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- Dennis Emery (Deputy Chair)
- Graeme Campbell
- Ann Chapman (ex officio)
- Phil Sunderland (ex officio)
- Linda Gray
- Charmaine Hamilton
- Oriana Paewai

Board Members

- Lindsay Burnell
- Jack Drummond
- Jim Jefferies
- Stephen Paewai
- Barbara Robson
- David Warburton

Management Team

- Murray Georgel, CEO
- General Manager, Corporate Services
- Mike Grant, General Manager, Funding
- Jill Matthews, PAO
- Carole Chisholm, Committee Secretary
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MidCentral District Health Board

A g e n d a

Community & Public Health Advisory Committee

Part 1

Date: 3 August 2010

Time: 1.00 pm

Place: Board Room
Board Office
Gate 2B
Heretaunga Street
Palmerston North

Contact Details Committee Secretary

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Next Meeting Date 7 September 2010

Deadline for Agenda Items 25 August 2010

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Tuesday 3 August 2010

Part 1

Order

1. APOLOGIES

2. NOTIFICATION OF LATE ITEMS

3. CONFLICT AND/OR REGISTER OF INTERESTS

4. MINUTES

4.1 Minutes

Pages: 4.1 – 4.5
Documentation: minutes of 6 July 2010
Recommendation: that the minutes of the previous meeting held on 6 July 2010 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 6 July 2010 for which specific items do not appear on the agenda or in management reports.

5. OPERATIONAL REPORTS

5.1 Funding Division Operating Report – July 2010

Pages: 5.1– 5.16
Documentation: General Manager's Report dated 23 July 2010
Recommendation: that this report be received

5.2 Finance Report – July 2010

Pages: 5.17 – 5.23
Documentation: Finance Manager's Report dated 15 July 2010
Recommendation: that this report be received

6. GOVERNANCE ISSUES

6.1 2010/11 Work Plan

Pages: 6.1 – 6.4
Documentation: Chief Executive Officer’s Report dated 23 July 2010
Recommendation: that the updated work programme for 2010/11 be noted.

7. LATE ITEMS

To discuss any such items as identified under item 2.

8. DATE OF NEXT MEETING

7 September 2010

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	
Contracts Update	Commercially sensitive information	9(2)(j)
Emergency Contraception From Community Pharmacy	Contract Negotiations	9(2)(j)

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 6 July 2010 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.00pm

PRESENT:

- Diane Anderson (Chair)
- Dennis Emery (Deputy Chair)
- Graeme Campbell
- Ann Chapman (ex officio)
- Phil Sunderland (ex officio)
- Linda Gray
- Charmaine Hamilton
- Oriana Paewai

IN ATTENDANCE:

- Murray Georgel, Chief Executive Officer
- Mike Grant, General Manager, Funding / Acting General Manager, Corporate Services
- Rebecca Bensemann, Committee Secretary

OTHER:

- Staff: (8)
- Public: (1)
- Media: (0)

1. APOLOGIES

There were none.

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS

Linda Gray registered a new interest in respect of her involvement with the Manawatu Community Housing Trust. The Register of Interests is to be updated accordingly.

Phil Sunderland reiterated his registered interest in respect of his senior partnership at Fitzherbert Rowe, and noted potential conflict may arise with regard to Manawatu/Horowhenua/Tararua Diabetes Trust matters.

Dennis Emery declared his conflict from an iwi perspective regarding Whanau Ora.

4.2 4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 1 June 2010 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 5.6 Health of Older Persons DAP 09/10 Update 2

Management clarified that there is nil cost to the DHB due to the withdrawal of ACC funding from the Otago Exercise Programme.

5. OPERATIONAL REPORTS

5.1 HEALTH NEEDS ASSESSMENT UPDATE

Essentially this report aims to illustrate yearly changes in the health status of the MidCentral district population. This is relatively difficult given the smaller population size of 160,000 as it generally takes many years for health patterns to collectively change and corresponding trends to be identified.

Health services need to be accessible, especially for those who are disadvantaged due to demographic factors such as ethnicity, age, physical distance from hospital, and socio-economic hardship.

A Committee Member queried whether Otaki residents are included in the Horowhenua area in terms of statistical purposes. It was advised that Otaki is considered separately however analysis may be grouped together to determine collective trends.

It was also advised that a period of 3-5 years would ideally capture more accurate health needs assessment information for the population size of MidCentral DHB.

It was recommended:

that this report be received

5.2 CLINICAL NETWORK UPDATE

Management described this report as a work in progress and referred the Committee to Dr Alistair Watson and Warwick Davenport to provide further expression on clinical networks and possible ways to progress implementation.

A definition was provided in that a clinical network essentially enables clinicians to participate in the planning and delivery of health services. In order to build a successful network a clear mandate needs to be provided and the structure needs to be supported by linkages to clinical and organisational governance.

Discussion followed, largely around The Broad Concept diagrammatical representation, and it was confirmed that collaborative networks are generally established as required.

It was recommended:

that this report be received

5.3 FALLS PREVENTION IN THE OLDER PERSON

It was advised that there is sufficient evidence to suggest that increased Vitamin D utilisation may prove beneficial in reducing the morbidity and mortality associated with falls and subsequent fractures, particularly for those older people in aged residential care settings.

A Member queried the cost of rolling out the Vitamin D Falls Prevention Programme as developed by ACC. It was confirmed that ACC are funding the cost of Vitamin D tablets whilst MidCentral DHB incurs the corresponding prescribing and dispensing costs.

It was noted that a Committee Member expressed discord with the possibility of the blanket approach to including community-dwelling older people within the test population without their permission. This was with regard to the estimated 2400 people currently receiving Home-Based Support Services (HBSS).

Another Member commented that Vitamin D utilisation may assist with enhanced mental acuity which essentially leads to the same end result, being a reduction in the number of falls due to improved focus.

A further paper is to be presented to the Committee by November 2010. This paper will address the issues raised by the Committee and will also include Ethics Committee considerations.

It was recommended:

that this report be received

5.4 FUNDING DIVISION OPERATING REPORT – JUNE 2010

Item 2.1.1 Interim Funding Pool (IFP)

Management clarified that there are significant risks around this process, including whether the Ministry of Health has adequate information, identification of changing population needs over time and the importance of gaining a corresponding understanding of these factors.

Graeme Campbell left the meeting at 1.51pm.

Graeme Campbell returned to the meeting at 1.53pm.

Item 2.9.3 Cancer

Management advised that there was no further information to suggest the Cancer health target may be changed from the 4-week 1 January 2011 target.

It was recommended:

that this report be received

5.5 FINANCE REPORT – JUNE 2010

Management advised that the Funder is on target to achieve breakeven (being \$2.9m surplus to budget). The final year-end position is to be confirmed within the next several days.

A Committee Member commented that a Debt & Equity covenant would be useful given the current position into negative working capital.

It was recommended:

that this report be received

5.6 FINANCIAL RECOVERY PROGRAMME

Recommendations regarding two of the four service reconfiguration projects have been presented to the Hospital Advisory Committee, together with a proposal for paid car parking.

The first recommendation being continuation of the district nursing services' night shift on the basis of financial support from Arohanui Hospice and other savings within the service.

The second recommendation being the continuation of the rehabilitation service for people aged under 65, with the service capacity being reduced from 12 to 8 beds to align to contract levels.

Management advised that the Hospital Advisory Committee unanimously supported each recommendation.

It was recommended:

that this report be received

5.7 DHB HOSPITAL BENCHMARKING INFORMATION REPORT – OCTOBER TO DECEMBER 2009 (*for information only*)

Management advised that the DHB Hospital Benchmarking information is submitted to the Ministry of Health and provides a comparative benchmark against other DHBs. The information is also used to identify trends and variations, as well as addressing potential areas in which performance may be improved.

It was recommended:

that this report be received

6. GOVERNANCE ISSUES

6.1 2010/11 REPORTING FRAMEWORK

The 2010/11 reporting framework covers all aspects of governance, including strategic and operational matters, audit, disability support, and remuneration. The framework has been approved by the Board and the resultant Work Programme for the Community and Public Health Advisory Committee has been developed accordingly.

