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

Ex-Officio members  
M Bourke, P Catt

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

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Te Whare Punanga Korero (7)  
B Archer (Health Promotion)  
TH Gibson  
Health Care NZ  
Heather Crowskey, Grey Power  
Andrea Corbett  
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Star, Midweek, Opunake & Coastal News,  
Stratford Press  
Health Centres – Stratford, Patea,  
Opunake, Mokau

Base Hospital Library  
Hawera Hospital Library  
Corporate Reception



## AGENDA

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

### ORDINARY MEETING

Tuesday 13 December 2011  
2.30pm

**Whakaahurangi Marae  
130 Celia Street  
Stratford**



# COMMUNITY & PUBLIC HEALTH/DISABILITY SUPPORT ADVISORY COMMITTEE

## MEETING AGENDA

Tuesday 13 December 2011  
2.30 pm

Whakaahurangi Marae  
130 Celia Street, Stratford

1. Declaration to Open Meeting
2. Apologies –
3. Conflicts of Interest
4. Public Comment
5. Minutes
  - 5.1 Minutes of meeting held 25 October 2011 Pages 1-10  
*Resolution*  
*That the Community and Public Health and Disability Support Advisory Committees resolve to accept the minutes of the meeting held 25 October 2011 as a true and correct record.*
6. Matters Arising
7. Chairman's Report
8. Management Reports
  - 8.1 Funding Planning & Population Health Report Pages 11-36  
*Resolution*  
*That the Community and Public Health and Disability Support Advisory Committees note and receive the report and attachments.*

8.4 Maori Health Report

Pages 37-44

*Resolution*

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

**9. Other Business**

**10. Date of Next Meeting**

28 February 2012 – New Plymouth



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

### **MINUTES – PUBLIC (Unconfirmed)**

**Tuesday 25 October 2011**

**11.30am**

**Corporate Room 1**

**Base Hospital**

**New Plymouth**

#### **Present**

Alex Ballantyne (Deputy Chairman), Ella Borrows, Alison Rumball, Pauline Lockett, Colleen Tuuta (Committee Members), Mary Bourke, Peter Catt (Ex officio member), David Tamatea (Coopted member).

#### **In Attendance**

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Ramon Tito (Kaumatua), Sue Carrington (Communications Advisor), Fran Davey (Minute Taker)

Mrs James, Portfolio Manager, Child & Youth & MH&A, Ms Ridgway, Executive Clinical Services Manager MH&A, Mrs Paratene, Manager, Te Whare Puawai, Ms Aylward, Regional Manager Pathways, Mrs Puketapu Collins, Tu Tama Wahine

#### **655.0 Apologies**

##### Resolution

*That the apologies from Flora Gilkison, Karen Eagles, Kura Denness, Brian Jeffares be received and noted.*

*Borrows/Ballantyne  
Carried*

#### **656.0 Conflict of Interest**

The Register was circulated for signing by members with no new conflict advised.

#### **657.0 Minutes of Previous Meeting**

##### Resolution

*That the Community and Public Health and Disability Support Advisory Committee resolve to accept the minutes of the meeting held on 30 August 2011, as a true record.*

*Bourke/Lockett  
Carried*

### **658.0 Matters Arising from the Minutes**

- Mr Tamatea sought clarification of 651.0 (bullet point 6) page 2 - the PHU focuses very strongly on wellbeing around keeping people, groups, communities and age groups well and considers inequalities.
- Mrs Boardman advised the PHU has a focus on considering inequalities in everything it does as a routine part of their work, inequalities between Maori and all other groups. They use this to target the activities accordingly, the programmes they put in place focus on those areas where there is the greatest inequalities.
- Mrs Henare advised a correction on page 4, 653.0, bullet point 5, replace Te Whare Punanga Korero with Te Puni Kokiri.

### **659.0 Taranaki Adult Mental Health & Addictions Continuum Project – October 2011**

A presentation was made by Mrs James, Portfolio Manager, Child & Youth & MH&A, Ms Ridgway, Executive Clinical Services Manager MH&A, Mrs Paratene, Manager, Te Whare Puawai, Ms Aylward, Regional Manager Pathways, Mrs Puketapu Collins, Tu Tama Wahine with the following points of discussion:

- Dr Catt enquired if for the province, there were a large number of providers, whether this was appropriate or if amalgamation would be better value for money.
- Mrs James advised this would form part of the work streams action plans when they look at the mix and model of residential facilities and what this means. They have looked at efficiencies through co-location and it is covered in other projects including Te Kawau Maro.
- Mr Tamatea enquired if representatives from South Taranaki were involved in the planning.
- Meeting was advised that representatives from South Taranaki, the provider arm and Maori providers were involved in the planning.
- Mrs Rumball asked how the development of resources for Respite Care would look.
- Meeting advised it will come out of the Residential Review.

Presentation

#### **Te Moemoea (Vision)**

- 'Ehara taku toa I te toa takitahi, He toa takatini Ke' *My strength does not lie in working alone. Rather my strength lies in working with others*

#### **Te Kaupapa (Mission)**

- Kia mahi tahi ai tatou ki te hapai ake te whanau ora o nga tamariki, rangatahi, whanau.
- Working together to strengthen the health and well being of children, young people and families.

### Ngā take (Background)

- Why do the Project?
- 2006 a review/report of residential and respite services was not endorsed.
- Current environment constantly changing
- Need to identify short, medium and long term direction for MH&A services
- Complexities in tangata whaiora pathways

### Te Ara Oranga (Goals)

- Models of care that remove access barriers
- Workshop models, mix, types of services
- Understand service gaps and future needs
- Review innovative practices and potential opportunities – outcomes driven
- Family/whanau centred service models
- Services based on shared values & principles

### Project Structure, Process, Objectives - Ngā mahi (what we did)

- October 2010 – March 2011
- 16 Providers involved
- Workshops
- Gaps and emerging red flag areas
- Process map 37 client pathways
- Stock take Clinical/Managerial Governance Boards
- Identifying what service users, tangata whaiora & families & whanau want

### Components of the client pathway in through & out of services

- barriers, opportunities, potential developments

### Case Scenario Studies

- things to do differently? what would of helped?

