds.

#### **4.1.2 Dementia Design Stakeholder Meeting**

In October, MidCentral DHB is hosting one of three national stakeholder meetings focused on dementia design in aged residential care. This joint project with the Ministry of Health and The University of Auckland will develop national guidelines for the design of residential secure dementia units. The guidelines will provide best practice guidance to all stakeholders including aged care providers, HealthCERT and District Health Boards. This will be evidence-based guidance for the design of new or refurbished residential secure dementia units. This work is consistent with the local commitment to the *Localised Dementia Framework* developed through the Older Persons District Group.

#### **4.1.3 Medicines Management Systems in Aged Residential Care**

Progress is continuing with the aged care facilities implementation of a medicines management system to improve the overall safety of administration for both residents and staff. Nineteen facilities have implemented to date. Eight facilities are booked in before the end of the year and a further four likely to implement in January 2016. This MidCentral DHB sponsored initiative has driven a higher level of safety, and reduced corrective actions within facility audits. A second vendor has recently entered the market which will provide choice for facilities. The current vendor's link to e-prescribing has now met the conditions set-out by the National Health IT Board and is about to be linked up. This will negate the need for the general practitioner to input data into two systems.

### **4.2 Māori Health**

#### **4.2.1 1<sup>st</sup> Year Graduate Nurses**

The Māori Health Advisor met with 1<sup>st</sup> Year Graduate Nurses in September 2015. The group includes nine Māori graduates (a welcome number), and a desire for both clinical and cultural supervision/support throughout the placement year was noted.

#### **4.2.2 More Vibe/Morehu Day 2015**

The Māori Health Advisor will join other DHB staff on a DHB stall at the new community day on October 3<sup>rd</sup>, 2015. The event is being held by Best Care Whakapai Hauora in Maxwell's Line. A major focus for DHB staff will be promoting health as a career to rangatahi Māori, including promoting Kia Ora Hauora/Supporting Māori into health careers advice.

## **4.3 Mental Health and Addictions**

### **4.3.1 Alcohol and Drug Services**

Recently the Central Region DHBs were requested by the Ministry of Health to provide feedback on the recent review of regional Alcohol and Other Drug (AOD) Services undertaken earlier this year by the Regional Mental Health and Addictions Clinical Network (of which the Portfolio Manager and Clinical Director are members). The AOD Regional Residential Programs for the Central Region comprise of five providers: Nova Trust, Odyssey House, SpringHill, Te Waireka and Salvation Army.

An analysis of the Regional Residential Alcohol and Drug Services identified:

- A 55-60 percent utilisation of residential services across the Central Region from 2010-2014.
- High rates of programme incompleteness due to high levels of co-existing problems.
- Varied practice of exit planning processes.
- Unclear transition procedures and high rates of relapse on discharge.

Last month MidCentral DHB coordinated a stakeholder forum to discuss the likely impact and potential service development required locally to support a proposed configuration of regional AOD residential services. This discussion was also in the context of the Ministry of Health's signal to look at withdrawal management services (methamphetamine). As a result MidCentral DHB has identified a potential service model that builds on existing relationships and partnerships between providers across the whole continuum of care. This potential service model aims to increase a person's recovery within the paradigm of 'Health to Wealth' and enhance access and coordination of service provision for people experiencing AOD problems.

A strong component of the potential service model is Whānau ora and developing a kaupapa Māori framework (Whānau ora, rongoā, Peer Support Whanau ora and healing centre). This is in recognition of the disproportionate number of Māori with addiction problems and a need to reduce inequity. We know that inequity reduces social capital (social connection, trust) particularly for low income groups such as Māori and Pacifica, which in turn reduces health and increases disease such as addiction.

A short timeframe for feedback on the regional review allowed only one forum to be undertaken. Feedback offered attempts to outline key aspects of a required local model that interfaces with the regional residential AOD services, benefitting the people that require such support services in the MidCentral district. The Report is available upon request.

## **4.4 Primary Health**

### **4.4.1 General Practice Fees**

Last meeting the Committee was advised of an application from a Palmerston North general practice team to increase its fees well above the Annual Statement, and that accordingly, the application had been referred to the Regional Fees Review Committee for their consideration.

The Regional Fees Review Committee has accepted the proposed fee increase and on that basis, the DHB approved the proposal.

#### **4.4.2 Primary Birthing Unit**

At the CPHAC meeting in November 2014, the Committee considered a feasibility study on the establishment of a primary birthing unit for Palmerston North. The recommendation of the report was that a business case be developed providing a detailed financial analysis of the project and recommendations on the approach to procurement.