It was recommended:

that the Committee's 2010/11 work programme be noted

7. LATE ITEMS

There were none.

8. DATE OF NEXT MEETING

3 August 2010

9. 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 reasons stated:

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

Meeting closed at 2.23pm

Confirmed Tuesday 3 August 2010

.....
Chairperson

TO Community and Public Health Advisory Committee



FROM General Manager
Funding Division

DATE 23 July 2010

Memorandum

SUBJECT FUNDING DIVISION OPERATING REPORT – JULY 2010

1. LOCAL MATTERS

1.1 Health of Older Person

1.1.1 Home Based Support Service Review

This work has been a major focus over the last month. The full review paper is a separate agenda item in August and recommends two key areas for re-prioritisation of funding in a bid to stem projected budget overspend in out years. We have prepared a communications strategy which provides information for all stakeholders - clients and their family/whanau, HBSS providers, community support groups, primary practice teams, NASC and MidCentral Health.

1.1.2 Aged Residential Care

Seven site visits have occurred in the month as part of the Portfolio Manager maintaining relationship with each facility and ongoing monitoring of service quality. Of the 37 facilities in our district, three are under close watch currently due to incidents or complaints. The process in these cases is to call immediate face to face meetings, carry out an overall risk assessment and require a formal written corrective action plan from the provider. Favourable responses have resulted in all three cases. There have been no reported serious complaints or incidents which would warrant a special audit in the reporting period.

1.1.3 Careerforce

The Minister of Tertiary Education, Steven Joyce, advised on 1 July that he had granted to Careerforce an extension of its provisional recognition as an industry training organisation for a further six months until March 2011, in order for Careerforce to implement the strategies it has proposed for full five year recognition. In his letter the Minister acknowledged “that substantial work has been initiated” and that while he understood significant progress would have been achieved by September 2010, an extension of provisional recognition would provide time for the new Board to be elected and have an opportunity to influence the strategic direction of the ITO as well as enable the new Board to achieve full industry support.

1.1.4 interRAI assessment tools update

Nationally, progress continues over the last month and is less relevant to the local implementation and focuses on those other DHBs currently implementing. Information is filtering through on additional interRAI tools that ‘snap on’ to the current infrastructure or ‘platform’ of interRAI. The significant benefit to DHBs is the funded infrastructure is now in place, and additional software tools are relatively low cost to implement with low cost support and maintenance ongoing. There is merit in considering how these other tools can add value to health organisations. A recent business case for comment has been the interRAI Longterm Care Facility (iLTCF) tool. This tool is specific to the aged residential care sector, and provides compelling argument for reducing clinical omissions in a person’s health journey. International research has shown marked improvement in quality indicators in rest

home facilities through the implementation of the tool.

Regionally, Hawkes Bay are continuing to embed the assessment process since implementation in June. Further discussions with Whanganui in the past month identify the need to change their delivery model of assessment, and focus is on considering how MDHB and Whanganui can find commonalities with the service selection and administration function roles. Wairarapa continue with preparing for their implementation, including initiatives to align process of current model to that of the intended model. It is intended to hold a meeting in early September with a visit from the National Project Manager to present on anonymous data held in the host server. The data will be compared with international data and provide early understanding of where New Zealand fits in the wider context.

Locally, the Lead Practitioner has continued to work with the two trained interRAI assessors to complete their ten assessments leading to competency. The trained staff report positively on the concept of the tool, and acknowledge it takes time to learn, as the process is a change of methodology and requires comprehensive analysis of a persons' health deficits. The staff report the positive benefits of the tool and are excited by their experience to date.

Focus for the following quarter will continue on training staff and embedding the processes at Supportlinks. Further training sessions providing end user training to geriatricians, clinicians and those requiring access to the completed assessments will be rolled out in early August.

The implementation programme is officially now complete. Focus for further work will be on the integration of Needs Assessment into Integrated Family Health Centres, ensuring a highly trained work force exists, and that the previous assessment tool is phased out over the next eight to ten months ensuring a well embedded process of assessment is available to older people.

1.1.5 District Nursing Service and Arohanui Hospice

The Hospice has agreed to a twelve month contribution to support the continued district nursing service to palliative patients in the community. This decision is consistent with the advice provided to MidCentral's Board in relation to the District Nursing Service Review.

1.2 Maori Health

1.2.1 Māori Cultural Responsiveness framework in Primary Health Care

The Cultural Competency Responsiveness Framework for primary care is about to be launched. Funding Division, iwi/Māori, Central PHO and Health Care Development have worked together on the development. The launch presentation will be held on Friday 23rd July, 2010 hosted by Muaūpoko iwi at Kawiu Marae Levin. Over one hundred invitations have been circulated to all stakeholders in the region.

The project recognises the importance of the delivery of care in a culturally appropriate manner as determining both the willingness of people to access services and the success of any treatment or care delivered. This is vitally important for Māori who represent 17.3% of MidCentral population and all of whom access general services. Culturally appropriate care is a key ingredient of actions towards whānau ora.

More about this programme is presented in the Healthcare Development section of this report.

1.2.3 Whanau Ora workforce Development Services Family Violence Intervention Programme (FVIP)

Family Violence Intervention presents a significant healthcare challenge within the diverse Aotearoa New Zealand context. The practice of cultural safety within family violence programmes is vital as minority populations face unique issues in coping with family violence. An Audit of the FVIP found that the parts of the programme lacked substance in the area of cultural development of staff working in specific areas. A small steering group was put together to explore and recommend to the senior management group strategies to assist and bridge the gap. The key tasks of this group were

1. Development of Cultural Competencies
2. Funding Allocated for Māori and Pacifica Programme and activities
3. Inclusion of context of Māori and family violence included in training programmes
4. Assessment of DHB staff knowledge and attitudes about Māori and partner/child abuse.

Of importance is that these key tasks and the recommendations have been completed and a report submitted to the senior management group.

1.2.4 Regional Leadership Group

The following leadership groups will oversee the implementation of Whanau Ora across the major crown agencies including Health, Social Development and Te Puni Kokiri. Note Julie Patterson, CEO Whanganui DHB is the Health representative on the local Leadership Group.

The appointment of the Regional Leadership Group has been made. Individuals were selected based on the following criteria:

- are well known in the community
- have a sufficient mix of skills and experience in health, economic and cultural sectors; working with whānau collectives and in whānau development at a community level;
- have knowledge of issues facing whānau; understanding of local service provision; advocating for and leading change within communities;
- have proven relationship management skills; and possess knowledge of other initiatives occurring within the region that may impact on or have synergies with Whānau Ora service provision.

MidCentral DHB interests lay in three areas, namely, Whanganui, Whanganui –a-Tara and Takitimu. The following is a list of names who were successful.

Region	Member	Position
Te Tai Hauuru	Te Huia (Bill) Hamilton	Chair
Whanganui and Taranaki	Richard Steedman	Member
	Karen (Wheturangi) Walsh-Tapiata	Member
	William Edwards	Member
	Gloria Campbell, MSD Regional Commissioner	Ministry of Social Development Representative
	Sam Bishara, Regional Director, TPK	Te Puni Kōkiri Representative
	Julie Patterson, CEO, Whanganui DHB	DHB Representative

Region	Member	Position
Whanganui-a-Tara Wellington	Hon Mahara Okeroa	Chair
	Sharon Gemmell	Member
	Brenton Tukapua	Member
	Susan Shingleton	Member
	Melissa Cragg	Member
	Cyrus Neilsen, MSD Regional Manager FACS	Ministry of Social Development Reperesentative
	Nita Kerepiti-Ikin, Te Puni Kōkiri Representative Kuini Puketapu, Māori Manager, Hutt Valley DHB	Acting Regional Director, Te Puni Kōkiri DHB Representative

Region	Member	Position
Takitimu Hawkes Bay and the Wairarapa	Christine Teariki	Chair
	Amber Logan	Member
	Maureen Mua	Member
	Marama Kani	Member
	Yvette Grace	Member
	Annie Aranui	MSD Reperesentative
	Roger Aranui, Regional Director TPK Tracey Adamson, CEO, Wairarapa DHB	Te Puni Kōkiri Representative DHB Representative

1.3 Mental Health and Addiction

1.3.1 Mental Health and Addiction Network (MHAN)

Progress is underway regarding the MHAN group development of a work plan for central regional approach to mental health and addiction services. MHAN consists of Clinical Directors, Portfolio Managers and Service Managers across the six DHBs. Priorities are focused on developing a regional model of care approach to the Regional Mental Health Rehabilitation and Extended Care service (Capital and Coast DHB); Regional Specialty Services improved reporting to the Central Region; regional detoxification project and e-learning tools for dementia delirium and depression.