### Demographic characteristics & prevalence data – Stock take of National, Regional, Local Strategies & Projects

Local Services	NGO \$\$'s (m)	Provider Arm \$\$'s (m)	Total \$\$'s (m)	% of Total
Alcohol & Drug Services	\$ 0.53	\$ 2.29	\$ 2.86	10%
Child & Youth Services	\$ 0.49	\$ 2.56	\$ 3.05	10%
Mental Health Services	\$ 5.89	\$ 13.71	\$ 19.60	65%
CEP, C&Y, Kaumatua, Advocacy	\$ 1.42	\$ 0.42	\$ 1.84	6%
Maternal MH&A	\$ 0.11	\$ 0.19	\$ 0.30	1%
MHS Older Persons	\$ 0.23	\$ 2.14	\$ 2.36	8%
	\$ 8.67	\$ 21.30	\$ 30.01	

### Out of Region Services \$1.23 (m)

- Eating Disorders Services \$ 0.90 (m)
- Forensics & Court Liaison \$ 0.60 (m)
- Acute/Sub-Acute Adult \$ 0.04 (m)

- Alcohol & Drug Rehab \$ 0.28 (m) Child & Youth \$ 0.08 (m)
- Huntingtons \$ 0.12 (m)

### **Service Red Flag Areas**

- Residential care facilities (+ respite) contemporary models care
- Longer term residential care services – complex physical & MH issues.
- Community based services & collocation options
- Discharge planning and needs assessment
- Need to '*un-complicate*' the tangata whaiora journey through services

### **Recommendation 1 - Formalised agreements how providers work together**

- Shared duty of care
- minimum standards
- expected caseloads, consistent policies, procedures, practice
- 

### **Recommendation 2 - Increased accountability from providers in planning and delivering services**

- Review of NASC function in access management
- Improved understanding of complex service user needs
- Consistency in service delivery models
- Improved outreach services, emphasis on collocation

### **Recommendation 3 - Focus on clinical leadership and governance inclusive of NGO and Provider Arm.**

- Formalised clinical oversight
- Cross sector forums
- Continued stock take of governance structures

### **Recommendation 4 - Workforce development opportunities reflected in all projects, reviews and sector developments**

- Monitoring of progress against Regional and Local WFD - TLAG
- Maximise access to National and Regional training opportunities – whole of sector.

### **Action and Implementation - 2011-2014 – Whakatinanahia**

1. Governance – cross sector clinical governance
2. Define service mix and models
3. Consistency of policies, protocols & procedures
4. Improved discharge planning across continuum

### **Next Steps - Ka aro atu tātou ki hea?**

- Continued sector wide leadership and endorsement of direction
- Clinical Governance structures (in progress)
- NASC service and discharge planning review (in progress)

### **Next Steps - Ka aro atu tātou ki hea?**

- Longer term ageing client review (in progress)
- Review of residential facility services (in progress)

### **Interdependencies**

- Midland – Clinical Governance Project
- Addictions Clinical Qualifications Project
- Regional – NASC Service review
- Developing Blueprint II
- Acute services review Provider Arm
- Te Kawau Maro Service development
- BSMC / Whanau ora
- National MH&A Action Plan
- Te Tahuhu's 10 leading challenge

### **TDHB Provider Arm, Kaupapa Maori and Mainstream Provider Services - E ngā hua (Learning's)**

- Champions are needed to each level to drive and energise if positive change is to occur
- Cultural differences add strength and conviction
- Excellence and quality are common goals
- Spending time together allows for greater synergy commitment and collegial respect

**Clinical Governance** – to be presented at a later date

### **Ehara taku toa I te toa takitahi, He toa takatini kē**

#### Resolution

*That the Community & Public Health and Disability Support Advisory Committee note and support the Taranaki Adult Mental Health & Addictions Continuum Project, October 2011.*

*Ballantyne/Catt  
Carried*

### **660.0 Management Reports**

General Manager, Planning, Funding and Population Health took her report as read noting the following points:

- Appendices 1 to 5 detail the outputs for the focus areas in the Annual Plan, and whether they are all either on track. Appendix 6 identifies where outputs are slipping or behind.
- Technology was used during the presentation to enable people who have hearing difficulties to hear the discussions better. The TDHB Trust Fund enabled the purchase of eight pieces of equipment spread around the hospital to enable people to hear during consultation with clinicians regarding their personal care. The equipment at this meeting enables people to hear more clearly during these meetings. Mrs Boardman welcomes feedback.
- The Disability Action Group are currently in the consultation phase of the Action Plan for 2011-2014.
- Hospital Level of Care – historically there has been an assumption by rest homes that they have been able to have one resident at HLC irrespective of whether they certified or not for that level of care. MoH have advised that there is not an automatic entitlement for this level of care, there is an approval

process which may be granted under certain circumstances. This is different to what has been assumed in the past and we are working through formalizing the process for granting approval so that there is appropriate care being delivered; and providers are clear under which circumstances it will be granted.

- The New Plymouth District Council has decided to stop fluoridating the water supply, the Public Health Unit will review our involvement in the decision making process and determine whether any lessons can be learned for the future.
- Work is being undertaken with Red Cross, Bishop's Action Foundation and Taranaki Regional Council and the Public Health Unit looking specifically at the Community Transport Needs Assessment of Patea. This also links into work around access to health services in South Taranaki and transport issues. STDC have a lead role around this.
- Financial Report - the overview of the Funder position for the period ending September 2011 shows a surplus of \$681,000 against a budgeted surplus of \$96,000 which is a positive variance due to additional revenue received over the period.

#### Discussion

- Ms Lockett asked if the positive variance around the finances is a timing issue and if it will work its way out over the year?
- Mrs Boardman confirmed it will work its way out. The budgets are set early in the year when the funding envelope comes out. Subsequently the DHB can receive additional funding and is expected to deliver additional services, so overall the impact is expected to be cost neutral.
- Ms Lockett enquired if there is a definition for Hospital Level of Care.
- Mrs Boardman advised that there is and it refers to the level of care required by the patient and additional requirements for the staffing and facilities.
- Mrs Rumball enquired if the Health Target Results variables for Short Stay in ED and Smokers were seasonal.
- Mrs Boardman advised it is due to work load rather than seasonal.
- Miss Bourke asked who were the people who make up the Supporting Communities cluster?
- Mrs Boardman advised they are a unit of the Public Health department comprising Health Promotion staff.
- Mr Ballantyne sought clarification around 2.1 regards waiting times for assessment or treatment of patients requiring elective surgery not exceeding six months.
- Mrs Boardman confirmed there are two targets. Some of the indicators relate to the time from referral by a GP to a patient being seen at a first specialist assessment, an outpatient appointment. The second part is when the patient is seen in outpatients and requires surgery. It is the time from when surgery is assessed to the time surgery takes place. The expectation is for surgery to take place within the six months for those patients given certainty.