At the CPHAC meeting in February this year, the Committee considered proposed terms of reference for the business case, which was then included in the 2015/16 Work Programme for the Committee, scheduled for consideration in late 2015/early 2016.

A number of actual and potential hospital and community maternity services developments, along with the DHB's current financial position suggest that it would be prudent to postpone the development of the business case paper by 6 months. This will enable a clearer picture of the value of funding a primary birthing unit to be presented.

#### **4.4.3 Green Prescription**

An opportunity to share in the end of term celebrations for graduating Green Prescription classes was provided to the Interim Portfolio Manager, Primary Health Care. Classes graduate at the end of each 10 week course offered by Sport Manawatu, with semi-formal recognition of those that have participated in at least half of the course.

Observations from the graduation classes in Levin, Palmerston North and Feilding were:

- The supportive, relaxed, comfortable nature of each group.
- The ongoing support offered by Sport Manawatu.
- The use of volunteers (often Green Prescription graduates) to help run classes.
- The significant value that groups provide in terms of social and mental health. More than one participant expressed gratitude for the course eliminating isolation that had occurred as a result of their response to a long term condition.

Notable success stories include:

- A participant that had self-referred, had attended two 10 week courses, and had lost 40kg over that half year period.
- A participant that had been destitute and socially isolated due to depression, now active in their community with regular attendance at a community club and looking to find employment.

#### **4.4.4 Pharmacy Awards – Wards Pharmacy**

Wards Pharmacy recently received a “Highly Commended” in the industry sponsored Pharmacy Awards for their DHB-funded project to provide adherence support and medicines optimisation to people (particularly children) with asthma. This achievement recognises the significant amount of work undertaken by the pharmacy in identifying people not getting the best out of their asthma medicines, and working with them and other health providers to reduce the risk of hospital admission.

While Wards Pharmacy did not win their category, they have been asked to enter again next year with a more robust assessment of project outcomes, signalling that entry in this year's Awards was slightly premature.

The project involved pre- and post-assessments using a validated tool that scores asthma control. While results from this suggested good improvement in asthma control in people involved in the project, it is recognised that analysis of other outcomes such as admissions data and changes in use of medication would add value to project results. MidCentral DHB had already planned to work with Wards Pharmacy to assess the outcomes of this project and will now do so with the Pharmacy Awards in mind.

## **4.5 Child & Youth Health**

### **4.5.1 Notice to pregnancy and parenting information and education service providers**

In 2014/15 Planning & Funding undertook a review of the DHB's Pregnancy & Parenting and Maternity Resource centre contracts.

In response to the review process, and alongside the Ministry of Health recommendation for District Health Boards to implement the new (2014) Pregnancy and Parenting Information and Education Tier 2 Service Specification, the DHB initiated a Request for Proposal (RFP) process seeking a provider to best meet the new service specification requirements.

The Pregnancy and Parenting Information and Education Service will provide free information, education and support to pregnant women and expectant fathers, partners, parents of new babies (including adoptive parents), and where appropriate their whānau, to meet their pregnancy and early parenting information, education and social support needs. It is expected the service will be provided across the entire MidCentral district.

The Service will be available for all parents, but will have a strong focus on meeting the needs of first-time parents and groups with high needs, including young and teenage parents, Māori, Pacific parents and parents with limited comprehension of the English language. Providers must be competent to work empathically with all women regardless of age and culture. The evaluation panel will be seeking a provider that will have established strong networks that will provide optimum integrated services to enable the best possible outcomes for vulnerable families during the maternity care period.

The RFP is currently available for potential providers on the Government Electronic Tender System (GETS) with proposals to be submitted by 12pm (noon) 30 October 2015. The successful provider will be notified by 30 December 2015 with a proposed start date of 1 July 2016.

MidCentral is not the only DHB going through a RFP tender process currently. All three of the Auckland DHB's, West Coast and Canterbury are also seeking a new service via GETS.

## **4.6 Central Cancer Control Network**

The 2014 Budget provided sustainable funding of \$4.2 million per annum for additional psychological and social support roles across New Zealand (the cancer psychological and social support workforce initiative). These additional roles are intended to improve psychological and social support services by building on existing services. The Ministry seeks to apportion the roles across regional cancer centres (6 lead psychologist roles nationally), and all DHBs (an additional 20 FTE psychologist and/or social work roles nationally, on a population-based share).

