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Next Meeting Date 2 November 2010  
Deadline for Agenda Items 20 October 2010

# MidCentral District Health Board

## A g e n d a

### Community & Public Health Advisory Committee

## Part 1

Date: 5 October 2010

Time: 1.00 pm

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

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Tuesday 5 October 2010

### 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: 4.1 – 4.5  
Documentation: minutes of 7 September 2010  
Recommendation: that the minutes of the previous meeting held on 7 September 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 7 September 2010 for which specific items do not appear on the agenda or in management reports.

**5. OPERATIONAL REPORTS**

**5.1 Annual Prioritisation Framework**

Pages: 5.1 – 5.4  
Documentation: Clinical Advisor's report dated 20 September 2010  
Recommendation: - 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 2010/11 financial year or until reviewed as part of the centralAlliance Road Map outcomes.

## **5.2 Funding Division Operating Report – September 2010**

Pages: 5.5 – 5.15  
 Documentation: General Manager’s Report dated 24 September 2010  
 Recommendation: that this report be received

## **5.3 Finance Report – September 2010**

Pages: 5.16 – 5.21  
 Documentation: Finance Manager’s Report dated 22 September 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 27 September 2010  
 Recommendation: that the updated work programme for 2010/11 be noted.

### **6.2 December 2010 Meeting Arrangement**

Pages: 6.5 - 6.6  
 Documentation: Chief Executive Officer’s report dated 24 September 2010  
 Recommendation: that the report be received and the amended meeting arrangements noted.

## **7. LATE ITEMS**

## **8. DATE OF NEXT MEETING**

2 November 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 |           |

# MidCentral District Health Board

## Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday, 7 September 2010 at 1.00 pm in the Boardroom 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

### **IN ATTENDANCE:**

Murray Georgel, Chief Executive Officer  
 Mike Grant, General Manager, Funding Division  
 Carole Chisholm, Committee Secretary

Three members of the Wanganui District Health Board's Community & Public Health Advisory Committee (CPHAC) - Kate Joblin; Philippa Baker-Hogan; and Kim Austin

### **OTHER:**

Staff: (7)  
 Public: (4)  
 Media: (0)

The Chair welcomed the three members of the Whanganui District Health Board to the meeting.

### **1. APOLOGIES**

Oriana Paewai

### **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.

4.2

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

There were no conflicts.

## **4. MINUTES**

### **4.1 Minutes**

It was recommended:

*that the minutes of the previous meeting held on 3 August 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**

There were no matters arising.

## **5. OPERATIONAL REPORTS**

### **5.1 Community Paediatric Service Review**

As the Service Level Agreement was due to expire on 30 September 2010 the Community Paediatric Service (CPS) had been collaboratively reviewed by the Funding Division with MidCentral Health clinician involvement. The process had included consideration of the Service's configuration, needs and requirements in terms of meeting the child health objectives.

The service had been successful in many ways but this had been fragmentary. It had not been embedded into secondary and primary care in the district. As a result the initial aim had been to set up a paediatric service which was autonomous and self linked between primary and secondary.

Adoption of the proposed changes would overcome the identified issues and the process was seen as a very positive way forward.

The committee questioned the one year contract in comparison to the normal term of two to three years. Management confirmed that funding was allocated to Child Health in the Board's medium term funding pathway. Progress will be closely monitored and regular progress reports provided to the Board.

The Committee congratulated the writers for their clear and informative report and the verbal commentary at the meeting.

It was recommended:

*that this report be received.*

### **5.2 Maori Community Action Plan (MCAP) Evaluation Training 2010**

This programme was initially instigated by the Ministry of Health three or four years ago. There were no criteria or significant parameters so it had been necessary for the Board to create their own.

An evaluation of MCAP was recently undertaken. The results of Rounds 2 and 3 gave some confidence that there will be greater degrees of health outcomes and participation in the programme. Learnings had been recognised and applied. At the present time there was a balance of approximately \$40,000 in the fund which was being considered for use in the areas of workforce or tobacco control.

The Committee conveyed their thanks to the report's authors.

It was recommended:

*that this report be received.*

### **5.3 Home Based Support Service Review**

Management noted that the report contained a significant amount of information and data which was a reflection of the recommendations. The amendments being sought were a natural progression from discussions held previously and were seen as the best specification available to the Board.

There was to be no change in the area of personal care. Approval was being sought to amend guidelines for the provision of Home Based Support Services. However, these would not take effect until 1 January 2011 and existing recipients would see no change in their current service allocations.

The issue of family carers in relation to Maori families was raised. Management considered that the Whanau ora policy would mitigate these anomalies.

The Committee commended the author of the report and the way in which he had managed the project.

It was recommended:

*that the following guidelines for provision of Home Based Support Services be approved:*

- *no change to existing HBSS personal care eligibility*
- *no change to existing recipients of HBSS home management services, ie current service allocations will be grand parented*
- *the eligibility threshold for new clients needing HBSS home management services be set at Level 3 on the SPA scale (or its successor) from 1 January 2011*
- *new SPA 3 clients who are eligible for home management services after 1 January 2011 will have maximum support allocations of one hour per week or two per fortnight*
- *new SPA 4 or 5 clients will be eligible for higher support allocations according to individual assessed need.*

### **5.4 Non-Financial Performance Indicators**

Management confirmed that these reports were received quarterly. During the course of management reporting much of the information around targets and indicators had already been received. However, it was noted that the Non-Financial Performance Indicators commentary provided an insight into trends.

It was recommended:

*that this report be received.*

## 5.5 DHB Hospital Benchmarking Information – January to March 2010

While the Board compared favourably against total DHBs, the area around average length of stay, particularly in internal medicine, had been very successfully managed. This was due to the success of the Medical Assessment and Planning Unit. Currently underway was an evaluation of the unit and the outcome will be of interest to both the Hospital Advisory and Community & Public Health Advisory Committees. It was intended that a workshop be held in late 2010 or early 2011 with the committees to inform them of the results.

It was recommended:

*that this report be received.*

## 5.6 Funding Division Operating Report – August 2010

### *Item 1.3.2 GP Registrar Pilot*

Management advised that the Future of General Practice Group had met over the last few months. Three people had come forward following advertising of the Registrar posts. Two of these were from within the hospital as junior doctors and the third had previously been at MidCentral Health. All three were regarded as good people. A small number of verbal enquiries had also been received. The Clinical Training Agency would allow the DHB to have up to six registrars and although it was not known at the present time whether that number would be achieved, the outlook was extremely positive.

Following an enquiry from the Chair, an update on the 'Better, Sooner More Convenient' business case would be provided to the Committee's October meeting.

It was recommended:

*that this report be received.*

## 5.7 Finance Report – August 2010

Management confirmed that the three divisions were surplus to budget in the first month of the new financial year and a similar result was likely for August. The area requiring focus from the Funder's perspective was aged residential care/continuing care where a year end deficit was likely. It was noted that aged care funding was a nation-wide issue.

It was recommended:

*that this report be received.*

## 6. GOVERNANCE

### 6.1 2010/11 Work Programme

The Chief Executive Officer advised that as a result of today's meeting the Committee would like to see a paper around 'Better, Sooner, More Convenient' and this would be provided for the next meeting.

With respect to the Medical Assessment and Planning Unit, a workshop would be held for the Hospital Advisory Committee and members of this Committee would be invited.

A progress report on the Integrated Health Care project was also requested for the October meeting.

It was recommended:

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

**7. LATE ITEMS**

There were no late items under 2 above.

**8. DATE OF NEXT MEETING**

Tuesday, 5 October 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.

| <i>Item</i>                                    | <i>Reason</i>                             | <i>Ref</i> |
|--|---|------------|
| "In Committee" Minutes of the Previous Meeting | For reasons stated in the Previous agenda |            |
| Contracts Update                               | Contract Negotiations                     | 9(2)(j)    |

The meeting closed at 1.50pm.