### Resolution

*That the Community & Public Health and Disability Support Advisory Committee note and support the Management Report of the General Manager Planning Funding & Population Health*

*Tamatea/Catt*

*Carried*

### **661.0 Maori Health Report**

Mrs Henare took her report as read noting the following:-

- Tumanako is the series of spreadsheets that make up the monitoring report against the Maori Health plan.
- The (Maori Health) team is busy responding to numerous enquiries resulting from the advertising campaign re the availability of Community Action funding.
- Whakatipuranga Rima Rau – exciting achievements have been made that have been determined by the level of funding obtained in particular the Internships where every one of them has had a very positive outcome.
- The Whakatipuranga Rima Rau Trust has reviewed its structure and approved an Operational Plan that now comprises of three work-streams. Jackie Broughton now back with the Maori Health unit is leading the Incubator / secondary school work-stream.
- Whanau Ora Needs Assessment – is underway led by Becky Jenkins from Planning & Funding. Have engaged a Public Health specialist to contribute a Maori view to this work. Looking at undertaking a comprehensive assessment of the health needs of Taranaki Maori within a Whanau Ora context that takes into consideration the socio economic determinants of health.
- Te Kawau Maro Maori Health Services have had their first meeting with the Alliance and working to have a contract in place to commence 1<sup>st</sup> January 2012.

### Discussion

- Dr Catt enquired if 5.3 could be expanded on.
- Mrs Henare advised the first year we paid \$75K, the second year \$60K. The HR managers have negotiated \$35K per DHB for all Midlands DHB's. Since the writing of this report, the Hawkes Bay DHB have advised that the price to WRR for 2012 will be as negotiated by the HR Managers i.e. \$35k.
- Dr Catt enquired what the timeframe is for the Whanau Ora Needs Assessment.
- Mrs Henare advised the aim is to complete it by December as this is when the Public Health Specialist finishes with the project.
- Mr Ballantyne commented it was good to see everything coming to fruition and that Taranaki could be seen to be leading the country.

### Resolution

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

*Ballantyne/Burrows*

*Carried*

**Next Meeting**

It was noted the next meeting date is 13 December 2011.

The meeting concluded at 1.00pm with a karakia.

.....  
Chairman

.....  
Date

TDHB Community & Public Health Advisory /Disability Support Advisory Committee Task List from 25 October 2011						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
1	31-Aug-2011	Diagram of Maori Health Journey from He Korawai Oranga to today	Progressing	CA Maori Health	25-October-11	Closed



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



**FROM** Sandra Boardman - GM  
Planning Funding and  
Population Health

**DATE** 5 December 2011

**MEMORANDUM**

**SUBJECT** Planning, Funding and Public  
Health Operations Report  
November 2011

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## **1.0 OVERVIEW**

This report provides an overview of Planning, Funding and Public Health activities undertaken during the period November 2011.

## **2.0 NATIONAL POLICY INITIATIVES**

### **2.1 Revised 2011 2012 Mental Health Template**

Reporting against the 2011/12 Mental Health Quarterly Financial template has been realigned by the Ministry of Health, to reflect the redefined Mental Health ringfence.

The ringfence now includes:

- expenditure on community dispensed anti-psychotic drugs
- revenue for Ministry funded primary mental health initiatives
- greater flexibility for expenditure on primary mental health and addiction services by DHB's that have met 3% access to secondary specialist services.
- 

The result of these changes is a \$2.55 million increase to the Mental Health ringfence for TDHB.

### **3.0 Annual Plan 2011/12**

Good progress is being made on Annual Plan 2011/12 activities. Status reports on each area of the Annual Plan are attached as Appendices 1 to 5. An exception report on all activities which are behind plan is attached as Appendix 6.

### **4.0 Health Targets and Indicators of DHB performance**

Appendix 7 shows progress against the Health Targets. Targets for shorter stays in ED, shorter Cancer Waiting times and access to elective surgery were met. Recovery plans are in place to address performance against the increased immunisation and better help for smokers to quit.

Appendix 8 summarises Taranaki DHB achievement against the indicators of DHB performance.

## **5.0 Annual Plan 2011-12 Status Report**

Report of progress in delivering the actions and outcomes described in the 2011/2012 Annual Plan are given in Appendices 1-5. Appendix 6 reports against items behind plan.

### **5.1 Public Health Unit**

Appendix 9 identifies progress against the Public Health Unit Annual Plan in the form of traffic lights (Red, Amber, Green). As at 30 November 2011 all PHU Plans are on track, with the following significant exceptions:

- A2 In the context of limited additional Drinking Water Assessor capacity — The Drinking Water Assessor will complete verification of compliance reports for Council supplies. These reports account for 80% of the population served.
- A5 The scoping and development of the generic PHU Emergency Plan is delayed. Alternative options for the completion of the Business Continuity Plan have been agreed.
- A5 Delay in initiation of the Environmental Needs Assessment Project. The post of Public Health Planner/Policy Analyst has now been filled and this will form part of the work plan for later in the year.
- B1 The project to improve awareness of campylobacteriosis among those at risk of zoonotic infection (farmers, their families and animal processing plants) has yet to be scoped.
- C2 There remains a delay around the joint initiative with DLA and Police regarding the Alcohol Bill as the Bill has not yet been finalised.
- C1 Evaluation activities related to the Smokefree and Alcohol Projects with Taranaki Rugby League remain behind schedule.
- D1 Patea parent workshops are still being planned and will be rescheduled in 2012.
- D2 The Healthy Eating Project with the Opunake Sustainability Group (OSG) has been reviewed. The PHU will continue to support the OSG but will also look at other opportunities to support healthy eating, food security and physical activity within Opunake. This conversation will be progressed within the community, with a decision being made on a project in February 2012.