1.3.2 Mental Health and Addiction NGO Services

Provider follow up of general TAS audits have been underway with an emphasis on ensuring requirements in terms of value for money, contractual obligations and quality service provision to consumers/tangata whaiora are being met. This has also provided opportunity to discuss improved service delivery and assessing the current workforce capability. Several providers require close assistance particularly in the areas of governance, financial management and systems support.

All Mental Health and Addiction NGO services have been busy implementing the Programme for the Integration of Mental Health Data (PRIMHD) system. For many of the providers this had necessitated the purchase of expensive software, with no additional allocation of funding. The smaller NGOs have found this particularly challenging given their limited discretionary funding. Many smaller NGOs are working together with similar size organisations or creating partnerships with large organisations to try to manage these difficulties. Further update will be provided to the Committee.

Te Pou, have agreed to assist in the roll out to the NGO sector of the Lets Get Real Competency Framework for mental health and addiction practitioners/kaimahi. Other Central Region DHBs have either employed a position to roll this framework out to the NGO sector or utilised existing PRIMHD coordinators within Provider Arm divisions to undertake

this work with NGOs. MidCentral Health does not have the capability to provide this support to the NGO sector. Further update will be provided to the Committee.

1.3.3 Inter District Flow for the Multi Systemic Therapy Service

Multi Systemic Therapy Service (MST) provides an intensive treatment and support service for young people and their families. This is a sub regional contract and signalled to the Committee several months ago was MidCentral DHB desire to transfer the contract to the regional Portfolio Manager (Hutt Valley DHB). This move has been supported and confirmed by Hawkes Bay and is in the process of the IDF sign off by Whanganui DHB.

1.4 Primary Health

1.4.1 IDE update

The Feilding Interim Development Entity (IDE) group has written to the DHB informing us of decisions made at its June meeting. The IDE has confirmed that the Clevely Site in Duke Street is its preferred location for the Feilding Integrated Family Health Centre. The IDE also confirmed that the Manawatu Community Trust will, in the first instance, take a major role in the ownership of the Centre.

This communication from the IDE is evidence that the collocation project is making good progress. Over the next month the DHB will be approached to confirm its intention to be a tenant in the new facility and to formalise the leasing of the land.

1.4.2 Diabetes Statistics

Final end of year statistics have been received from the Get Checked Programme. Considering the annual stats, of note is:

- 384 more patients were reviewed this year than last year with the biggest relative gain being for Pacific
- Current cover is 64% which is higher than last year's cover of 62% despite having the 09/10 prevalence increase by more than 400 people
- DAP targets for detection and follow-up were achieved for all population groups
- DAP targets for Diabetes Management (HbA1c ≤ 8) were not met, however, this was an ambitious target set by the Ministry. It is noted that the figures are slightly better than last year so the trend at least is in the right direction.

Diabetes Get Checked Programme: Annual Review completed in 2009/10

Ethnicity	Type 1	Type 2	Total Patients reviewed	Retinal exam in last 2 yrs	HbA1c ≤ 8	Current smoker	On ACE inhibitor	Total cholesterol >9	On Statin
Maori	25	586	611	87%	61%	24%	65%	1	58%
Not stated	0	14	14	93%	64%	21%	57%	0	64%
NZ European	290	3329	3619	89%	78%	11%	60%	7	60%
Other	11	243	254	85%	78%	6%	59%	0	59%
Pacific	9	126	135	86%	50%	14%	62%	1	55%
TOTAL	335	4298	4633	88%	75%	12%	61%	9	60%

1.4.3 PHO Performance Against Health Targets

The Ministry has recently provided written feedback to the four PHOs on their performance against Health Targets in the quarter ending 31 March 2010. The objective is to inform and

assist PHOs in contributing to Target performance.

Of particular relevance were the following two targets:

Table: Quarter 3 results for MidCentral PHOs against Health Targets 2009/10

Indicator	Target for 2009/10	Otaki PHO	Horowhenua PHO	Manawatu PHO	Tararua PHO
% of two year olds fully immunised	85.0%	69.2%	80.9%	86.5%	81.9%
% of eligible population to have CVD risk assessed in the last five years	78.5%	80.2%	80.9%	83.5%	83.2%

MidCentral PHOs are top performers on the CVD risk assessment indicator. The results for the immunisation indicator are less satisfactory, however we note that performance has been improving significantly as a result of a joint push from PHO, general practice, Maori provider and DHB staff. The rates are rising and are currently sitting at 89% across the district.

The Ministry also provided PHOs with feedback on the district's performance against the other Health Targets for which DHB-level data is available.

- Percent of people with diabetes who have attended their free annual check
- Percent of people who have satisfactory or better diabetes management
- Shorter stays in Emergency Departments
- Improved access to elective surgery
- Shorter waits for cancer treatment radiotherapy
- Better help for smokers to quit

All the information on these Health Targets has previously been provided to the Board.

1.4.4 Office of the Auditor General report on After Hours

The Office of the Auditor General has undertaken a national review of after hours services, which will be publicly released presently. The review concluded that all DHBs meet the national service requirement that 95% of the population be able to access an after hours primary care service within 60 minutes. In fact, 99.7% of New Zealand's population has access within 60 minutes, which is very pleasing given the geographical distribution of the population and resource constraints.

Within MidCentral's district, 99.2% of the population had access within 60 minutes, although for some communities the nearest service is in another DHB.

The review also considered other barrier to access. Of particular relevance are transport and affordability. The review also identified that some after hours services have issues with workforce and financial sustainability, and that these threaten availability of services in the future. The review recognises the complexities of after hours services and the limited influence DHBs have. It makes the following recommendations to DHBs:

1. Better identify, consider, and respond to affordability barriers when planning, funding and providing after-hours services;
2. Where within their influence, better identify, consider, and respond to access barriers other than affordability – such as transport barriers – when planning, funding, and providing after-hours services; and
3. Comprehensively review and, where necessary, redesign their after-hours service networks to ensure that those networks will be more sustainable in the future (for those district health boards not already doing so).

After hours services have been included in the Better, Sooner, More Convenient Business Case. They are part of the Acute Demand/Chronic Care initiative. A number of specific service enhancements are planned, which taken together should provide a good response to the recommendations of the Office of the Auditor General's report.

1.5 Health Care Development

HCD continues to work towards its vision "Interdisciplinary team achieving Quality Living: Healthy Lives". This report provides an update on some of the work underway which continues to gain momentum within the district.

1.5.1 Maori Cultural Responsiveness Programme

In conjunction with partner organisations such as Compass Health and local PHOs, and with the assistance of the MDHB Maori Health Manager, a Maori Cultural Responsiveness programme has been developed. The aim is to provide a supportive process which enables primary health care practitioners, regardless of work setting, to demonstrate Maori cultural responsiveness competencies. From this work a Maori Cultural Responsiveness in Practice programme has been developed which focuses on:

- Understanding and application of Māori Health, Treaty of Waitangi and Cultural Safety in own work and encouraging others to do so;
- Participating in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and Māori cultural responsiveness.

To implement the programme a 'train-the-trainer' approach has been chosen whereby those who have participated in the education associated with the programme can then assess and up-skill others through a peer assessor role. To date initial assessor training has occurred with 21 different health care staff from across the district. All were Maori and were employed by a variety of organisations (PHO, DHB, Maori/Iwi, Compass Health). The formal Launch of the programme will now be held on July 23rd.