A 15 minute informal discussion over coffee with Wanganui DHB's CPHAC members then followed.

Confirmed this 5th<sup>th</sup> day of October 2010

.....  
Chairperson

**TO** Community and Public Health Advisory Committee



**FROM** Clinical Advisor, Funding Division

**DATE** 20 September 2010

## Memorandum

**SUBJECT ANNUAL PRIORITISATION FRAMEWORK UPDATE**

### 1. SUMMARY

#### 1.1 Purpose

This is an annual review of the prioritisation framework. Community and Public Health Advisory Committee members review the present framework and are asked for their comments and suggestions.

#### 1.2 Executive summary

The key points of this report are:

- The prioritisation framework is used in every Community and Public Health Advisory Committee report proposing a new health service or activity.
- There has been no significant change to the prioritisation framework over the past twelve months.
- Major factors to consider as we review the prioritisation framework are much the same as twelve months ago, namely:
  - The global economic downturn
  - The MidCentral District Health Board's tightening financial position
  - New health policies and priorities as signalled by the government and the Ministry of Health.
- Another consideration is the centralAlliance collaboration with Whanganui District Health Board
- The current prioritisation framework headings are flexible to cover most current areas of interest, although the writer's guidelines can be amended to include:
  - Whanau ora considerations
  - Specific mention of centralAlliance, rather than having it implied
- Meanwhile, the current prioritisation framework is presented to the Community and Public Health Advisory Committee for comment and suggestions.

#### 1.3 Recommendation

It is 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 2010/11 financial year or until reviewed as part of the centralAlliance Road Map outcomes.*

## 2. INTRODUCTION

This is a routine annual report looking at the prioritisation framework to see whether it requires updating.

## 3. BACKGROUND

The prioritisation framework (which sits within the Community and Public Health Advisory Committee report template) is a set of criteria used to evaluate health service and funding proposals to ensure that they match the District Health Board directions and they use robust processes.

The prioritisation framework is used by the Funding Division for all new service initiatives and for renewing existing contracts and services. It underpins much of the work of the Funding Division.

The prioritisation framework is designed to assess the degree to which:

- The proposal's expected health outcomes are consistent with MidCentral District Health Board's predetermined direction
- There is evidence that the proposal will achieve its objectives and goals
- The new health service or activity recognises the existence of health status inequalities, and addresses them, wherever possible
- The proposal is financially sound
- The proposal follows guidelines and processes for responsible use of public money
- There is a process for measuring whether the service or activity is operating as intended and that it is achieving its objectives.

Also, each framework criteria should be clearly understood by the proposal writer and is not too complex to answer (or create answers too complicated for the reader to grasp or verify).

The current prioritisation framework consists of the following components:

- ***Evidence to support (the proposed) approach***  
Reasoning that the proposal will achieve its objectives and goals, usually using evidence-based sources (like peer-reviewed journals) or from experts. This includes up-to-date literature.
- ***Linkage to District Health Board strategies***  
Showing that the proposal's expected health outcomes are consistent with MidCentral District Health Board's strategies and plans.
- ***Risks***  
Potential risks to the proposed service or activity and how these risks might be managed.
- ***Equity summary***  
Consideration of people experiencing health status inequalities, using the Ministry of Health's Health Equity Assessment Tool (HEAT tool).
- ***Measurement, evaluation, and reporting***  
Statement of how the new service or activity will be reviewed or evaluated in the future. Linkage to health needs assessment material.
- ***Impact on the region***  
The proposal's impact on the Central Region.
- ***Procurement***  
Statement of the procurement arrangement, with reference to Treasury and Office of Auditor General's guidelines on procurement processes.
- ***Financial impact***  
Financial impact in current and future financial years. Capital expenditure highlighted

here.

#### 4. UPDATE

There have been no changes to the prioritisation framework over the past twelve months.

In last year's review of the prioritisation framework, we considered a number of major influences on MidCentral District Health Board, namely:

- The global economic downturn and its short, medium and long term impacts on the funding of health services.
- MidCentral District Health Board's tightening financial position.
- New health policies and priorities arising from the change of government.
- The centralAlliance arrangement with Whanganui District Health Board

These factors still remain key influences on MidCentral District Health Board activities.

The economic environment and the MidCentral District Health Board's specific financial position has had major influences on District Health Board activities over the past year. They have resulted in the need for an increased focus on affordability and value for money as we evaluate proposals. These are already included in the prioritisation framework under the heading of "financial impact". Affordability considers whether a proposal can be afforded within the District Health Board's current budgets (with reference to the District Annual Plan). Value for money considers the efficiency, effectiveness and economy of the proposal. The prioritisation framework also considers whether a proposal is evidence-based and evaluates the proposal in terms of the logic chain from the proposed intervention through to the expected outcomes.

Last year, it seemed the new government's health policies and priorities largely involved a refinement in the focus of MidCentral District Health Board rather than an entirely new direction. The situation now is unchanged. For example, the "Better, Sooner, More Convenient" report's strategic directions were similar to those already existing for MidCentral District Health Board.

MidCentral District Health Board responds to the policies and priorities of the Minister of Health by incorporating them into its strategic direction. The existing prioritisation framework is sensitive to Government policies and priorities because it explicitly includes consideration of whether a proposed service initiative aligns with District Health Board strategy.

The prioritisation framework also focuses on regional considerations. This would include both the Central Region (the six lower North Island district health boards), and centralAlliance (with Whanganui District Health Board).

Funding Division staff have suggested some adjustments to the framework. Although the headings are considered broad enough to cover most areas of interest, the writer's guidelines can be amended to include:

- "Whanau Ora" considerations
- centralAlliance specifically mentioned, rather than implied

The Community and Public Health Advisory Committee's views on this are sought.

#### 5. IMPACT ON THE REGION

There are no new regional impacts from this report.

## 6. FINANCIAL AND RISK CONSIDERATIONS

There is no financial expenditure in this report.

## 7. CONCLUSION

The current prioritisation framework is flexible enough to allow us to incorporate changes in the environment within which the District Health Board operates. In considering a proposed investment, the prioritisation framework requires us to consider whether it aligns with the District Health Board's strategic priorities and to evaluate the financial impact (affordability and value for money). These two items will be particularly important in the 2010/11 financial year.

## 8. RECOMMENDATION

It is 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 2010/11 financial year or until reviewed as part of the centralAlliance Road Map outcomes*

*Richard Fong*

Dr Richard Fong  
Clinical Advisor  
Funding Division

**TO** Community and Public Health Advisory  
Committee



**FROM** General Manager  
Funding Division

**DATE** 24 September 2010

## Memorandum

**SUBJECT FUNDING DIVISION OPERATING  
REPORT – SEPTEMBER 2010**

### 1. WORK PROGRAMME

| Reference | Matter  | Achieved | Comment   |
|-----------|---|----------|---|
| 39        | Update on Better Sooner More Convenient Business Case | Y        | This information appears under paragraph 3.4.1                          |
| 40        | Feilding Integrated Family Health Care Project        | Y        | This information has been included as a subparagraph of paragraph 3.4.1 |

### 2. LOCAL MATTERS

#### 2.1 Health of Older Person

##### 2.1.1 Aged Residential Care

Currently there are three national initiatives underway:

1. *Aged Residential Care Service Review* by Grant Thornton NZ Ltd. This is a jointly sponsored review by DHBs and aged residential care providers looking at costs and demand, both present and future. The full report has been released and addresses issues of supply and demand, workforce and alternatives to existing models of care.

2. *Greens and Labour investigation* – due end September. In recent months the Green Party's Sue Kedgley and Labour's Winnie Laban held 20 meetings around NZ organised by Greypower. Attendees were mainly people in rest home care or receiving home care. Mrs Laban's departure from Parliament has not impacted on the report.