### **5.2. Key Activities /Highlights and Issues**

The key activities/highlights and issues for the period are as follows:

#### **Communicable Disease**

Since the two confirmed cases of English measles diagnosed in October there have been no further cases identified. However, the public health unit remains vigilant. Of four suspected cases since then two have been discounted on laboratory testing and results are awaited for a further two

### **Immunisation**

There is a lack of progress against the two year immunisation target (currently at 89%). This is also hampered by an 8.5% decline rate by parents. A meeting is being held between the Ministry of Health Immunisation Group, led by Dr Pat Tuohy, and members of the Taranaki Immunisation Strategy Group to review progress against the Strategic Plan and to agree on further initiatives to increase immunisation uptake between now and July 2012 when the 95% target is expected to be reached.

### **Drinking Water**

A Public Health Risk Management Plan (PHRMP) implementation audit was undertaken during November for the Cold Creek water supply. The PHRMP and assessment for the North Egmont Visitor Centre Water Supply, which is run by the Department of Conservation, has been completed.

Assistance to schools/camps with writing PHRMPs, as part of the surveillance sampling programme progressed in this period.

### **Injury Prevention**

As an active member of the local child safety coalition Kidsafe Taranaki Trust, the Public Health Unit has organised for a new Driveway Run-Over Injury Prevention Resource Kit to be available for free loaning to the public. The arrival of this valuable interactive resource is a result of ongoing liaison with national child safety group, Safekids New Zealand, and a Safekids campaign planning workshop organised by the Public Health Unit earlier this year in New Plymouth. On 27 November the Public Health Unit also participated in using the resource at the Taranaki Safe Families Trust Whanau Challenge Day to promote awareness of preventing child driveway run-over injuries to Taranaki whanau.

## **6.0 FINANCIAL REPORT**

### **Overview**

This report gives an over-view of the TDHB Funder financial position for the period ending Oct 2011.

The overall funder position for the four months to Oct 2011 is a surplus of \$1,403k against a budgeted surplus of \$535K resulting in a positive variance of \$869k.

Personal Health reports a surplus of \$1,066K, compared to a budgeted surplus of \$735K resulting in a positive variance of \$331K. Actual additional revenue in excess of budget totals \$434K.

Mental Health reports a surplus of \$36K compared to a budgeted break even.

Population Health reports a surplus of \$41k compared to a budgeted break even. Funding held in the Income in Advance account will be released into revenue on a periodic basis to match expenditure incurred.

Health of Older People reports a surplus of \$436k compared to a budgeted breakeven. Actual additional revenue in excess of budget totals \$343K. The DHBs decision to set up and manage an interim NASC service continues to result in a containment of expenditure in this area.

Maori Health reports a deficit of \$176k compared to a budgeted deficit of \$200k resulting in a positive variance of \$24k.

Detailed financial analysis is attached to this report. Appendix 10.

The funder budgeted surplus for 2011-12 is \$5.8 Million. It is anticipated at this early stage in the year that the budgeted surplus will be achieved.

## **APPENDICES**

**1. Child and Youth**

Report is attached as Appendix 1

**2. HOP**

Report is attached as Appendix 2

**3 Mental Health and Addictions**

Report is attached as Appendix 3

**4 Long Term Health Conditions**

Report is attached as Appendix 4

**5 Primary Community**

Report is attached as Appendix 5

**6 Exception Report - Appendix 6**

**7 Health Target Activities Quarter 1, 2011 Result– Appendix 7**

**8 TDHB Indicators of Performance Quarter 1 – Appendix 8**

**9 Taranaki Public Health Unit Annual Plan Monthly Progress Report  
Appendix 9**

**10 TDHB Funder Financial Performance Report for Oct & Funder and TDHB  
Funder Revenue and Expendire Trends – Appendix 10**