The MidCentral district has been apportioned a total of \$270,638. MidCentral DHB has determined that in addition to a lead psychology position, two social work positions will be funded. All three positions will operate within cancer services at Palmerston North Hospital, though in addition, the lead psychology role also has a regional focus.

Progress to date has seen the Clinical Psychologist commence on September 7<sup>th</sup> in the regional lead role. The social work positions are soon to be advertised; at least one position (an advanced role) is anticipated to be filled before December.

Regional work to shape services for central region DHBs continues. There is a desire to link

social work roles that are being developed regionally. It is clear that existing relationships with Massey Psychology Services has resulted in MidCentral being in a good position with regard to psychology services compared with other DHBs.

## **5. ANNUAL PLAN: PROFILE OF INITIATIVES**

### **5.1 Mental Health and Addictions**

The Ministry of Health's *Rising to the Challenge Plan 2012-2017* sets direction for the mental health and addiction services and provides the roadmap for MidCentral DHB's approach in the Annual Plan priorities. It links with other cross agency work priority areas in the mental health portfolio as aligned to the Annual Plan:

- Prime Ministers Youth Mental Health Project
- Children's Action Plan
- Drivers of Crime work programme with a focus on conduct problems and disorders; and alcohol and other drug services for offenders
- Youth Crime Action Plan
- Whanau Ora
- Suicide Prevention Action Plan
- Welfare Reforms

#### **5.1.1 Suicide Prevention Action Plan**

The Action Plan is now complete and was approved by the Ministry of Health in August. Implementation of the Action Plan's broad initiatives has commenced under a community prevention postvention reference group, membership of which consists of education, health and school representatives. The MidCentral DHB's Suicide Prevention Postvention Action Plan is aligned to the eleven Action Areas of the New Zealand Suicide Prevention Action Plan 2013-2016 (MOH):

1. Build the capacity of Māori whānau, hapū, iwi, Pacifica families and communities to prevent suicide
2. Ensure good quality information and resources on suicide prevention are available for families, whānau, hapū, iwi, communities and frontline workers
3. Train community health and social support services staff, families whānau, hapū, iwi and community members to identify and support individuals at risk of suicide and refer them to agencies that can help
4. Ensure a range of accessible support services are available to families, whānau and others who are bereaved by suicide
5. Support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion
6. Improve services and support for people experiencing mental health problems and alcohol and other drug problems
7. Improve services and support for children and young people in contact with Child, Youth and Family Services
8. Improve services and support for people in prison
9. Identify and respond to suicide contagion through social media
10. Reduce cyber-bullying
11. Make better use of the data the government already collects on suicide deaths and self harm incidents

World Suicide Prevention Day was observed on September 10<sup>th</sup>. The Minister of Health reiterated DHBs had been working with their communities and health professionals to develop suicide prevention plans and stated "reducing suicide rates requires coordinated action at a national and local level.

DHBs are well placed to bring community groups together to coordinate and lead an approach that best meets local needs”. It is well known suicide prevention requires a range of approaches, from enhancing community resilience and promoting mental health, to improving the care for those most at risk of suicide.

The Minister also acknowledged MidCentral DHB regarding the joint initiative with the Ministry of Education, Special Education and mental health Child Adolescent Service whereby a protocol for responding to suicide in school communities has been established.

### **5.1.2 Drivers of Crime – Single Point of Entry Service for Offenders with AOD problems**

A single point of entry service has been established with the Department of Corrections in alignment with the Drivers of Crime initiative. This involves four Alcohol and other Drug NGO services working in partnership with Corrections Service to improve the rehabilitation of offenders with alcohol or other drug problems. The co location of an AOD Coordinator within the Community Probation Service to triage referrals from Community Probation Services for offenders with AOD problems has been established.

### **5.1.3 Children of Parents with Mental Illness Addictions (COPMIA)**

COPMIA initiatives are an area of focus in the Rising to the Challenge Plan and are included in our Annual Plan. COPMIA is closely aligned with the cross agency Children’s Action Plan for Vulnerable Children. There is substantial international evidence supporting the effectiveness of COPMIA initiatives. COPMIA initiatives are focused largely on providing services to support parents who have mental health and/or addiction issues, particularly those who are specialist mental health and addiction service users.