Feedback raised at the meetings included concerns about the availability of doctors - meaning an acute shortage of gerontology specialists and difficulties in accessing GP care. Comment is also made about the lack of any reference to aged care in the Primary health Care Strategy leading to poor integration of aged care with PHOs and primary care services.

The meeting held in Palmerston North is reported to have been complimentary about the various MidCentral initiatives underway to address such issues.

3. *Health Workforce New Zealand* - early 2011. Newly formed HWNZ is just embarking on a review of the aged care sector focusing on workforce. The review intends looking at models of care and long term workforce needs out to 2020.

Last year The Labour Department published *Workforce 2020 – The Future Demand for Paid Caregivers in a Rapidly Ageing Society*. This report should be useful in informing the

### **2.1.2 Home Based Support Services**

At present the Office of the Auditor General (OAG) is conducting a nationwide review of Home Based Support Services as a sequel to the Aged Residential Care review undertaken late last year.

The OAG audit will examine the way that home-based support services promote and safeguard the health and independence of older people, assist with improving quality of life, and reduce the risk of avoidable hospitalisation or inappropriate entry to residential care.

A further objective is to look at how District Health Boards ensure that older people get the support they need to remain living independently.

Each year MidCentral commissions a number of routine audits which are undertaken by Central TAS to verify the quality of service delivery. We had scheduled a service review for all 6 local Home Based Support providers this year anyway so it is good timing that the OAG review coincides. Although the OAG report is not due out before Christmas, the Central TAS work starts this month with their report expected by December 2010. It's scope includes the following:

- To establish whether the care provided is sufficiently flexible in its delivery to meet the changing needs of clients.
- To describe provider processes relating to declining requests for service. This may include both formal systems for declining referrals and informal systems.
- To verify that the hours of work provided by support workers match NASC allocated hours. This will extend to describing how this is confirmed by clients and verified by the provider.
- To review supervision of support workers by the provider, and whether this is sufficient in the home based support environment
- To review travel payments to support workers, and determine whether this is transparent and whether funds are being applied correctly.
- To review the methodology used for assessing client satisfaction by the providers, whether these methods are effective, and how feedback is utilised.
- To survey consumers and their families to collate their experiences with home based support provided by the provider.
- To undertake statistical analysis of service user data including proportion of weekend services delivered and rural clients. This will extend to a brief comparative analysis of the relative performance of the providers in this review in the above areas.

### **2.1.3 ARC Contract Compliance**

The prevention of personal harm to the elderly in residential care is a continuing challenge. One local provider is under review currently following notification of unusually high rate of falls amongst elderly residents.

## **2.2 Maori Health**

### **2.2.1 Whānau Ora Update**

There has been a huge level of interest in the Whānau Ora Expressions of Interest, with 128 proposals received for both the First Wave and Second Waves. Nearly 40 percent of these proposals are from national and regional Provider Collectives taking innovative approaches to working together in the interests of whānau. The level of work that has gone into preparing proposals is significant and impressive.

The Governance Group has received its first set of advice from Regional Leadership Groups. A number of Regional Leadership Groups are still to complete their final suite of assessments and the Governance Group wishes to make final decisions in a considered manner, after the entire array of EOI proposals has been reviewed. Providers who have submitted EOIs will be informed of decisions prior to any public announcements being made and will be updated in due course.

## **2.3 Mental Health and Addiction**

### **2.3.1 Programme for the Integration of Mental Health Data (PRIMHD)**

The PRIMHD system for capturing mental health services health data is underway with the majority of NGO providers starting to report into the PRIMHD system. Work is being progressed with the regional project manager to work alongside one provider who has yet to implement the system. This seems to have been delayed due to technical difficulties with Telstra Communications Company, and these difficulties have been relayed to the Ministry of Health. Further update will be made.

### **2.3.2 Mental Health and Addiction Action Plan 2010-2015**

The Mental Health and Addiction Action Plan is near completion having evolved from the need for a Local Advisory Group work plan. This Action Plan links to the work of the regional Mental Health and Addictions Network, Regional Clinical Services Plan and Te Tāhuhu and expands on the Mental Health and Addiction Strategy (MidCentral DHB, 2006). The Action Plan contains seven goals:

- Building Mental Health and Addiction Services and Systems
- Health Promotion and Prevention
- Responsiveness
- Workforce and Culture for Recovery
- Māori Mental Health and Addiction
- Primary Health Care
- Addictions.

The Terms of Reference for the Local Advisory Group are also being reconfigured to align to a clinical network structure, which will enhance leadership across the mental health sector.

## **2.4 Primary Health**

### **2.4.1 Better, Sooner, More Convenient Business Case**

Work proceeds on the Better, Sooner, More Convenient Business Case (BSMC) and overall progress is in line with Implementation Plan timeframes. At this stage a lot of the activity is process oriented. It is noticeable that the level of activity and intensity has picked up over the last month. Key activities are as follows:

### ***Alliance Leadership Team***

The Alliance Leadership Team functions as the project's steering/governance group. It has good representation from both primary and secondary sectors. There are a number of DHB personnel on the group, and the CEO is an ex-officio member. The Chair is Dr Bruce Stewart, Feilding GP. The Alliance Leadership Team has met a number of times and is functioning well.

### ***Collaborative Groups***

Collaborative groups have been established to work on the four key initiatives within the Business Case. Representation on the groups has been finalised and terms of reference drafted. All groups have met at least once. Most have met multiple times.

Attached as an Appendix to this report is a list of the participants in the Alliance Leadership Team and the Collaborative Groups.

### ***New Name***

There is a consensus that the current title of Better, Sooner, More Convenient Business Case is not adequate. The hunt is on for a new name – a “sensible, punchy and concise descriptor”. Suggestions can be forwarded to Nicky Hart at Central PHO.

### ***Communications Plan***

A Communications Plan has been approved and the first Project Update circulated to participants. In future targeted communications will be developed for a variety of key audiences, including MidCentral DHB. The first communication can be found on the DHB website.

### ***Contracts***

The contract changes required to give effect to the Business Case are progressing satisfactorily. In the first instance the existing four PHO contracts were successfully novated across to the new entity from 1 July.

A new PHO base contract has been prepared and is currently with the PHO for signing. This new agreement will be the primary contract for first contact health services and is also the platform for the Alliance Agreement and the Business Case. Once this contract is executed, attention will turn to finalising the Alliance Agreement itself. Progress on these contracts has been slower than expected because of national

The other major contract activity is to consolidate the local services contracts the four PHO had (eg, our diabetes and cardiovascular services) into a single suite of services attached to a separate contract. We have a large list of local services; some of these are relatively simple but others require review. The process of consolidating the service specifications and shifting them to a new contract is not time critical and is being done as resources permit.

### ***Feilding Integrated Family Health Centres***

The Feilding collocation project is progressing well and is moving towards the facility design and build phase. This project is now being managed by the Manawatu Community Trust. The Trust has recently advised that it has appointed Colspec Construction as its building partner for the project.

The Trust has also been working with prospective tenants to sign a Heads of Agreement to formalise their intention to move into the new building. Meetings have been held with the local GPs and there continues to be a high level of support.

The Trust has also been meeting with Jeff Small, Commercial Services to formalise arrangements for the land.

## **2.4.2 Emergency Planning for Primary Health Care**

As of 20 September the PHO Emergency Planners have been included in the Primary Health

Care Team within the Funding Division. Previously they have been part of the Risk Management Group. PHO Emergency Planning is a regional service funded directly by the Ministry of Health. The Emergency Planners are Barry Simpson and Simon Barton. Their role is to assist primary health providers to have robust all-hazard business continuity plans. They work across the Central Region and interact with all the general practice teams, PHOs and DHBs within the region.

To date the Emergency Planners have worked with more than 50 general practice teams across the region. The Emergency Planners are now looking at community pharmacy and are designing an appropriate business continuity template for this group of providers.