Sandra Boardman

General Manager, Planning, Funding and Population Health























Unique Identifier	Focus Area SF-SP	Planned Outputs	Behind Plan	Variance Comments
6	Child & Youth Health Services	Health Target Immunisation - Work with NIR analyst from Waikato DHB to develop NIR queries to support small area analysis of coverage and determine the best approach to target those areas to promote immunisation		Not yet started
7	Child & Youth Health Services	Health Target Immunisation - Work undertaken by PHOs and NIR to audit data quality entered via practice management system		Work has been initiated in this area and opportunity to secure additional resource to completed the updates in primary care will be explored by the PHOs Immunisation Group and further with MOH as required
9	Child & Youth Health Services	Health Target Immunisation - Working to promote early GP enrolment at postnatal discharge		Ongoing work in this area is not producing the results expected and will be reviewed
10	Child & Youth Health Services	Health Target Immunisation - Review of the information provided to prospective parents by antenatal education services and promoting immunisation education for antenatal educators via IMAC courses		Further action Required to review contract changes for antenatal providers
11	Child & Youth Health Services	Health Target Immunisation - Focus on 'declines' on the NIR		Declines remain an issues. To be discussed with PHOs at November meeting of Immunisation Steering Group
13	Child & Youth Health Services	Health Target Immunisation - Promoting early and seamless transfer of care from LMCs to GPs of newborns		Further information to be provided to joint obstetrician and midwifery group by Medical officer or Health and contract reestablished with Maternity leads
28	Primary & Community Health Care Services	Consider and make decisions on recommendations from the Midland Health Network Older Persons, CVD/Diabetes, Nursing, Mental Health and Child & Youth Service Level Alliance Teams. Implement agreed recommendations		Waiting on recommendations from the Midland ALT with respect to the implementation plans across the Midland Region
54	Long Term Condition Health Services	Health Target Smoking Advice - Focus on sustainable, quality interventions.		Tobacco Action plan drafted. Implementation plan in development.
55	Long Term Condition Health Services	Midland DHB Regional Smokefree Initiative - 100% of targets are achieved		Tobacco Action plan drafted. Implementation plan in development.
58	Long Term Condition Health Services	Smoking Cessation Initiatives - <b>Primary Care</b> - Strengthen systems to support the delivery of ABC in clinical practice - Provide training to GPs, Nurses and Administration staff in ABC Approach - Enable clinical leadership to support ABC tobacco initiative		Expressions of interest process for smoking cessation investment in primary care developed by DHB No responses from any PHO to this EO. SLAT recommendations and implementation plan for MRHN not yet completed.
59	Long Term Condition Health Services	Smoking Cessation Initiatives - <b>Smokefree Taranaki</b> - Review Smokefree Taranaki Project in the context of the Smokefree Midlands Action Plan - Implement key actions from the review in Taranaki to continue to make progress on Smokefree environments and smok		Implementation plan in development.
60	Long Term Condition Health Services	Smoking Cessation Initiatives - <b>Mental Health</b> - Hospital, Primary and Community health professions trained in ABC Approach - Strengthen systems to support the delivery of ABC in clinical practice		Implementation plan in development.
84	Older People's Health Services	Coordinated services clustered around geographical areas		Dependent upon MHN progress with implementation of IFHC and South Taranaki Project
85	Older People's Health Services	Provision of additional support to care homes to prevent resident admission to hospital		Ongoing support to rest homes provided by Nurse Consultant Aged Care
86	Older People's Health Services	Implementation of the Project SPLICE model of service delivery including the change to mobile nursing and practice based nursing services		Dependent upon MHN progress with implementation of IFHC and South Taranaki Project. Also dependent on outcome of MHN DN co-location pilot at Hamilton demonstration site.
87	Older People's Health Services	Increased availability and options for dementia day care		ADARDS increasing day care provision in North. Discussions taking place with ADARDS to establish service
88	Older People's Health Services	Expand the current ADARDS specialist dementia day programme in Taranaki to two days per week (currently one day per week)		ACHIEVED. Increase to 2 days a week began in October 2011
90	Older People's Health Services	Implementation of systematic process to manage DHB requirements as part of the new integrated auditing process		
92	Older People's Health Services	Increasing opportunities for early intervention through improvements in assessment and care management of older people in the community		Single point of entry operational from February 2012. Single Point of Entry will support Care Management model. Care Managers due to be recruited February 2012.
94	Older People's Health Services	Increased use of residential respite services for regular, planned respite care		DHB Carer Support review completed. Access to Residential Respite will be improved by reducing access
95	Older People's Health Services	Effective targeting of home based support services to individuals with complex needs		Will be supported by implementation of InterRAI in 2011/12. Dependent also on recruitment of Care managers
97	Older People's Health Services	TDHB continues to engage on an ongoing basis with regard to the aged residential care review		As required on annual basis.
98	Older People's Health Services	Implement SPLICE including the shifting of district nursing and allied health into an IFHC		Dependent upon MHN progress with implementation of IFHC and South Taranaki Project. DN co-location at InterRAI Lead Practitioner and Project Manager appointed. Training of TDHB assessors due to begin in
99	Older People's Health Services	Implementation of new software programme to manage referrals and care planning processes		Non- complex assessors appointed by TDHB in July 2011. Appointment of complex assessors (Care Managers) dependent on MHN.
100	Older People's Health Services	Recruitment of staff required to undertake screening, assessment, care planning and care coordination		Outcome of MHN Older Persons SLAT recommendations is for Care Managers to be employed by TDHB. Requisition process underway. Aim for recruitment by Feb 2012
101	Older People's Health Services	Recruitment of up to 8 Care Managers responsible for assessment and care coordination for older people and people with long-term chronic conditions who have high and complex needs		



Taranaki DHB Health Target Quarter 1 2011 Result





Health Target Results

**Shorter stays in Emergency Departments**

Target: 95% Result: 95%

**Improved access to Elixive Surgery**

Target: 100% Result: 100%

**Shorter waits for Cancer Treatment Radiotherapy**

Target: 100% Result: 100%

**Better help for Smokers to Quit**

Target: 92% Result: 92%

**Increased Immunisations**

Target: 95% Result: 95%

**Better Diabetes and Cardiovascular Services**

Target: 89% Result: 89%

**1**

Target: 89% Result: 89%

Policy Priorities

PP1	Clinical Leadership self assessment	Target	Result
PP2	Implementation of Better, Sooner, More Convenient primary health care	Target	Result
PP3	Local iwi/Maori engagement and participation in DHB decision making, development of strategies and plans for Maori health gain, PHO Maori Health Plans	Target	Result
PP4	Improving mainstream effectiveness DHB provider arms pathways of care of Maori	Target	Result
PP5	Waiting times for chemotherapy treatment	Target	100% Result
PP6	Improving the health status of people with severe mental illness	Target	Result
PP7	Improving mental health services using relapse prevention planning	Target	Result
PP8	Alcohol and drug service waiting times and waiting lists	Target	Result
PP9	Delivery of Te Kohiri: the mental health and addiction action plan	Target	Result
PP10	Oral Health DMFT Score at year 8 Maori Oral Health DMFT Score at year 8 Other Oral Health DMFT Score at year 8 Total	Target 1.25 0.94 1.01	Result 0 0 0
PP11	Children caries free and 5 years of age Maori Children caries free and 5 years of age Other Children caries free and 5 years of age Total	Target 43% 65% 62%	Result 0 0 0
PP12	Utilisation of DHB funded dental services by adolescents	Target	85% Result
PP13	Improving the number of children enrolled in DHB funded services O4 Enrolled	Target	6500 Result
PP14	Improving the number of children enrolled in DHB funded dental services O-12 not examined	Target	569 Result
PP14	Violence Intervention Prevention	Target	100/200 Result
PP15	Improving the safety of the elderly: reducing hospitalisations for falls	Target	0.05% Result
PP16	Workforce - Career Planning	Target	Result
PP17	Service Change	Target	Result