It is expected that the trained assessors will then be able to work with those nurses already enrolled in the general practice Knowledge and Skills (K&S) programme. The latter has been designed by HCD to up-skill practice nurses with the aim of:

- ensuring there are clear guidelines for the knowledge and skills required
- providing a framework for use in identifying education needs and career planning
- promoting better communication, team work and collegiality
- contributing to greater recognition and validation of the work done by staff
- providing a mechanism to measure effectiveness when linked to quality indicators

The K&S has a component focused on Maori cultural responsiveness and the assessors will support participants to work their way through this aspect of the programme. Once they have successfully completed the programme these nurses will then become peer assessors themselves while the other trained assessors will go on to become moderators, ensuring consistency of information, evaluation and support. Additionally as a result of a presentation by the HCD Kaiwhakarite at a recent GP Post Graduate Training session held at Aorangi Marae, the RNZCGP have asked that the Cultural Competencies be appended to the Cornerstone process documentation. With the K&S and Cornerstone embedding the programme into general practice it is expected that service provision for Maori will be enhanced.

1.5.2 Nurse Led Clinics Development

Due to continued challenges in recruiting sufficient GPs, HCD received a request from City Doctors in May this year to assist in the development of the General Practice side of the

Centre with particular emphasis on developing Nurse Led clinics. A series of facilitated meetings has been held with the GP, Nursing and Management and HCD staff attending. The following has been progressed to date:

- ⇒ Development of communication plan and distribution of information to staff, Board and clients regarding Nurse Led clinics
- ⇒ Identification of current skills and knowledge of Nursing staff, utilising MDHB career framework
- ⇒ Policies/ procedures and standing order development for acute and chronic aspects of nurse led care delivery
- ⇒ Fostering relationships with MDHB providers, including acute and PHO based staff
- ⇒ Long term conditions planning including engagement with the Chronic Care Model into General Practice project
- ⇒ Identification of Whanau Ora resources and forums to assist with implementation plans

HCD staff members are working alongside the nurses to develop disease registers and from this to identify priorities for the 3000 patient base.

As an integral component of the BSMC business case Acute Demand stream, this exciting development is enabling HCD to pilot and refine the requirements around Nurse Led Clinic development.

1.6 Secondary Care

1.6.1 Improving Access to Elective Services

In recent years, DHBs have collectively increased elective discharge volumes above planned volumes, a trend that the Ministry is keen to see continued in the future.

Consequently, the Minister of Health is considering an additional allocation of funding to increase the health targets for 2010/11 above the volumes agreed to in DHB DAPs. The National Health Board has accordingly called for submissions from DHBs to increase these targets.

The Whanganui DHB has submitted a proposal for an additional 150 Women's Health patients from MidCentral DHB district to receive elective surgery in Whanganui. This proposal has been developed through the MidCentral and Whanganui DHBs Central Alliance – Women's and Children's Health Service. MidCentral DHB has agreed to this proposal.

Should the application be successful it will earn revenue through the elective initiative which will be paid to Whanganui DHB on a fee for service basis. This will be close to cost neutral for MidCentral DHB and provide improved health benefits to our population. A small cost may be incurred relating to transportation for some of the patients.

The proposal is consistent with the RCSP and effectively increases access to elective surgery for the MidCentral population while better utilising unused sub-regional capacity in Whanganui. It further strengthens the ties between MidCentral and Whanganui DHB and emanates from the Central Alliance.

The National Health Board is currently evaluating all proposals and we hope to hear the result in time for the next committee meetings.

1.6.2 Auditor-General's Study of the Elective Services System

The Auditor-General is presently undertaking a study on the elective services system and intends publish a report describing:

- the current system,
- how the 2000 strategy to reduce waiting times has been carried out and
- the challenges the sector and patients face in achieving optimal access within resource constraints.

This report which was originally to focus on performance audits is now focussed on the elective system and includes the private sector, other government agencies such as ACC, researchers and academics. The report will increase the understanding of the changes made since 2000, what is working well and what is not, what further improvements are possible and what outcomes the elective system should deliver.

This report is expected to be available in late 2010 and will help inform the Ministry on how to structure and manage the delivery of elective services in the future.

1.7 Child & Youth Health

1.7.1 Anti D Pilot:

The Ministry of Health contracted with MidCentral District Health Board in December 2009 for a pilot project to be developed around the delivery of prophylactic vaccination of Rhesus (Rh) negative pregnant women (Anti D).

The administration of prophylactic Anti D has been an international standard of care for many years. The Ministry of Health has agreed to introduce this to New Zealand. This was seen as an opportunity for regional collaboration, and Whanganui District Health Board was included in the pilot project.

The Anti D prophylaxis for Rhesus negative pregnant women project was to be delivered over four weeks in the Manawatu/Whanganui District Health Board areas but was extended to eight weeks due to slow uptake. Two doses of CSL 625IU (125mcg) Rh D Immunoglobulin (Anti D) were offered to Rh negative women during pregnancy, one dose at 28 weeks and the next dose at 34 weeks. Women who were given Anti D at 28 weeks during the pilot period had the opportunity to have Anti D when they reached 34 weeks.

The pilot report outlines the consultation that was undertaken to develop:

- evidence based training and educational resources for professionals caring for antenatal women
- consumer information resources
- consent documentation
- operational process's for the administration of prophylactic Anti-D which meets New Zealand Blood Service cold chain storage requirements.

Following implementation and testing of the resources and processes feedback from key stakeholders was considered and prepared in a final report for the Ministry.

The recommendations from the report will support the implementation of a nationwide roll out of prophylactic Anti D should the Ministry of Health wish to pursue this option.

The recommendations to the Ministry of Health included:

(i) Education of Clinicians

1. Information about Anti D prophylaxis should be made available on appropriate websites
2. The requirement for antibody screening prior to administration of the 28 week dose must be emphasised in education

3. Routine antibody testing after 28 weeks is not necessary and clinicians will require education regarding this change in practice
4. Education about Anti D prophylaxis should be added to the midwifery undergraduate syllabus
5. Web based education for education points may be an alternative way to provide information for current midwives
6. A short DVD on process should be developed that would be useful for clinician education
7. Roll out of education may provide an opportunity to include information on sensitising events alongside Anti D prophylaxis information
8. Provision of education should be contracted to an appropriate agency. The New Zealand Blood Service as owner of the materials used is strongly recommended for any further refinement and provision of education materials for a nationwide roll out

(ii) Information for consumers

9. Translation of consumer information to alternate languages as appropriate should be considered
10. A public education and social marketing campaign to educate the public may be useful noting suspicion from women over the need for prophylaxis and possible risks
11. Education material for consumers should be further evaluated to ensure appropriate level given small numbers in the pilot project

(iii) Process

12. A liaison co-ordinator should be identified to liaise between the New Zealand Blood Service and Immunisation Co-ordinators to arrange access to appropriate sites for rural and urban storage of Anti D immunoglobulin
13. Consideration must be given to the 'ownership' of Anti D stored in fridges outside NZBS sites (cost of insurance and responsibility for any losses)

(iv) National Roll Out/Funding

14. Feedback from Lead Maternity Carers indicates that additional funding may be needed in consideration of time and resources required to administer prophylactic Anti D (travel, time for obtaining informed consent, needles and syringes)
15. Consideration needs to be given to funding of additional Anti D supplies and costs related to supply, transport and storage of Anti D.

This pilot project is now completed. Interim discussions with the Ministry of Health indicate they are happy with the final report. The project has been managed within the funding allocation provided.

1.7.2 Before School Check meets targets:

The Minister of Health the Honourable Tony Ryall approved the ongoing delivery of the Before School Check (B4SC) programme for a further year in July 2010. The B4Sc had targets linked to payments and a claw back clause if targets were not met. This claw back was particularly relevant for our most at risk children or those living in Quintile 5 (dep 9 – 10) areas.

MidCentral B4SC team have met all targets to date including the last quarter. MidCentral DHB is one of only eleven DHB's that have reached their target population for quintile 5. Please see Table 1 for the results of the last quarter.