Another recent project has been the supply of Mass Causality Incident Kits to strategic primary health providers in the Hutt Valley, Wairarapa, Wanganui and Manawatu districts. This is almost complete. In total 36 kits were supplied.

### **2.4.3 Bowel Screening Pilot Proposal**

The Ministry of Health is seeking proposals to deliver a bowel screening pilot (BSP) in one or more District Health Board regions. The pilot provider will take responsibility for the delivery of all stages of the screening pathway.

MidCentral Health is working with a number of providers to develop a proposal for a bowel screening service within MidCentral and Whanganui districts. Central PHO is proposed as the lead contracting entity. The existing MidCentral Alliance Leadership Team (ALT) and project delivery structure set up for the business case to Transform Primary Health Care will be utilised by adding a work stream to the Bowel Screening programme, and project representation onto the Alliance Leadership Team. The organisations that will contribute to this initiative are:

- MidCentral DHB & MidCentral Health
- Whanganui DHB & Hospital
- Central PHO
- Te Oranganui PHO (Whanganui)
- Whanganui Regional PHO
- MedLab Central

The Request for Proposals (RFP) response closing date is 24 September 2010.

## **2.5 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.

### **2.5.1 The Health of Older People Symposium**

On July 28<sup>th</sup> HCD organised and provided the “Health of Older People” Symposium. The aim of this event was to bring together primary health care clinicians for professional development purposes and to provide an opportunity for them to network. This highly successful evening was attended by 250 people from a range of professions and employment settings. They included practice nurses, aged residential care staff, Support Links personnel, hospice, students, Maori health providers, pharmacists, GPs, OTs, support workers and tertiary academics.

The plenary speaker, Mike Grant (GM Funding Division) provided the current context in which clinicians, patients and family/whanau work and live within the Older person field and thereafter updated the audience on the way forward for this specialty, particularly in light of the ‘Transforming Primary Health Care Service’ business case. The keynote speaker,

5.10

Dr Cordelia Thomas, followed this session and presented on advanced care directives and enduring power of attorney.

Subsequent break out sessions covered:

- Comprehensive health assessment for the older person
- Polypharmacy and the older person
- Effective chronic care management in primary health care
- Assessment of competence in the patient with dementia
- Cerebrovascular disease in the elderly
- The art and science of diagnosing dying

Feedback was very positive with comments like “there should be more of these updates available”, “very well organised, excellent speakers” and “good to know where our health goals are heading and targets to be achieved.”

### **2.5.2 Kidney Health in Horowhenua Project (Renal Model of Care)**

*Key action – lead the development and implementation of a new model of care*

This MOH funded project focused on assisting Horowhenua general practice teams develop improved Chronic Kidney Disease (CKD) management processes. It was collaborative and interdisciplinary, and required that HCD, MCH renal services and primary health care teams work together to achieve this goal. The project is now completed with the final report to the MOH close to being finalised. HCD approached the MOH and requested that key staff provide a presentation to the Senior Project Manager, Clinical Improvement and Productivity Sector (Capability and Implementation Directorate) about the work achieved. A meeting is now planned for November and will involve HCD, specialist MCH renal personnel and general practice team representation. This group will provide an overview of the Kidney Health in Horowhenua work to members of the Ministry-led regional renal project group.

The key critical success factor for this project has been that all but one Horowhenua practice agreed to participate (one chose not to due to medical recruitment issues). Other key outcomes include systems and process improvements, CKD management education for practices, integration and facilitation support.

System Improvements:

- Practices were provided with data (serum creatinine and eGFR results) from MedLab Central which they could use to identify which of their patients had CKD and to utilise this information to develop a disease register and an ‘at risk’ register;
- Development of tools to assess how well systems and processes utilised by each practice support patient care– this was applied pre and post project implementation
- After considerable negotiation the referral form has been added to the best practice renal module (bpacnz) as a pilot (for use by those practices enrolled in the project). This achievement was celebrated at a launch of the referral form to which GP teams, MCH Renal team, members of Funding Division (MDHB) and best practice staff were invited. The form self populates data from the patient’s clinical record and practices report this is beneficial.
- Screening guides
- Reconfiguration of Primary Health Care Management of Increased Creatinine Algorithm. The algorithm, which was developed some years ago, had not been user friendly with many practices declining to use it as a result. Through the project however it was reviewed and amended and is available electronically and as a folded card. It has also been added to the bpac renal module.

CKD Management Education:

Provision of education by the MCH renal team and other expert clinicians from across the multidisciplinary team (including dietician, pharmacy etc). Topics were wide ranging and

included:

- What is CKD
- Referral criteria and staging of CKD
- Practical aspects of peritoneal and haemodialysis
- Overview of chronic care model and its application to Kidney Health in Horowhenua Project
- Self Management Support
- Living with a Long Term Condition - Patient experience of the 'Renal Journey'
- Laboratory testing in CKD
- Medicine management in CKD
- Healthy eating in renal failure

**Integration:**

A key aspect of the project was to promote the closer working relationship between the specialist renal service (MCH) and Horowhenua general practice teams. This aspect is still a work in progress but those attending the education sessions met with renal service personnel and found them very approachable and were pleased to know exactly who they would be dealing with in future when they phoned the unit. The renal team have also reported that phone calls are more collegial now and they understand general practice teams (how they work, pressures they are under) a bit better. They also have found that since the project commenced they are returning fewer referral letters back to Horowhenua general practice teams due to insufficient information being provided.

**Facilitation:**

The project was managed by a well respected local clinical nurse specialist with additional support being provided by the PHO mobile nurse team leader (who obtained her Nurse Practitioner status during the project). General practice team members reported that these staff provided great encouragement and assistance and that they kept practices maintaining momentum over the course of their year's involvement.

**Conclusion:**

Because up to 50% of renal function can be lost before any symptoms of CKD can be detected, screening of those at risk of CKD is vital, as is the management of those already identified with the disease to prevent deterioration. This project has assisted practices with doing both of these things. At project's end general practice teams could see that where they thought they had 5-8 patients with CKD (as in the case of one practice) in actual fact they had 97. This was not an isolated finding.

In utilising best practice, general practice teams have also gained a better understanding of how to stage patients. Practices now use the internationally accepted eGFR classification against which to rate patients, which identifies at what stage they need to refer for specialist input.

A lot of learning has occurred throughout the duration of the project. This has included the impact of the IT systems used by the practices (one of the two software systems utilised generally better supports the electronic forms and processes developed by the project), that it is important to ensure practices include all clinical members of their team in process improvement activities, rather than relying on one or two members only, and that some practices struggle with understanding the cultural attitudes and needs of the community.

## **2.6 Child & Youth Health**

### **2.6.1 Improving Immunisation Project:**

The improving immunisation project focus group continues to work innovatively to improve coverage targets. Currently the rate of two year olds fully immunised wavers between 87-89%. The project group's goal is to ensure 90% of all two year olds fully immunised by

December 2010. Work is now underway alongside this to improve the rate of four year olds fully immunised as this is another area requiring significant focus and with relatively poor rates. This project will involve working collaboratively with General Practice Teams, the Before School Check team, early childhood Education centres and Public Health Nursing Service's in schools to reduce the number of children reaching school not fully immunised.