System Integration

S11	Ambulatory sensitive avoidable hospital admissions - 0-74 Maori Ambulatory sensitive avoidable hospital admissions - 0-74 Other Ambulatory sensitive avoidable hospital admissions - 0-4 Maori Ambulatory sensitive avoidable hospital admissions - 0-4 Other Ambulatory sensitive avoidable hospital admissions - 45-64 Maori Ambulatory sensitive avoidable hospital admissions - 45-64 Other	Target 95 95 95 95 95 95	Result 90 92 70 69 71 88
S12	Regional Service Planning	Target	Result
S13	Service Coverage	Target	Result
S14	Elective services standardised intervention rates - Total per 10,000 Total Major Joints per 10,000 Hip Joints per 10,000 Knee Joints per 10,000 Cataract per 10,000 Cardiac per 10,000 Agreed funding for Maori Health	Target 308 21 10.5 27 6.5 35.07	Result 354.58 10.0 10.0 35.07 6.5 35.07
S17	Improving breast-feeding rates - 6 weeks Maori 6 weeks Other 6 weeks Total 3 Months Maori 3 Months Other 3 Months Total 6 Months Maori 6 Months Other 6 Months Total	Target 62% 74% 74% 58% 57% 55% 48% 51% 50%	Result 0 0 0 0 0 0 0 0 0

Ownership Dimensions

OS3	Elective and arranged inpatient length of stay	Target	3.7	Result	3.7
OS4	Acute inpatient length of stay	Target	3.9	Result	3
OS5	Theatre Productivity	Target	85%	Result	9
OS6	Elective and arranged day of surgery admissions	Target	60%	Result	6
OS7	Elective and arranged day of surgery admissions	Target	95%	Result	6
OS8	Acute re-admissions to hospital	Target	10.4%	Result	6
OS9	30 Day mortality	Target	1.41%	Result	0.0%
OS10	Improving quality of data provided to national collections - NHF Dues Ethnicity NHDS NIMDS Timeliness NIMPAC ED admitted PRIMHD	Target >9% and <= 9% >55% and <=5% >97% and <=9% >97% and <=99.5% >85% and <=99.5%	Result 2% 65% 97% 98% 100%		
OP1	Outputs delivered to plan	Target	100%	Result	0

Note: The Ownership Dimension results are indicative only. We report the results every quarter using age standardised calculations

Outputs Delivered to Plan

Performance Issues

- Health Target Short Stays in ED - TPHB has fallen behind target due to the identification of an error in counting against the target specification. TDBB has initiated a project with dedicated senior clinical resource to lead ongoing Active Pathway work which is expected to improve patient flow through ED.
- OS4 - Standardised Intervention Rates - Although TDBB remains behind target for cardiac surgery Q1, results represent an improvement against previous results. TDBB is actively participating in the Midland Coronary Syndrome project and has significantly reduced wait times for angiography and echocardiography.
- OS4 Acute inpatient length of stay - Initiatives currently in place and those due to commence in 2011-12 are expected to have a significant impact on both elective and acute average length of stay. Analysis of DHB data indicates that both Cardiac and Orthopaedic ALOS is longer than the average in NZ and like sized DHBs. Initial work will focus on these groups
- OS5 Theatre Productivity - Although the result for Q1 was disappointing it is hoped that the implementation of "The Productive Operating Theatre" initiative will support the achievement towards the target.
- OS7 - Elective and Arranged Day of Surgery - The result for this quarter has shown an improvement when compared to the previous reporting period. The Productive Operating Theatre initiative will assist for further improvement.
- OS8 - Acute Re-admission to hospital - It is the expectation of the DHB that initiatives currently in place and initiatives due to commence in this financial year will have an impact on a range of indicators including re-admission rates.

Highlights

1 Health Target - Better Diabetes and Cardiovascular Services - Although the targets were not changed following the 34% increase in diabetes observed prevalence rates the result for Q1 only reduced by 12%. This was in part due to a huge increase in the CVD risk assessments being completed (moved from 18th in the country to 5th). The increase from 57% to 78% in CVDRA completed for Maori was pleasing and the largest increase of any population group in the country.



Taranaki Public Health Unit  
2011/12 Annual Plan Monthly Progress Report

From 1-Jul-11

To 30-Nov-11

Month 5

<b>Physical Environments</b>		Status
A1	Border Health	Amber
A2	Drinking Water	Amber
A3	Hazardous Substances	Amber
A4	Resource Management and Planning	Amber
A5	Public health Emergency Planning and Response	Amber
A6	Other regulatory Activity	Amber

<b>Communicable Disease</b>		Status
B1	Communicable Disease	Amber

<b>Integrated Plans</b>		Status
C1	Tobacco	Amber
C2	Alcohol Related Harm	Amber

<b>Supporting Communities</b>		Status
D1a	Manaia	Amber
D1b	Patea	Amber
D1c	Opunake	Amber
D2	Health Promoting Schools	Amber
D3	Breastfeeding	Amber
D4	Nutrition and Physical Activity	Amber
D5	Injury Prevention	Amber
D6	Hauora Rangatahi	Amber

<b>Programme Support</b>		Status
E1	Workforce Development	Amber
E2	Information Management and Research and Evaluation	Amber
E3	Health Information and Health Education Resources	Amber
E4	Workforce Profile and Budget	Amber