Table 1: B4Sc target March – June 2010

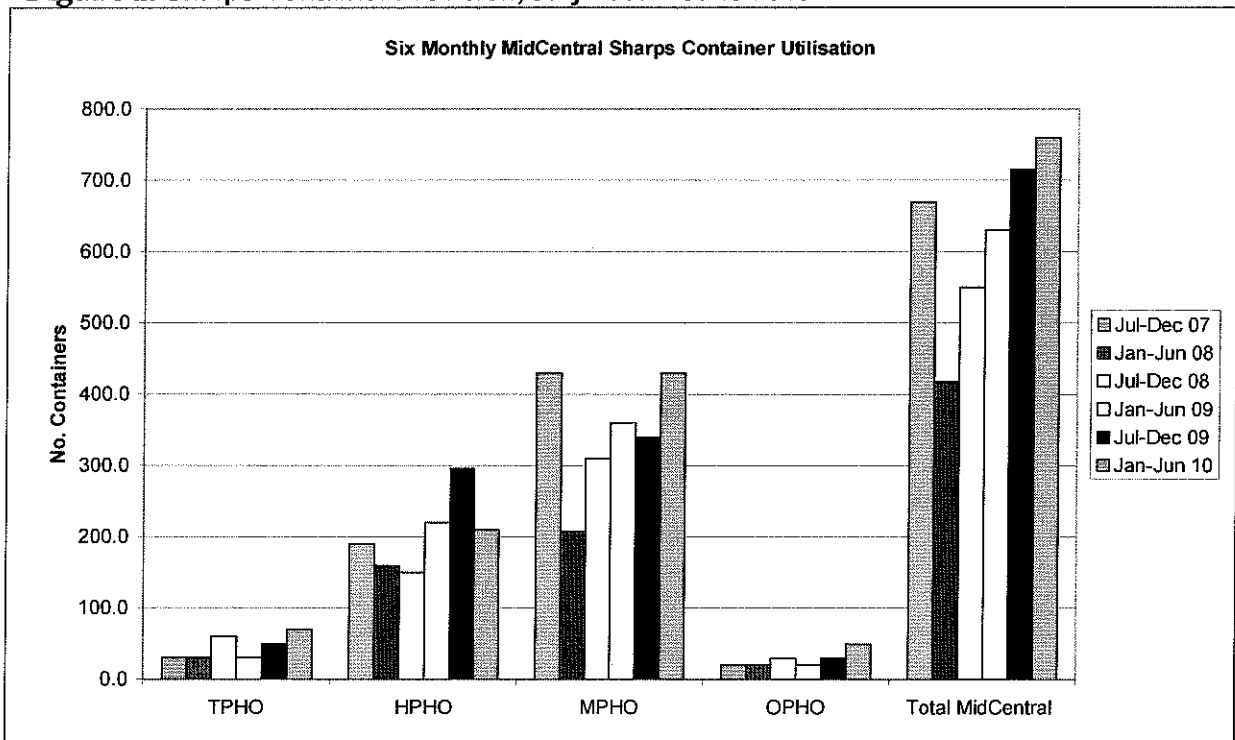
	High Needs Target	Total Population Target
Annual target	551	1313
Percent achieved this quarter towards total target	261 checks completed this quarter = 189% of quarterly target 138.	558 completed checks = 169% of quarterly target 329

1.8 Pharmacy

In line with initiative 23 of the Diabetes Service Plan, MidCentral DHB subsidises puncture-proof plastic sharps containers for the disposal of all needles, syringes, lancets and other sharps used by people with diabetes. These containers are available at no cost to people with diabetes through their community pharmacy.

This service began in mid 2007 and funding for its continuation has been approved through to mid 2011.

Updated utilisation of the service is indicated in the graph below, which shows the number of sharps containers supplied by ProPharma (the local pharmaceutical wholesaler) in each six month period, for each PHO and the district as a whole.

Figure 1. Sharps Container Provision, July 2007 – June 2010

The increased utilisation after the initial provision has continued. This is most likely to be due to a number of factors, not the least of which is the promotional activities of the MidCentral Community Pharmacy Group (MCPG), which included:

- Revising the existing poster advertising the service to include Māori and Samoan translations;
- With the assistance of the MidCentral PHOs, mailing a flyer advertising the service to

- all people receiving free annual checks as part of the “Get Checked” programme;
- Producing and making available to the Manawatu, Horowhenua, Tararua (MHT) Diabetes Trust and all MidCentral community pharmacies, a patient information brochure; and
- Using blank space on the bins themselves to impart information on bin return, provide contact details for the MHT Diabetes Trust, and provide a reminder about the “Get Checked” programme.

There are signs that we are reaching a maximal rate of utilisation. The current annual volume of 1500 containers per year aligns well with the estimated 500 people in our district with Type I diabetes, as on average a person would obtain 2-4 containers per year from their pharmacy. There is some growth yet expected as this rough calculation does not take into account those people in our district with Type II diabetes who are using insulin.

1.9 Population Health

1.9.1 Tobacco Control

Tobacco Health Target – ABC

Work on the MDHB ABC frame work continues, with steady progress towards the 80% health target to provide ‘better help for smokers to quit’. We have improved performance with an increase from 48% in quarter 3, to 53% in quarter 4. This is still far below the target of 80% and the Smoking Cessation Taskforce are meeting on the 16th July to brainstorm new strategies to increase target results.

The Taskforce continue to make necessary amendments to the electronic discharge summary to ensure the capture of accurate patient smoking status. The Task Force Group and key champions are also providing invaluable support to enable the ABC training to take place across MidCentral Health. While staff attending and completing training has presented some challenges, the Task Force have developed a clear process that identifies the best person to champion training within any service areas that may not initially be cooperative.

ABC training will now focus on Primary Health Care. The amalgamation of the four MDHB PHO’s into Central PHO has provided an opportunity to initiate the roll out of the ABC strategy across Primary Health Care (PHC). A meeting with PHO Management will take place in the immediate future to discuss an appropriate process towards the implementation of the ABC frame work.

MDHB’s Smoke free policy has completed the first phase of review. There is a mutual consensus that the policy not only requires amendments in various sections, but staff also need to be aware of the policy and understand what is required of them. Further discussions around the review will consider what processes are, or need to be, in place to ensure all MidCentral DHB events are Smoke Free.

Iwi/Maori Tupeka Kore (Tobacco Free) Leadership

Maori Leadership groups such as Te Puna O Te Ora (Iwi/Maori Health Provider managers group) and Manawhenua Hauora (MDHB Maori advisory board) have endorsed the Tupeka Kore plan and its implementation.

Work has started to support Ngati Kahungunu in the implementation of their Tobacco Control Strategy. The four Iwi in the MidCentral region are all represented on the Manawhenua Hauora advisory board and have agreed that supporting the neighbouring Iwi will be beneficial for the region. This work will help shape the direction for future Iwi tobacco control plans. Plans are underway to hold a Maori Leadership symposium by the end of October in the MidCentral region. This will enable Ngati Kahungunu to present the

milestones achieved and will also provide a platform for other contributing stakeholders to share Maori Tobacco Control success stories, i.e. Te Wananga O Aotearoa, who have just gone Tobacco Free.

Smoking Cessations Competencies

Work has commenced on the development of smoking cessation competencies and best practise guidelines and look to be completed mid August for distribution amongst the cessation workforce. The DHB is working alongside a group of national, regional and local cessation experts as well as the smoking cessation Regional Co-ordinator to ensure both pieces of work meet the needs of the MDHB smoking cessation workforce. The Best Practise Guidelines for Smoking Cessation will be consistent with the National Smoking Cessation Competencies Draft document that has been circulated to ensure consistency once these competencies are released. This work will be completed by mid August 2010. The regional coordinator will work alongside smoking cessation providers ensuring these competencies and best practise guidelines are supported and monitored through internal 6 monthly performance reviews and attendance at cessation peer review group meetings.

Rangatahi Framework

Discussions have taken place with the Youth Health Service and the Regional Cessation Co-ordinator in regard to the implementation of a Rangatahi framework to ensure all cessation services are youth friendly. Youth development training will be made available to smoking cessation practitioners as part of standard competencies. The framework will aim to ensure best practise and consistency of delivery when working with Rangatahi/Youth smokers attempting to quit and is aligned with national youth strategies and other youth frameworks. The Smoking Cessation workforce will complete the youth training by the end of September 2010.