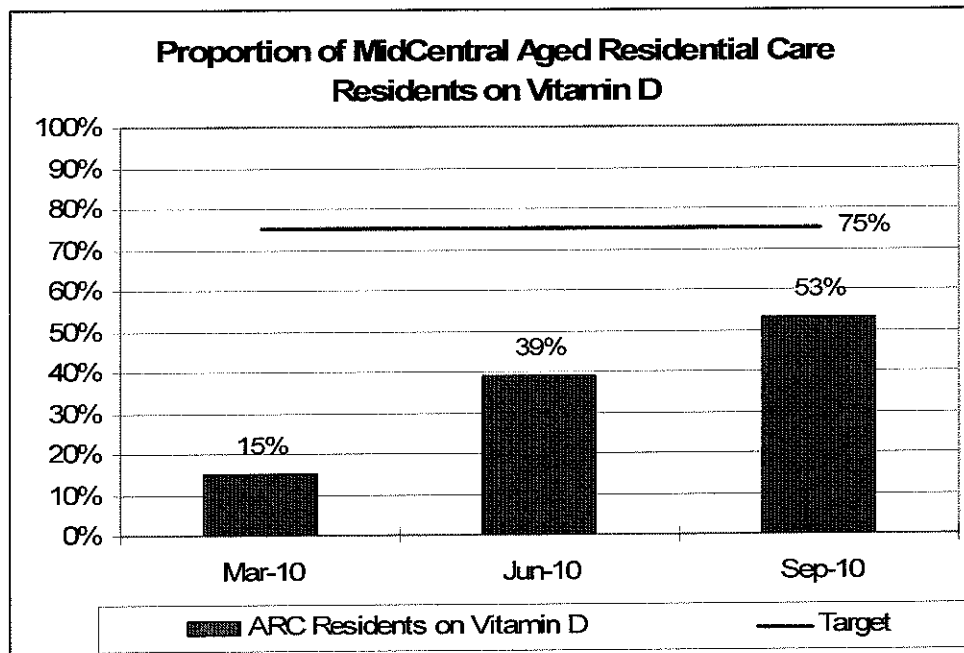
## 2.7 Pharmacy

### 2.7.1 Vitamin D in Aged Residential Care

In an effort to reduce the incidence and health impact of falls, MidCentral DHB is working with ACC to increase the number of Aged Residential Care (ARC) residents taking vitamin D.

Recent data received from ACC shows an increase in the rate of vitamin D being utilised by ARC residents. Vitamin D utilisation in MidCentral facilities averages 53% and ranges from 0-146%, with some residents prescribed vitamin D in two forms.

The project continues until 2012 and activities in the next quarter will focus on those facilities where vitamin D utilisation is very low, in order to increase their rates. Checks on prescriber intent will also be made where residents are taking two forms of vitamin D.



## 2.8 Population Health

### ***Tobacco Health Target – ABC***

MDHB 2010 quarter four result of 53% has now increased to a new result of 60%. The Smoking Cessation Taskforce continues to review and trial new initiatives with the aim of ensuring that sustainability is embedded into the culture and practice of secondary and primary health care services. These initiatives are key to achieving the new health target of 90% by June 2011.

The Ministry of Health's Dr Ashley Bloomfield (National Health Target Champion) and Karen Evison (National Programme Manager - Sector Capability and Implementation Directorate) visited MDHB on September 10<sup>th</sup> 2010. The purpose of their visit was to discuss the current health target result with the DHB Smoking Cessation Taskforce and to share ideas from a national and regional level. The meeting was very successful and concluded with positive feedback and recommendations from the Ministry as noted below:

- Identify champions within the wards e.g. nurses, charge nurse, administration
- Develop strategies to increase more Maori patients being asked their smoking status (ABC)
- Provision of evaluation and monitoring support toward the executive/clinical campaign will be provided by the Ministry

Overall the Ministry were impressed with the organisational commitment to the target.

### ***ABC Executive/Clinical Champion Campaign***

One key initiative, is the Taskforce ABC executive and clinical champion campaign. This has been a good starting point to encourage all staff to be trained in ABC and to provide information and support required towards "More quit attempts". Although the campaign is in the early stages, the Ministry of Health (MoH) are keen to evaluate and monitor the development and progression of the campaign. The Taskforce is currently discussing recommendations towards the campaign, which will continue to be monitored and reviewed.

### ***Primary Health Care***

ABC training continues to make steady progress in primary health care and the uptake has been positive. MDHB has recently revisited with PHO senior management team. Key people have been identified to drive the implementation of ABC across primary health care. This includes additional changes required to ensure patients smoking status is captured and documented accurately.

### ***ABC Smoking Cessation and Mental Health Services***

Work has commenced to link the ABC smoking cessation training to the mental health training framework 'Lets Get Real'. This integration of training with allow the mental health and addiction providers to more easily undertake the ABC smoking cessation training, alleviating pressure to attend separate workshops.

The national 'Lets Get Real' mental health and addiction training will be based on values and attitudes in working with mental health consumers. This is based on seven skills and aimed at three levels of:

- Working with service users
- Working with Maori
- Working with families/whanau
- Working with communities
- Challenging stigma and discrimination
- Law, policy and practice
- Professional and personal development

Te Runanga O Raukawa is the first service for the implementation of the Lets Get Real and ABC Smoking Cessation training; this will be held mid October 2010 and targeted at kaimahi/practitioners. All participants will receive certificates of completion for the Lets Get Real skills and the ABC training. Further update will be made to the Committee.

## **2.8.2 HEHA**

### ***Maori Community Action Plan***

Maori community projects continue to be monitored and supported. An MCAP sharing day will be held in November 2010 for all projects funded in all three rounds. The aim is to provide an opportunity for various projects to not only share and exchange ideas, but to celebrate all the good work implemented within Maori communities.

### ***Workplace Wellness***

Sport Manawatu, as the successful provider for the delivery of the Workplace Wellness Pilot Project, is currently recruiting for the 'WorkWell coordinator' position. Implementation

timelines look to be achieved, with the first workplaces expected to be recruited to the programme by the end of the year.

### ***One Heart Many Lives***

One Heart Many Lives (OHML) project will be delivered from September 2010 through till May 2011. This period will see the implementation of the plan and include a series of community hui to identify champions. The project team will all be receiving QIPPS training, to ensure collaboration and continuity of project development.

## **3. REGIONAL MATTERS**

### **3.1 Tu Kaha 2010 Looking Ahead: Te Karu Rarapa o te ika - Our people, our strengths, our way**

The Tu Kaha 2010 conference was a Central Region DHBs initiative held from Tuesday 31 August - Thursday 2 September 2010 at the Copthorne Solway Park Hotel, Masterton.

The goal of this initiative is to create a rare but important opportunity for the Maori health network in the central region to come together to celebrate success, share learning and work together to plan and prioritise for Maori health and Maori health development in the future. The Tu Kaha conference was a success for the 6 DHB's involved. We had an attendance of over 250 people an increase of 25% from the 2008 conference. Key speakers Sir Mason Durie, Professor Des Gormen and Hon Tariana Turia and provided inspirational presentations to the assembly. A highlight of the conference was the rangatahi (young peoples') workstream. About 25 college aged rangatahi were supported to attend the conference, with the goal of health becoming an aspirational career choice for them in the future. The young people participated actively in the workshops and rangatahi members presented on the key factors to be undertaken to instill a passion for a health career in young people. The conference provided opportunity for health professionals to gain different perspectives and challenged people to look at health and themselves through the eyes of a young person. The intergenerational engagement was refreshing and a welcome addition to the networking.

A conference report is expected in two weeks and will be available on the Tu Kaha Conference Website. Further report to follow.