Key

Gray No planned activity in period -

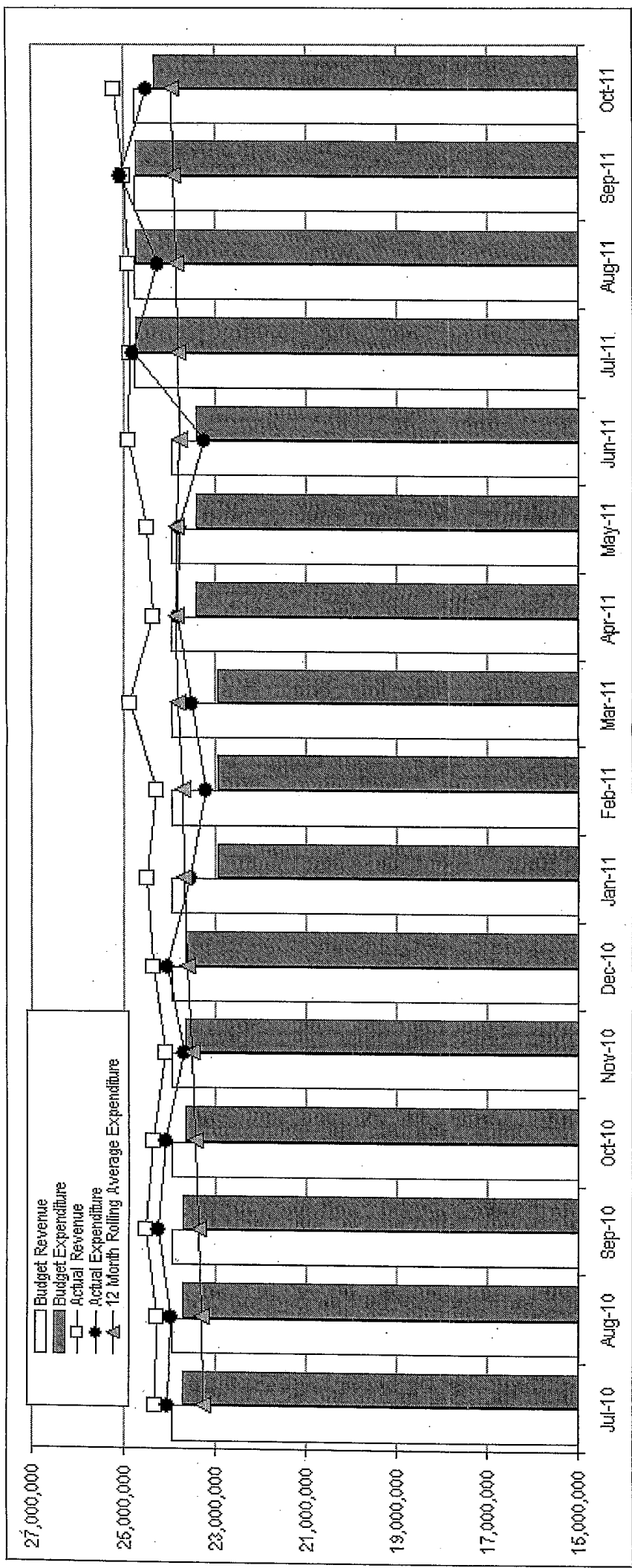
Red Not achieved Behind

Amber In progress/On track



Appendix 10

TDHB Funder Revenue and Expenditure Trends (000)



**TDHB Funder Financial Performance Report for Oct 11**

Appendix 10

Summary October-11	Month		YTD		Annual Budget
	Actual	Budget	Variance	Variance as % of YTD Budget	
<b>Revenue</b>					
Personal Health	18,609	18,314	294	434	219,771
Mental Health	2,599	2,582	17	17	30,982
Population Health	81	9	72	197	108
Health of Older People	3,557	3,478	79	343	41,739
Maori Health	165	165	0	0	1,983
Funding and Governance	201	201	0	0	2,411
<b>Total</b>	<b>25,212</b>	<b>24,750</b>	<b>463</b>	<b>992</b>	<b>296,994</b>
<b>Expenses</b>					
Personal Health	17,943	17,826	118	103	213,368
Mental Health	2,566	2,582	(16)	(19)	30,982
Population Health	84	9	75	156	108
Health of Older People	3,494	3,478	16	(93)	41,739
Maori Health	201	215	(14)	(24)	2,583
Funding and Governance	201	201	0	0	2,411
<b>Total</b>	<b>24,490</b>	<b>24,311</b>	<b>179</b>	<b>123</b>	<b>291,191</b>
<b>Profit/(Loss)</b>					
Personal Health	665	488	177	331	6,403
Mental Health	33	0	33	36	(0)
Population Health	(3)	0	(3)	41	0
Health of Older People	62	0	62	436	(0)
Maori Health	(36)	(50)	14	(176)	(600)
Funding and Governance	(0)	0	(0)	24	0
<b>Total</b>	<b>722</b>	<b>438</b>	<b>284</b>	<b>869</b>	<b>5,803</b>

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



**FROM** Ngawai Henare, Chief Advisor  
Māori Health

**DATE** 1 December 2011

**SUBJECT MĀORI HEALTH REPORT**

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## **1. INTRODUCTION**

This report summarises activities Maori Health activities from mid October to date.

## **2. MAORI HEALTH PLAN**

- 2.1. Attached is 'Tumanako' Maori Health Plan report for the quarter ended 30 September 2011 together with explanations for those items which are behind plan.
- 2.2. Midlands GM's Maori met on 30 November to discuss a regional approach to Maori health planning and monitoring. A commitment has been made to develop a regional framework for the 2012/13 year which will incorporate Maori health indicators in each of the clinical work-streams in the Regional Services Plan, as well as indicators within our respective Annual Plans.
- 2.3. 'Tumanako' as a framework has been well received by the other Midlands DHB's and will form the basis for the regional monitoring and reporting framework.

## **3. COMMUNITY ACTION PROJECTS**

- 3.1. Since July 2011 a total of 11 projects worth \$25,600 have been implemented across Taranaki with the support of the Community Action Fund.
- 3.2. Currently the projects coordinator is working with an additional 11 groups to develop their community action ideas and in supporting them to complete their applications to the fund.
- 3.3. Over the period since the Community Action Fund was first implemented in 2008, 53 projects worth \$355,400 have been implemented under the auspices of this fund.
- 3.4. A particularly successful community action gardening project was implemented in 2010 at Whakaahurangi Marae, Stratford and is still successfully operating today. Whakaahurangi is the venue for the December meeting of the Community and Public Health and Disability Support Advisory Committees. Members are encouraged to take the opportunity to view the project whilst there.

## 4. WHAKATIPURANGA RIMA RAU

### **Incubator**

- 4.1. Planning is well under way for implementation of programme 'Incubator' in 2012. An additional four secondary schools will be involved taking the full list of schools that have committed to the programme in 2012 as:
- Patea High School
  - Hawera High School
  - Stratford High School
  - Opunake High School (new)
  - Okato Area School (new)
  - Stratford High School
  - Inglewood High School
  - Spotswood College
  - New Plymouth Boys High School (new)
  - New Plymouth Girls High School (new)
  - Waitara High School
- 4.2. It is anticipated that around 160 Maori secondary school students will participate in 2012.
- 4.3. Work on setting up a student tracking database and system is continuing.
- 4.4. WRR has resisted the strong representations made regarding the intention to extend programme Incubator to year 9 students in 2012. Though fully supportive of this move and expectant of it happening in the future, WRR is committed to firmly establishing the programme in secondary schools for year 12 and 13 students first.