Rangatahi Cessation Pilot

Negotiations have commenced with a preferred provider in the Horowhenua region for the Rangatahi Smoking Cessation pilot. The chosen provider works with 'at risk' youth and their families, utilising a 'whanau ora' approach which will be beneficial for any cessation attempt. The Pilot Programme will explore the development and delivery of cessation services for Rangatahi/Youth, utilising both conventional cessation practise alongside innovations to respond to the target population group. This project will be Rangatahi/Youth led, and developed and delivered within high need communities in the Horowhenua.

1.9.2 Healthy Eating Healthy Action (HEHA)

Four key HEHA related projects are now nearing implementation.

Breastfeeding support

Negotiation is underway with providers for the delivery of a range of Breastfeeding support and promotion activities, aimed to increase the number of babies being breastfeed across the district.

Workplace Wellness

The Workplace Wellness Pilot Project RFP received 11 proposals from a range of providers across Australasia. The funding panel has selected 2 potential providers, both of whom have been asked for further information. Responses from both providers are currently sitting with the panel for a final decision. Once a preferred provider has been identified it is anticipated the project will be up and running by October 2010.

One Heart Many Lives

Both One Heart Many Lives (OHML) and the catering accord collaborative projects are gaining momentum. OHML has secured funding to host a series of hui with Maori males over 35 years of age, to identify local champions and to shape how the project will look for the MidCentral district.

Catering Accord

The Catering accord project has successfully developed all the project resources and is now recruiting caterer companies from each of the regions within the DHB area to commence the project. Once recruited the caterers will receive training, resources and support to offer healthy options and alternatives as part of their service.

HEHA strategic planning is currently under way to determine the DHB's direction for the next two year period. The DHB will consider the most effective allocation of Maori Community Action Plan (MCAP) and communications budget, identifying targeted, priority projects based on a review of past HEHA activity.

1.9.3 QIPPS

The web based health promotion project planning tool, QIPPS, is being effectively utilised by Central PHO and several GP practices. QIPPS was a component of the health promotion training offered to GP practices in March 2010. All practices were required to utilise QIPPS to develop a health promotion project plan. QIPPS was also the template for submitting their ideas and funding requests to the PHO. All proposals put forward received PHO funding.

Examples of projects included:

- improving access to breast and cervical screening through the use of an incentives based programme
- addressing issues around sleeping disorders to reduce sleeping medication prescribed to patients
- proactive cardiovascular and pre diabetes risk assessment in General Practice through nurse led clinics targeted towards high risk populations enrolled with the practice.

All practices that submitted projects to the funding panel will be supported by the PHO to implement health promotion within their Practices. Practices will also be supported with use of QIPPS, and QIPPS will be included in future Health Promotion training for GP's.

1.9.4 Maori Community Action Plan Fund (MCAP)

Existing MCAP projects continue to be supported and monitored. A review of the Evaluation Training offered to MCAP recipients has been received from the provider - Synex Consulting. The report outlined;

- Process of training
- Outcomes of the training
- Future training opportunities

A follow up report is due August 2010 which will provide the DHB:

- Recipient feedback on how useful the trainings were
- Identify how the knowledge and skills delivered at the training have assisted with their project evaluation framework.
- A review of each evaluation framework developed at the group training.

Both reports will be included in an overview of all MCAP projects and submitted to funding General Manager (GM) July 2010.

MCAP round four is in progress, and awaiting panel members applications. On receiving these applications, a decision will be made as to funding allocation.

2. REGIONAL MATTERS

2.1 Central Region Financial Review Pilot

The constrained financial environment and strong emphasis on value for money have compelled the Funding Division to consider reviewing and extending our contract monitoring activities.

One activity being implemented by Funding Division in the 2010/2011 year is a regional pilot initiative to review providers' financial accounts. As the pilot DHB, MidCentral Funding Division is contracting Central Region's Technical Advisory Services (TAS) to undertake the financial analysis.

Central region funding GMs have a high level of interest in the level of information that the pilot will provide. The review is expected to facilitate:

- Consistent and timely monitoring of providers' financial position which will help to assess the financial robustness within providers in the district, and in particular working capital requirements.
- Enhanced compliance with DHB accountability obligations in respect of contracted service provision.
- Analysis of data will also assist planning and funding of services in the future.
- The review kicks off in August 2010 with selected providers notified of their inclusion in July. It is expected that TAS will collate the data between now and December 2010 depending on provider's actual balance date. Preliminary reports available by February 2011. If the pilot is found to be successful it is likely that the Financial review will be implemented as an ongoing annual review.

2.2 Regional Service Plan (RSP)

Central Region DHBs with the Central Region's Technical Advisory Services (TAS) are developing a Regional Services Plan (RSP) for 2010/11. The plan is the inaugural Regional Services Plan for the region and is based on the foundation provided by the Regional Clinical Services Plan (RCSP). The RSP describes the significant work programme underway in the Central Region to bring about the RCSP vision. It sets out measurable achievements to occur, by defined timeframes. These become audited results against the statements of intent of DHBs and its shared service agency, Central TAS.

The 2010/11 RSP has arisen out of a request from the Ministry of Health to provide clarity about future regional models of clinical services. Clarifying clinical service models then informs the wider planning associated with workforce, information technology (IT), service funding and capital expenditure (e.g. for equipment, buildings etc.). A more proactive process will result in the better use of scarce health resources, as decisions can be prioritised against the community's health needs.

An important theme of the RSP is how services are being planned and delivered in a more integrated way. Rather than thinking about services being provided from a hospital or from a GP surgery, services need to be viewed from the patient's perspective. The RSP describes integration as being either horizontal or vertical in nature. Horizontal integration occurs

5.16

where 'like' services or functions work closely with other 'like services or functions. Vertical integration occurs where different services or functions work closely together.

The document is in its first draft and is currently being circulated for comment and feedback. A final document is expected in late August 2010.

3. RECOMMENDATION

It is recommended:

that this report be received

A handwritten signature in black ink, appearing to be 'Mike Grant', written over a diagonal line that extends from the bottom left towards the signature.

Mike Grant
General Manager, Funding Division

TO Community and Public Health Advisory
Committee



FROM Finance Manager
Funding Division

DATE 15 July 2010

Memorandum

SUBJECT FINANCE REPORT – JULY 2010

1. KEY EVENTS OF JUN 2010

1.1 Result for 09-10

The Funder's actual 09-10 result is a small surplus (\$63k) before the extra 08-09 Mental Health washup. This is similar to that predicted in the Recovery Plan. In order to utilise the Mental Health ring fence surplus, the Funder has an extra 08-09 Mental Health washup of \$0.8m with MCH based on the activity above the 2% cap in 08-09. This has no financial impact on the result of the DHB as a whole. The Funder's result after the washup is \$2.1m surplus to budget. (The budgeted deficit is \$2.9m.)

1.2 MidCentral Health Washup

The total year to date (YTD) washup position for MidCentral Health (MCH) was \$1.1m over-production. On top of this, the Funder has paid extra Mental Health washup of \$1.2m to MCH (\$0.8m for 08-09 and \$0.4m for 09-10) based on the activity above the 2% cap.

1.3 Electives Initiatives (EI)

The Funder has accrued \$7.9m for YTD EI income. This is \$0.3m below the budget which is mainly due to under-delivery of Cardiothoracic elective by Capital and Coast DHB.

1.4 Pharmacy Expenditure

As expected, the Pharmacy expenditure is close to budget.

2. FUNDER FINANCIAL PERFORMANCE

The Funder had a cumulative surplus to budget of \$2.1m up to the end of Jun 2010.

MidCentral DHB - Funder

Income and Expenditure - By Ring Fenced Area

For the period ending 30 June 2010

	Note	YTD		
		Actual	Budget	Variance
		\$000	\$000	\$000
Personal Health Income	(a)	343,683	340,150	3,533
Personal Health Expenditure	(b)	339,430	340,148	718
Personal Health Surplus/(Deficit)		4,253	2	4,251
Mental Health Income		37,750	37,754	-4
Mental Health Expenditure	(c)	40,770	40,675	-95
Mental Health Surplus/(Deficit)		-3,020	-2,921	-100
Disability Support Income		66,372	66,426	-53
Disability Support Expenditure	(d)	68,833	66,426	-2,407
Disability Support Surplus/(Deficit)		-2,461	0	-2,461
Maori Health Income		1,963	1,932	31
Maori Health Expenditure	(e)	1,515	1,932	417
Maori Health Surplus/(Deficit)		448	0	448
Governance Income		2,384	2,384	-0
Governance Expenditure		2,384	2,384	0
Governance Surplus/(Deficit)		0	0	0
Total Funder Surplus/(Deficit)		-780	-2,919	2,139

Note on YTD Variance

(a) Mainly due to favourable variance from 08-09 IDF washup (\$1.3m), CYF (\$0.3m), PCT (\$0.4m), IDF Renal washup (\$0.2m), PHO washup (1.1m), After hours (\$0.3) other income (\$0.2m) and unfavourable variance from EI income (\$0.3m).