## **4. RECOMMENDATION**

It is recommended:

*that this report be received*

**Mike Grant**  
**General Manager, Funding Division**

5. APPENDIX

Alliance Leadership Team & Collaborative Group Members

| Alliance Leadership Team   | Asiate Care Collaborative Group | Improve Care for Older People Collaborative Group | Whānau Ora Leadership Group | Integrated Family Health Centres (IFHC) Collaborative Group |
|----------------------------|---------------------------------|---|-----------------------------|---|
| Dr Bruce Stewart (Chair)   | Jane Ayling (CL)                | Denise White (CL)                                 | Ana Winlata                 | Karen Lombard (CL)  |
| Tui Hancock                | Dr Jeff Brown (CL)              | Ann Fowler  | Barbara Rudd                | Dr Bruce Stewart (CL)                                       |
| Lyn Horgan                 | Alistair Whyte                  | Belinda Ray-Johnson                               | Brenton Tukapua             | Craig Johnston  |
| Danielle Harris            | Amanda Drifill                  | Dr Anne Smith                                     | Carole Fernandez            | Danielle Harris   |
| Dr John Sprunt             | Dr Anna Ranta                   | Dr Fred Hirst                                     | Dale Tuivaga-Phillips       | Dawn Wilson   |
| Matt Matamua               | Beth McPherson                  | Dr Kirsten Holst                                  | Dennis Emery                | Dr John Sprunt  |
| Dr Helen Cosgrove          | Deborah Davies                  | Dr Pauline Blackmore                              | Dr Greig Russell            | Giles Bates   |
| Dr Kirsten Holst           | Dr Delamy Keali                 | Liz Goldie  | Geoff Thompson              | Jo Saxe   |
| Craig Johnston             | Dr Greig Russell                | Helena Watts                                      | Jan Carpenter               | Joe Howells   |
| Dr Alistair Watson         | Grant Pennycook                 | Karen Lowe  | Jo Henare                   | Kate Morton   |
| Sharon Wards               | Julie Vickery                   | Megan Sendall                                     | Kanita Nikora               | Lyn Horgan  |
| Murray Georger             | Robyn Fitzgerald                | Sharon Porteous                                   | Keith Tarsau                | Michelle Baker  |
| Dr David Ayling            | Sue Wolfand                     | Stephanie Ash                                     | Oriana Paewai               | Sharon Wards  |
| Dr Ken Clark               | Dr John Bourke                  | Whānau Ora rep                                    | Paddy Jacobs                |   |
| Cathy O'Malley             | Whānau Ora rep                  | Phillipa Molloy                                   | Robyn Fitzgerald            |   |
| John Beard                 | Mark Beale                      | Ash Daya  | Robyn Pere                  |   |
|                            |                                 |   | Shane Ruwhiu                |   |
|                            |                                 |   | Tawhiti Kuaaiti             |   |
|                            |                                 |   | Te Ao Pritchard             |   |
|                            |                                 |   | Wiremu Matthews             |   |
|                            |                                 |   | Tida Keelan                 |   |
|                            |                                 |   | Del Te Oka                  |   |
|                            |                                 |   | Miriana Kereama             |   |
|                            |                                 |   | Kul Pauli Waru              |   |
|                            |                                 |   | Lovey Hodgkinson            |   |
|                            |                                 |   |                             |   |
| <b>In attendance:</b>      | <b>Programme Lead:</b>          | <b>Programme Lead:</b>                            | <b>Programme Lead:</b>      | <b>Programme Lead:</b>                                      |
| Nicky Hart                 | Chiquita Hansen                 | Chiquita Hansen                                   | Materoa Mar                 | Nicky Hart  |
| Chiquita Hansen            | In attendance:                  | In attendance:                                    | In attendance:              | In attendance:  |
| Materoa Mar                | Kanita Nikora                   | Kanita Nikora                                     | Joe Howells                 | Kanita Nikora   |
| Joe Howells                | Joe Howells                     | Joe Howells                                       | Aialna Glue (minute taker)  |   |
| Kanita Nikora              |                                 |   |                             |   |
| Aialna Glue (minute taker) |                                 |   |                             |   |

5.16

**TO** Community and Public Health Advisory  
Committee



**FROM** Finance Manager  
Funding Division

**DATE** 22 September 2010

## Memorandum

**SUBJECT FINANCE REPORT – SEPTEMBER  
2010**

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### **1. KEY EVENTS OF AUG 2010**

#### **1.1 Forecasted Result for 10-11**

The Funder's YTD result to Aug 10 was \$524k surplus to budget and the forecasted 10-11 result is equal to budget. The main reason for the surplus is the washup with MCH on its under-delivery.

#### **1.2 MidCentral Health Washup**

The total year to date (YTD) washup position is \$481k under-delivery by MCH.

#### **1.3 Electives Initiatives (EI)**

The Funder has accrued \$1.4m for YTD EI income which is \$0.1m below budget.

#### **1.4 Forecast assumptions**

The Funder has assumed that there will be no significant change in the PHO enrolment. The \$1.5m forecasted surplus to budget in personal health can then be used in offsetting the forecasted deficit in DSS.

## 2. FUNDER FINANCIAL PERFORMANCE

The Funder had a cumulative surplus to budget of \$524k up to the end of Aug 2010.

### MidCentral DHB - Funder

#### Income and Expenditure - By Ring Fenced Area

For the period ending 31 August 2010

|                                       | Note | YTD         |               |            | Forecast    | Annual      |          |
|---------------------------------------|------|-------------|---------------|------------|-------------|-------------|----------|
|                                       |      | Actual      | Budget        | Variance   |             | Budget      | Variance |
|                                       |      | \$000       | \$000         | \$000      | \$000       | \$000       | \$000    |
| Personal Health Income                | (a)  | 59,265      | 59,084        | 181        | 359,070     | 354,511     | 4,558    |
| Personal Health Expenditure           | (b)  | 59,554      | 60,186        | 632        | 357,549     | 354,511     | -3,038   |
| Personal Health Surplus/(Deficit)     | (c)  | -289        | -1,102        | 813        | 1,520       | 0           | 1,520    |
| Mental Health Income                  |      | 6,495       | 6,588         | -93        | 39,412      | 39,526      | -114     |
| Mental Health Expenditure             |      | 6,667       | 6,645         | -22        | 39,412      | 39,526      | 114      |
| Mental Health Surplus/(Deficit)       | (f)  | -172        | -57           | -114       | -0          | -0          | -0       |
| Disability Support Income             |      | 10,574      | 10,577        | -2         | 63,460      | 63,460      | 0        |
| Disability Support Expenditure        | (d)  | 11,146      | 10,884        | -262       | 65,480      | 63,960      | -1,520   |
| Disability Support Surplus/(Deficit)  |      | -572        | -308          | -264       | -2,020      | -500        | -1,520   |
| Maori Health Income                   |      | 322         | 322           | 0          | 1,932       | 1,932       | 0        |
| Maori Health Expenditure              | (e)  | 232         | 322           | 90         | 1,932       | 1,932       | 0        |
| Maori Health Surplus/(Deficit)        |      | 90          | 0             | 90         | 0           | 0           | 0        |
| Governance Income                     |      | 397         | 397           | -0         | 2,384       | 2,384       | 0        |
| Governance Expenditure                |      | 397         | 397           | 0          | 2,384       | 2,384       | 0        |
| Governance Surplus/(Deficit)          |      | 0           | 0             | 0          | 0           | 0           | 0        |
| <b>Total Funder Surplus/(Deficit)</b> |      | <b>-943</b> | <b>-1,467</b> | <b>524</b> | <b>-500</b> | <b>-500</b> | <b>0</b> |

#### Note on YTD Variance

(a) Mainly due to IDF Service change for CYC, Herceptin and Spotless adjustment. This is financial neutral to the Funder.