An interagency working group has been established and have developed a set of mandatory questions for service providers for children with COPMIA needs. A draft report will be completed by December 2015 with recommendations that also include the recommendation to establish a governance group to oversee implementation of the Ministry of Health COPMIA Guidelines across Health, social services, justice and education.

A Survey of Health and Social Providers has been completed, in which ten out of thirty one providers indicated that they had a process in place to identify children with COPMIA needs. Six of the providers offered resilience programmes; only one had a programme designed specifically for children with COPMIA needs. Further development of a care pathway and exploration to develop programmes for COPMIA will be undertaken over the next year.

## **6. REGIONAL ISSUES**

### **6.1 centralAlliance Strategic Plan**

The second joint board workshop for MidCentral DHB and Whanganui DHB was held at Marton Golf Club on Friday 2 October. The workshop was facilitated by Helen Emerson and was well attended. Good progress was made.

Material from this workshop is being collated and will be presented to the next centralAlliance Steering Group before being reported to each respective board.

**TO** Community and Public Health Advisory  
Committee



**FROM** Finance Manager  
Funding and Planning

**DATE** 10 September 2015

## Memorandum

**SUBJECT** FINANCE REPORT –  
RESULT OF AUGUST 2015

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### 1. PURPOSE OF REPORT

This report is for the Committee's information and discussion. Its main purpose is to document the financial performance for the Funder. No decision is required.

### 2. EXECUTIVE SUMMARY

The Funder's budget includes the \$1 million improvement in the Annual Plan bottom line result arising from the \$1 million of additional revenue from the Ministry of Health.

The Funder's August 2015 YTD result is a positive variance to budget.

### 3. RECOMMENDATION

It is recommended:

*that the report be received*

**Gordon Ngai**  
**Finance Manager, Funding & Planning**

## **4. KEY EVENTS**

### **4.1 Revision of 15-16 budget**

The Funder's budget has been amended to incorporate the additional \$1 million of revenue from the Ministry of Health (as notified in July) and the consequential \$1 million improvement in the Annual Plan's bottom line result. From henceforth, all finance reports will be against the revised Annual Plan financials.

### **4.2 Result for August 2015**

The Funder's August 2015 YTD result is a surplus of \$11k over budget.

### **4.3 MidCentral Health washup**

There is no washup with MidCentral Health.

### **4.4 Elective Income (EI)**

Based on Central Region Elective Initiatives Monitoring report and budget information, the Funder has accrued elective income as per the elective initiatives budget.

### **4.5 Inter District Flows - Inflow and Outflow**

Reports indicate that both Inter District Flow inpatient inflows to Palmerston North Hospital and inpatient outflows to Capital and Coast DHB are close to budget.

### **4.6 Disability Support Services (DSS)**

Due to the Ministry of Health's year end process, no updated DSS information is available at the time of writing.

## 5. FUNDER FINANCIAL PERFORMANCE

The Funder's August 2015 YTD result is \$11k better than budget. The forecast for the year is as per the budget.

### MidCentral DHB - Funder

#### Income and Expenditure - By Ring Fenced Area For the period ending 31 August 2015

	YTD			Annual		
	Actual	Budget	Variance	Forecast	Budget	Variance
	\$000	\$000	\$000	\$000	\$000	\$000
Personal Health Income	67,083	66,551	532	400,317	400,317	0
Personal Health Expenditure	68,657	68,060	-597	398,305	398,305	0
Personal Health Surplus/(Deficit)	-1,574	-1,509	-65	2,012	2,012	0
Mental Health Income	6,804	6,719	84	40,316	40,316	0
Mental Health Expenditure	6,780	6,740	-40	40,316	40,316	0
Mental Health Surplus/(Deficit)	23	-21	44	-0	-0	0
Disability Support Income	13,558	13,558	0	81,346	81,346	0
Disability Support Expenditure	13,665	13,631	-35	81,346	81,346	-0
Disability Support Surplus/(Deficit)	-108	-73	-35	-0	0	-0
Maori Health Income	334	334	0	2,007	2,007	0
Maori Health Expenditure	268	334	66	2,007	2,007	0
Maori Health Surplus/(Deficit)	66	0	66	0	0	0
Governance Income	409	409	-0	2,456	2,456	0
Governance Expenditure	409	409	0	2,456	2,456	0
Governance Surplus/(Deficit)	0	0	0	0	0	0
<b>Total Funder Surplus/(Deficit)</b>	<b>-1,592</b>	<b>-1,603</b>	<b>11</b>	<b>2,012</b>	<b>2,012</b>	<b>-0</b>