(b) Mainly due to favourable variance from project underspend (\$2.2m) and unfavourable variance from 08-09 IDF washup (\$0.8m), 09-10 IDF washup provision (\$0.2m) and MCH over-delivery (0.5m).

(c) Mainly due to favourable variance from project underspend (\$1.5m) and unfavourable variance from MCH over-performance (\$1.6m)

(d) Mainly due to over-performance of MCH (\$0.3m) and higher than budgeted HBSS and Age Residential Services expenditure (\$2.1m)

(e) Mainly due to favourable variance from project underspend (\$0.4m)

MidCentral DHB - Funder and Funding Administration
Statement of Financial Position as at 30 June 2010

	Actual		Change
	Year-Ended Jun-09	Current Position Jun-10	
	\$000	\$000	\$000
ASSETS EMPLOYED			
Current Assets	22,576	25,536	2,959
Bank	16,241	21,309	5,069
Intercompany Advance Account	0	0	0
Debtors and Prepayments	6,336	4,226	(2,109)
Inventories	0	0	0
Properties Intended for Sale	0	0	0
Current Liabilities	21,884	27,103	5,219
Bank Overdraft	0	0	0
Intercompany Current Account	2,294	4,753	2,459
Trade Creditors and Accruals	18,659	18,672	12
GST	818	2,689	1,870
Income in Advance	0	876	876
Provisions (Payroll)	113	113	0
Current Portion of Term Loans	0	0	0
Net Working Capital	692	(1,567)	(2,259)
Net Assets Employed	692	(1,567)	(2,259)
SHAREHOLDERS EQUITY			
	0	0	0
Retained Earnings	40,735	39,517	(1,218)
Transfer to Co 41	(40,043)	(41,084)	(1,041)
	692	(1,567)	(2,259)
Other Reserves	0	0	0
Total Shareholders Equity	692	(1,567)	(2,259)

3. MIDCENTRAL HEALTH PROVIDER DIVISION RESULT

MidCentral Health - Provider Division Statement of Financial Performance									
YTD to: June-10									
	MTD Actual	MTD Budget	Variance	Variance	YTD Actual	YTD Budget	Variance	Variance	Annual Budget
	\$000	\$000	\$000	%	\$000	\$000	\$000	%	\$000
Revenue									
Govt. & Crown Agency Sourced	24,361	21,781	2,581	12%	262,772	256,743	6,029	2%	256,743
Patient/Consumer Sourced	101	55	46	85%	931	660	271	41%	660
Other Income	731	495	236	48%	8,071	5,940	2,131	36%	5,940
Total Revenue	25,194	22,331	2,864	13%	271,774	263,344	8,431	3%	263,344
Expenditure									
Personnel	13,827	11,799	(2,028)	(17%)	154,549	146,480	(8,069)	(6%)	146,480
Outsourced Personnel	572	217	(354)	(163%)	5,757	2,607	(3,150)	(121%)	2,607
Sub-Total Personnel	14,399	12,016	(2,383)	(20%)	160,307	149,087	(11,219)	(8%)	149,087
Other Outsourced Services	1,314	1,136	(178)	(16%)	14,507	13,633	(874)	(6%)	13,633
Clinical Supplies	3,898	3,598	(300)	(8%)	45,528	42,625	(2,903)	(7%)	42,625
Infrastructure & Non-Clinical	5,752	4,045	(1,707)	(42%)	50,456	48,534	(1,922)	(4%)	48,534
Total Expenditure	25,363	20,795	(4,568)	(22%)	270,797	253,879	(16,918)	(7%)	253,879
Operating Surplus/(Deficit)	(169)	1,536	(1,705)	(111%)	977	9,465	(8,488)	(90%)	9,465
Corporate Services	771	756	(14)	(2%)	9,242	9,074	(168)	(2%)	9,074
Surplus/(Deficit)	(940)	779	(1,719)	(221%)	(8,265)	391	(8,656)	(2216%)	391

Revenue is \$8.4m over budget, mainly due to a \$2m discount on the new Artiste brought to account in the financials, \$1.2m additional ring fenced and wash up funding in Mental Health, \$1.2m reimbursement of Herceptin cancer drug costs, \$1m additional cancer wash up on additional volumes and \$1.2m additional CTA training funding.

Total personnel costs (including outsourced) are \$11.2m adverse to budget, mainly driven by \$7.6m planned savings from restructuring not being achieved to date. FTE vacancies (SMO's and junior medical staff) are also driving high outsourced locum premiums. Medical recruitment costs are running high trying to replace locums with staff.

Clinical supplies are up through high pharmaceutical costs linked to the mix and level of production.

High cost cancer pharmaceuticals are recovered and included within revenue variances.

4. MIDCENTRAL DHB RESULT

<i>Jun-10</i> (‘000’s)	DHB RESULT	Funding Division	Provider Division	Governance
Net Result				
YTD - Actual	(9,466)	(777)	(8,217)	(472)
YTD - Budget	(3,539)	(2,920)	4	(623)
Variance	(5,927)	2,143	(8,221)	151

After twelve months, the DHB result is an unfavourable variance to budget of \$5.9m. There is an unfavourable variance of \$8.2m in the provider division, which is partially offset by a favourable variance of \$2.1m in the Funding division.

5. CONSOLIDATED FINANCIAL POSITION

<u>MidCentral District Health Board</u>				
Statement of Financial Position (summary)				
	Jun 2008	Jun 2009	Jun 2010	Change
	\$000	\$000	\$000	\$000
Assets Employed				
Current Assets	48,911	44,727	41,598	(3,129)
Current Liabilities	(47,498)	(54,841)	(55,658)	(817)
Fixed Assets and Investments	144,480	164,748	159,960	(4,788)
	145,893	154,634	145,900	(8,734)
Funds Employed				
Equity	89,620	98,521	89,353	(9,168)
Bank Loans	54,943	54,867	55,301	434
Long Term Liabilities	1,330	1,246	1,246	0
	145,893	154,634	145,900	(8,734)

6. COVENANTS

<i>Jun-10</i>	Actual	Limit / Covenant
YTD - Variance to Budget	(\$5.9)	< (\$2.0m)
Bank Loans (net debt)	\$30.0	\$71.7m
Equity	\$89.4	> \$30m
Debt & Equity	\$119.4	
Debt Ratio	25.1%	< 55.0%
YTD Interest Cover	1.34	> 3.00

At the end of June, two covenants (YTD – Variance to Budget and YTD Interest Cover) were not being met, due to the DHB being in deficit for the year to date. As has been reported previously, the covenants are no longer contractually monitored by the CHFA, but they do review their debt portfolio with us. The CHFA will be monitoring our financial situation closely this year. Management does hold six-monthly meetings with the CHFA at which such matters are discussed.

7. DEBT POSITION

	Jun-08	Jun-09	Jun-10
MidCentral District Health Board	\$m	\$m	\$m
Available Bank Facility	71.7	71.7	71.9
Net Debt (CHFA & Banks)	19.7	29.0	29.8
Debt Facility Surplus / (Shortfall)	52.0	42.7	42.1
Reserved Funds	18.7	18.7	18.7
Debt Facility Available	33.3	24.0	23.4

8. CASH POSITION

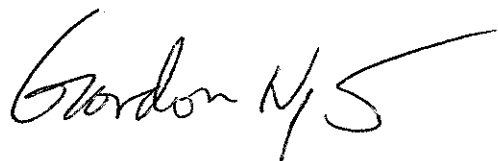
A summary of the cash position by division is shown below.