(b) Mainly due to IDF Service change for CYC, Herceptin and spotless adjustment and underspend of PHO funding

(c) The surplus is mainly due to underspend in PHO and Primary/ secondary projects

(d) Mainly due to higher than budgeted HBSS and Age Residential Services expenditure

(e) Mainly due to favourable variance from project underspend

(f) Mainly caused by one-off payment

5.18

MidCentral DHB - Funder and Funding Administration  
Statement of Financial Position as at 31 August 2010

|                               | Actual               |                               | Change         |
|-------------------------------|----------------------|-------------------------------|----------------|
|                               | Year-Ended<br>Jun-10 | Current<br>Position<br>Aug-10 |                |
|                               | \$000                | \$000                         | \$000          |
| <b>ASSETS EMPLOYED</b>        |                      |                               |                |
| <b>Current Assets</b>         | <b>25,536</b>        | <b>24,080</b>                 | <b>(1,456)</b> |
| Bank                          | 21,309               | 18,903                        | (2,406)        |
| Intercompany Advance Account  | 0                    | 0                             | 0              |
| Debtors and Prepayments       | 4,226                | 5,177                         | 951            |
| Inventories                   | 0                    | 0                             | 0              |
| Properties Intended for Sale  | 0                    | 0                             | 0              |
| <b>Current Liabilities</b>    | <b>27,107</b>        | <b>26,453</b>                 | <b>(654)</b>   |
| Bank Overdraft                | 0                    | 0                             | 0              |
| Intercompany Current Account  | 4,768                | 5,352                         | 584            |
| Trade Creditors and Accruals  | 18,660               | 17,217                        | (1,443)        |
| GST                           | 2,689                | 2,383                         | (306)          |
| Income in Advance             | 876                  | 1,388                         | 511            |
| Provisions (Payroll)          | 113                  | 113                           | 0              |
| Current Portion of Term Loans | 0                    | 0                             | 0              |
| Net Working Capital           | <b>(1,571)</b>       | <b>(2,373)</b>                | <b>(802)</b>   |
| Net Assets Employed           | <b>(1,571)</b>       | <b>(2,373)</b>                | <b>(802)</b>   |
| <b>SHAREHOLDERS EQUITY</b>    |                      |                               |                |
| Retained Earnings             | 39,513               | 38,711                        | (802)          |
| Transfer to Co 41             | (41,084)             | (41,084)                      | 0              |
| Other Reserves                | 0                    | 0                             | 0              |
| Total Shareholders Equity     | <b>(1,571)</b>       | <b>(2,373)</b>                | <b>(802)</b>   |

### 3. MIDCENTRAL HEALTH PROVIDER DIVISION RESULT

#### 3.1 Statement of Financial Performance to Budget

| MidCentral Health - Provider Division        |               | YTD to:      |               | August-10    |                |
|--|---------------|--------------|---------------|--------------|----------------|
| Statement of Financial Performance to Budget |               |              |               |              |                |
| Sooo   |               |              |               |              |                |
|  | Month         |              | Year to date  |              | Annual         |
|  | Actual        | Variance     | Actual        | Variance     | Budget         |
| <b>Revenue</b>                               |               |              |               |              |                |
| Govt. & Crown Agency Sourced                 | 22,739        | (440)        | 45,396        | (591)        | 268,338        |
| Patient/Consumer Sourced                     | 98            | 34           | 180           | 51           | 771            |
| Other Income                                 | 343           | (67)         | 689           | (131)        | 4,921          |
| <b>Total Revenue</b>                         | <b>23,180</b> | <b>(473)</b> | <b>46,266</b> | <b>(671)</b> | <b>274,030</b> |
| <b>Expenditure</b>                           |               |              |               |              |                |
| Personnel                                    | 12,802        | 519          | 25,533        | 1,109        | 158,108        |
| Outsourced Personnel                         | 516           | (392)        | 1,090         | (841)        | 1,598          |
| Sub-Total Personnel                          | 13,318        | 127          | 26,622        | 267          | 159,705        |
| Other Outsourced Services                    | 1,156         | 38           | 2,247         | 141          | 14,326         |
| Clinical Supplies                            | 3,765         | 311          | 7,485         | 368          | 45,834         |
| Infrastructure & Non-Clinical                | 3,865         | 130          | 7,937         | 52           | 48,125         |
| <b>Total Expenditure</b>                     | <b>22,103</b> | <b>606</b>   | <b>44,290</b> | <b>829</b>   | <b>267,991</b> |
| <b>Operating Surplus/(Deficit)</b>           | <b>1,077</b>  | <b>134</b>   | <b>1,975</b>  | <b>158</b>   | <b>6,039</b>   |
| Corporate Services                           | 713           | 8            | 1,427         | 17           | 8,660          |
| <b>Surplus/(Deficit)</b>                     | <b>364</b>    | <b>142</b>   | <b>549</b>    | <b>174</b>   | <b>(2,621)</b> |

#### 3.2 Commentary

Positive cost variances to budget have exceeded the revenue shortfall, resulting in a positive net performance to date.

All cost categories are within budget, mainly due to vacancies and the focus of management and staff on cost issues.

##### Revenue

The unfavourable variance is mainly due to lower than anticipated acute volumes, Funder and ACC funded, offset by increased surgical elective case weights. The funding related to the Funder acute shortfall remains in the District Health Board.

##### Total Personnel (including Outsourced Personnel) Costs

The favourable variance is mainly due to vacancies, mostly in medical. The below budget cost has created the opportunity to raise a general provision and to provide for unbudgeted leave accrual costs which will result from staff MECA salary increases.

##### Other Costs

These are within the budget.

#### 4. MIDCENTRAL DHB RESULT

| <i>Aug-10</i><br>( '000's) | DHB<br>RESULT | Funding<br>Division | Provider<br>Division | Governance |
|----------------------------|---------------|---------------------|----------------------|------------|
| <b>Net Result</b>          |               |                     |                      |            |
| YTD - Actual               | (417)         | (943)               | 556                  | (30)       |
| YTD - Budget               | (1,167)       | (1,467)             | 347                  | (47)       |
| Variance                   | 750           | 524                 | 209                  | 17         |

After the first month, the DHB result is a favourable variance to budget of \$173k.

#### 5. CONSOLIDATED FINANCIAL POSITION

| <b>MidCentral District Health Board</b>          |                 |                 |                 |               |
|--|-----------------|-----------------|-----------------|---------------|
| <b>Statement of Financial Position (summary)</b> |                 |                 |                 |               |
|  | <b>Jun 2009</b> | <b>Jun 2010</b> | <b>Aug 2010</b> | <b>Change</b> |
|  | <b>\$000</b>    | <b>\$000</b>    | <b>\$000</b>    | <b>\$000</b>  |
| <b>Assets Employed</b>                           |                 |                 |                 |               |
| Current Assets                                   | 44,727          | 41,919          | 44,614          | 2,695         |
| Current Liabilities                              | (54,841)        | (55,921)        | (57,554)        | (1,633)       |
| Fixed Assets and Investments                     | 164,748         | 159,959         | 158,610         | (1,349)       |
|  | <b>154,634</b>  | <b>145,957</b>  | <b>145,670</b>  | <b>(287)</b>  |
| <b>Funds Employed</b>                            |                 |                 |                 |               |
| Equity   | 98,521          | 89,375          | 88,958          | (417)         |
| Bank Loans                                       | 54,867          | 55,301          | 55,431          | 130           |
| Long Term Liabilities                            | 1,246           | 1,281           | 1,281           | 0             |
|  | <b>154,634</b>  | <b>145,957</b>  | <b>145,670</b>  | <b>(287)</b>  |

#### 6. COVENANTS

| <i>Aug-10</i>            | Actual  | Limit /<br>Covenant |
|--------------------------|---------|---------------------|
| YTD - Variance to Budget | \$0.8   | < (\$2.0m)          |
| Bank Loans (net debt)    | \$27.3  | \$71.7m             |
| Equity                   | \$89.0  | > \$30m             |
| Debt & Equity            | \$116.3 |                     |
| Debt Ratio               | 23.5%   | < 55.0%             |
| YTD Interest Cover       | 1.96    | > 3.00              |

At the end of August, one covenants (YTD Interest Cover) was not being met. 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-09 | Jun-10 | Aug-10 |
|--|--------|--------|--------|
|  | \$m    | \$m    | \$m    |
| <b>MidCentral District Health Board</b>    |        |        |        |
| Available Bank Facility                    | 71.7   | 71.9   | 71.9   |
| Net Debt (CHFA & Banks)                    | 29.0   | 29.8   | 27.3   |
| <b>Debt Facility Surplus / (Shortfall)</b> | 42.7   | 42.1   | 44.6   |
| Reserved Funds                             | 18.7   | 18.7   | 20.2   |
| <b>Debt Facility Available</b>             | 24.0   | 23.4   | 24.4   |