Cash / Investment Summary as at 30 June 2010	
	\$m
Treasury Division	17.3
Funding Division	14.0
MidCentral Health	-7.5
Trust Funds - Short Term	0.3
Enable	1.4
Total	<u>25.5</u>

9. RECOMMENDATION

It is recommended:

that this report be received



Gordon Ngai
Finance Manager
Funding Division

TO Community & Public Health Advisory Committee

FROM Chief Executive Officer

DATE 23 July 2010

SUBJECT Board's Work Programme, 2010/11

MEMORANDUM

1. Purpose

This report is the first update regarding progress against the Committee's 2010/11 work programme. It is provided for the Committee's information and discussion.

2. Summary


Reporting is occurring in accordance with the timeline with one exception. A report against the Maori Community Action Plan Fund will be provided next month. It was anticipated it would be available for the Committee in August but as noted in the General Manager's operating report, detailed information does not become available to later in August.

Next month the final report on MDHB's performance against the 2009/10 non-financial performance indicators will be provided.

3. Recommendation

It is recommended:

that the updated work programme for 2010/11 be noted.

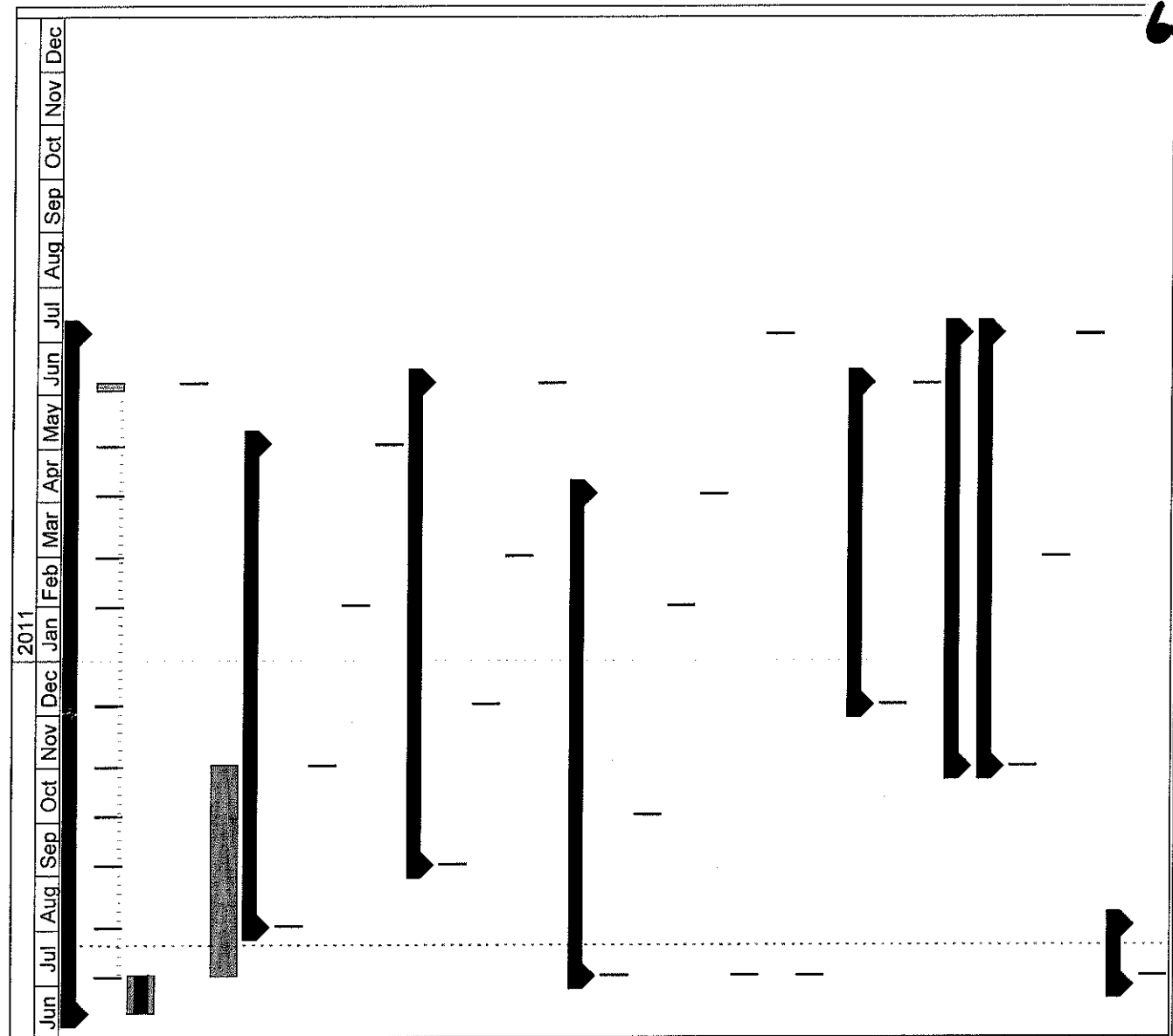

Murray George
Chief Executive Officer

COPY TO:

CEO's Department
MidCentral DHB
Heretaunga Street
PO Box 2056
Palmerston North
Phone +64 (6) 350 8910
Fax +64 (6) 355 0616

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ID	Task Name	2011																			
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE: 2010/11 WORK PROGRAMME																				
2																					
3	STRATEGIC PLANNING																				
4	Chronic Disease Plans																				
5	Update 1 re progress against long term measures																				
6	Update 2 re progress against long term measures																				
7	REGIONAL PLANNING																				
8	Implementation of RCSP: update 1 (copy for info)																				
9	Implementation of RCSP: update 2 (copy for info)																				
10	Implementation of RCSP: update 3 (copy for info)																				
11	ANNUAL PLANNING																				
12	2011/12 Plan(s) - Development																				
13	Annual review of Health Needs Assessment																				
14	Annual review of Health Needs Assessment:																				
15	Annual review of Prioritisation Framework																				
16	Price:Volume Schedule (draft)																				
17	2011/12 Plan: Draft 1																				
18	2011/12 Plan: Draft 2																				
19	2010/11 Plan - Implementation (inc update re implementation & identified outcomes)																				
20	PIA 2: Primary Care - update 1																				
21	PIA 2: Primary Care - update 2																				
22	PIA 2: Primary Care - update 3																				
23	Workshop re BSMC Bus Case & central PHO																				
24	Information Only:																				
25	PIA 1: Hospital Productivity - update 1																				
26	PIA 3: Regional Services - update 1																				
27	PIA 1: Hospital Productivity - update 2																				
28	PIA 3: Regional Services - update 2																				
29	PIA 1: Hospital Productivity - update 3																				
30	PIA 3: Regional Services - update 3																				
31	PIA 4: Quality - update 1																				
32	PIA 4: Quality - update 2																				



ID	Task Name
33	OPERATIONAL REPORTS
34	General Manager, Funding Division (inc portfolio updates)
35	Breast reconstruction - Govt funding of \$6m & central region share
36	Proposed contract negotiating strategy & approach
37	Vitamin D: proposal for extension to community
38	Contracts (Funding)
39	Update 1
40	Update 2
41	Update 3
42	Update 4
43	Non-financial performance indicators
44	Update 1
45	Update 2
46	Update 3
47	Update 4
48	Hospital Benchmark Information
49	Update 1 (copy only)
50	Update 2 (copy only)
51	Update 3 (copy only)
52	Update 4 (copy only)
53	PHO Combined Clinical Council: annual report
54	PHO Combined Clinical Council: annual report
55	Financial Recovery Programme: update re FD component
56	Workforce
57	Update 1
58	Update 2
59	CENTRALALLILANCE
60	Implementation of Funding Workstream
61	Update 1 (joint rpt WDHB)
62	Update 2 (joint rpt WDHB)
63	Update 3 (joint rpt WDHB)
64	CARRIED FORWARD FROM 2009/10
65	Acute demand: follow-up paper

6.4

ID	Task Name	2011																			
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
66	Breast reconstruction: response from HVDHB re issues																				
67	Potential liability re third party carers																				
68	MCAP Evaluation Results																				