## 8. CASH POSITION

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

| <b>Cash / Investment Summary as at 31 August 2010</b> |             |
|---|-------------|
|   | \$m         |
| Treasury Division                                     | 17.3        |
| Funding Division                                      | 11.9        |
| MidCentral Health                                     | -2.9        |
| Trust Funds - Short Term                              | 0.3         |
| Enable  | 1.5         |
| Total   | <u>28.1</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** 27 September 2010

**SUBJECT** Committee's Work Programme, 2010/11



**MEMORANDUM**

**1. Purpose**

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

**2. Summary**

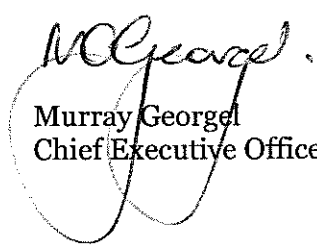
Reporting is occurring in accordance with the timeline.

Next month the first reports against the 2010/11 District Annual Plan will be provided, together with a progress report against the funding and planning section of the centralAlliance road map. The latter will be a joint report with Whanganui DHB management. In advance of the 2011/12 planning round, a high level approach to the price volume schedule arrangements for that year will be submitted.

**3. Recommendation**

It is recommended:

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



Murray George  
Chief Executive Officer

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|    |   | 2011  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
|----|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
|    |   | Jun   | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |  |
| 1  | Task Name   | <b>COMMUNITY &amp; PUBLIC HEALTH ADVISORY COMMITTEE: 2010/11 WORK PROGRAMME</b> |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 2  |   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 3  | <b>STRATEGIC PLANNING</b>   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 4  | Chronic Disease Plans   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 5  | Update 1 re progress against long term measures   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 6  | Update 2 re progress against long term measures   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 7  | <b>REGIONAL PLANNING</b>  |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 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 | <b>ANNUAL PLANNING</b>  |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 12 | <b>2011/12 Plan(s) - Development</b>  |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 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 | <b>2010/11 Plan - Implementation (inc update re implementation &amp; identified outcomes)</b> |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 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 | <b>Information Only:</b>  |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 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   |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |

6.2

| ID | Task Name   | 2011 | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |  |
|----|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 33 | <b>OPERATIONAL REPORTS</b>  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 34 | General Manager, Funding Division (inc portfolio updates),          |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 35 | Breast reconstruction - Govt funding of \$8m & central region share | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 36 | Proposed contract negotiating strategy & approach                   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 37 | Vitamin D: proposal for extension to community                      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 38 | QIPPs: clarification re who provided/funded establishmer            | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 39 | Update on Better, Sooner, More Convenient bus. Case                 | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 40 | Update on Integrated Health Care Project                            | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 41 | <b>Contracts (Funding)</b>  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 42 | Update 1  | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 43 | Update 2  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 44 | Update 3  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 45 | Update 4  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 46 | <b>Non-financial performance indicators</b>                         |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 47 | Update 1  | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 48 | Update 2  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 49 | Update 3  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 50 | Update 4  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 51 | <b>Hospital Benchmark Information</b>                               |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 52 | Update 1 (copy only)  | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 53 | Update 2 (copy only)  | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 54 | Update 3 (copy only)  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 55 | Update 4 (copy only)  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 56 | PHO Combined Clinical Council: annual report                        | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 57 | PHO Combined Clinical Council: annual report                        |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 58 | Financial Recovery Programme: update re FD component                | ✓    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 59 | <b>Workforce</b>  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 60 | Update 1  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 61 | Update 2  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 62 | <b>CENTRAL ALLIANCE</b>   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 63 | <b>Implementation of Funding Workstream</b>                         |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 64 | Update 1 (joint rpt WDHB)   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 65 | Update 2 (joint rpt WDHB)   |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |

| ID | Task Name  | 2011 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
|----|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
|    |  | Jun  | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |  |
| 66 | Update 3 (joint rpt WDHB)                            |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 67 | <b>CARRIED FORWARD FROM 2009/10</b>                  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 68 | Acute demand: follow-up paper                        |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 69 | Breast reconstruction: response from HVDHB re issues |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 70 | Potential liability re third party carers            |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
| 71 | MCAP Evaluation Results                              |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |

6.4

**TO** Community & Public Health Advisory  
Committee

**FROM** Chief Executive Officer

**DATE** 24 September 2010

**SUBJECT** December 2010 Meeting  
Arrangements



## MEMORANDUM

### 1. PURPOSE

The report sets out the Board's decision regarding meeting arrangements in December 2010.

It is provided for members' information and for noting.

### 2. SUMMARY

The Board for the 2010-2013 term takes office on 6 December 2010. This does not align to MDHB's meeting calendar, which has Committee meetings scheduled for 7 December. To enable sufficient time for the Chair to develop committee membership arrangements for the 2010-2013 term, taking into account timing around the announcement of election results and the decision process for appointed members, the Board has decided the Hospital Advisory and Community & Public Health Advisory Committee meetings scheduled for December 2010 will be cancelled, and that all business to be considered by those Committees will be handled by the Board.

It further determined that the date of the Board meeting would be brought forward by one week, to 14 December 2010.

### 3. RECOMMENDATION

It is recommended:

*that the report be received and the amended meeting arrangements noted.*

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#### 4. BACKGROUND

The Board for the 2010-2013 term will take office on 6 December 2010.

The first MDHB meetings of the 2010-2013 term are the Hospital Advisory and Community & Public Health Advisory Committees on 7 December 2010, followed by the Board on 21 December.

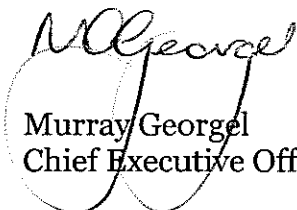
MDHB's committee membership will be developed by the Chair, in discussion with members. (NB: external committee membership arrangements will remain the same. The discussions relate to the board member component of the Committee's membership.) This will occur once the final elections results are known (expected around mid October) and when Ministerial appointments to the four appointed positions are announced. It will be extremely difficult to get the new arrangements in place in time for early December.

Accordingly, the Board made the determination to cancel the December committee meetings and bring the Board meeting forward one week. All reports scheduled for the committee's consideration will go forward to the Board.

In making this decision, the Board reviewed the Committees' work programme. There are no reports scheduled for HAC and CPHAC in December that require a decision. All reports are updates and the general operating reports. The Board's meeting workload for December is not heavy. See schedule of reports below.

| Report                                     | HAC | CPHAC   | Board |
|--|-----|---------|-------|
| MCH operating report                       | ✓   |         |       |
| FD operating report                        | ✓   |         |       |
| Workforce update                           | ✓   | ✓       |       |
| Quality update                             | ✓   | ✓(copy) |       |
| Customer satisfaction report               | ✓   | ✓(copy) |       |
| Non-financial indicators                   | ✓   | ✓       |       |
| Chronic Disease: long term measures update |     | ✓       |       |
| DAP development update                     |     |         | ✓     |
| CEO's operating report                     |     |         | ✓     |
| Manawhenua Hauora minutes                  |     |         | ✓     |
| DHB Elections: induction arrangements      |     |         | ✓     |

A copy of the Board papers for December will be provided to the external members of the Community & Public Health and the Hospital Advisory Committees so that they may contribute to the discussions. External members are invited to attend the Board as observers, with speaking rights. If members are unable to join the Board on the 14<sup>th</sup>, they can submit any comments they have via the Principal Administration Officer or myself.

  
 Murray Georgel  
 Chief Executive Officer