### **WHYORA - Transition to Work**

- 4.5. WHYORA – Transition to Work programme is a WRR priority for 2011/12 and on-going. The expectation of this work-stream is to provide support to students along the education and training pathways and into employment in the health and disability sector.
- 4.6. Cadetships and Internships are an important part of this work-stream. The WRR Trust is currently seeking funding to support the implementation of 10 internships (short-term holiday placements) and four cadetships (12 month full time work experience placements) in 2012.

### **General**

- 4.7. For the third successive year the TSB Community Trust has pledged its support to programme Incubator and to the WRR project in general. The on-going commitment of funding is critical to maintaining the momentum that has developed over the last two years.
- 4.8. Te Puni Kokiri has also committed on-going funding to WRR project coordination.

- 4.9. TPK has also indicated its funding support of a cadetship in the area of Alcohol and Drug awareness and counselling. WRR initiated this placement by way of an Internship with WAVES in 2011. WAVES has taken the initiative to source additional funding in 2012 to enable a full time cadetship. WRR will explore this as a successful employer-led workforce development package. WRR is very pleased to note the intention of this intern to undertake studies at WITT in 2012 to obtain a qualification in social work.
- 4.10. Midlands region Kia Ora Hauora project has indicated the possibility of additional funding that can be put towards internships. The extent of this commitment has yet to be confirmed.
- 4.11. TDHB continues with its substantial support of WRR through:
- a. 0.4 FTE allocated to project manage programme Incubator
  - b. the WRR office is based in the TDHB Maori Health Unit and is supported by TDHB's general administration infrastructure
  - c. access to specialist expertise such as IT, HR and Maori health and of course the significant TDHB workforce and systems that support it
  - d. funding of cadets and interns via the Maori Health Investment Plan's Maori workforce development commitment.

## **5. WHANAU ORA HEALTH NEEDS ASSESSMENT**

- 5.1. The Whanau Ora Health Needs Assessment is progressing well with significant input from a wide range of stakeholders including MSD, TPK, Tui Ora, the National Hauora Coalition and TDHB departments Planning and Funding, Provider Arm, Public Health and Maori Health.
- 5.2. The exercise involves some reasonably straightforward data analysis (as opposed to a quantitative research project that generates original data) as well as gleaning input from community through the Steering Group and hui with various stakeholders.

## **6. HAUORA MAORI SCHOLARSHIPS**

- 6.1. Applications are now open to the non-regulated Maori health and disability workforce for funding to support study during 2012, towards obtaining a formal qualification. Attached is an leaflet with more information regarding the scholarships.

## **7. HE RITENGA: TREATY OF WAITANGI PRINCIPLES HEALTH AUDIT FRAMEWORK**

- 7.1. He Ritenga: Treaty of Waitangi Principles Health Audit Framework is a tool for monitoring Maori responsiveness of health sector organisations.
- 7.2. Quality Visions Ltd, a local experienced auditor (Maori) has been engaged to undertake TDHB's first audits using the framework. These will be undertaken in Dental and Paediatric services.
- 7.3. The audit began with a powhiri on 5 December. The audit programme will be undertaken during the week with a summation and feedback hui to managers on Friday 9 December.

## 8. **RECOMMENDATION**

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

Ngawai Henare  
Chief Advisor Māori Health

# Health Workforce NZ (HWNZ) Hauora Māori Training Funding 2012

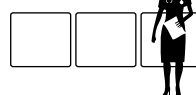


The Taranaki DHB is pleased to announce the opportunity for people who work in the non-regulated Māori health and disability workforce to apply for funding to obtain a formal qualification.

- The qualification must be relevant to your job or future health goals in providing health and disability services to Māori.
- To qualify you must be employed by the Taranaki DHB or by a Taranaki DHB/Ministry of Health funded organisation such as Māori Providers, other NGO providers, PHO, aged care facilities or hospice, etc.
- Further information on eligibility and application forms are available from Te Roopu Paharakeke Hauora, Taranaki DHB Māori Health Unit.
- Application forms are also accessible from the Taranaki DHB intranet or website [www.tdhb.org.nz](http://www.tdhb.org.nz).
- Taranaki DHB staff members are also welcome to visit us at Manawa Ora or phone extension 7656/7491.

**The closing date for HWNZ Hauora Māori Training applications is  
4.00pm Friday 16 December 2011.**

**Conditions apply so please check the criteria and complete your application as  
soon as possible.**





## Taranaki District Health Board - Māori Health Plan Indicator Monitoring - Quarter 1 2011-12

National Priorities		Regional Priorities	
Indicator	Target	Result	Notes
N11	Data Quality - Ethnicity data accuracy in TDHB Provider-Arm services >0.5% and <=2%	6.42%	R1 Cardiovascular Disease - Number of tertiary cardiac interventions TBA
N11	Data Quality - Ethnicity data accuracy in PHO registers TBA		R2 Māori Health Workforce - Report on the total number of Māori 88
N12.1	Access to Care - Percentage of Māori enrolled in PHOs 95%	84%	R3.1 Agreed funding for Maori Health and disability initiatives Qualitative No target set
N12.2	Ambulatory sensitive avoidable hospital admissions - 0-74 Maori 95%	90	R3.2 Māori Provider Capacity Development - Results-based Accountability contracts in place for provision of Māori health Qualitative Under way
N12.2	Ambulatory sensitive avoidable hospital admissions - 0-4 Maori 95%	70	R4 Monitoring Performance - Report on completion of 2 He Ritenga-- Treaty of Waitangi principles cultural audits across selected service areas within the Taranaki DHB Provider-Arm 2
N12.2	Ambulatory sensitive avoidable hospital admissions - 45-64 Maori 95%	121	
N13	Improving breast-feeding rates - 6 weeks Maori 62%		L1 Access to Services - Did-Not-Attend (DNA) rate for outpatient Target 4% Result 16%
N13	Improving breast-feeding rates - 3 Months Maori 55%		L2.1 Children carries free and 5 years of age Maori 43%
N13	Improving breast-feeding rates - 6 Months Maori 18%		L2.2 Oral Health DMFT Score at year 8 Maori 1.25
N14.1	Cardiovascular Disease - Number of tertiary cardiac interventions TBA		L3 Respiratory Health - Asthma hospitalisation rate 0-14 years ASR TBA
N14.2	Better diabetes and cardiovascular services - CVDRA Maori 90%	73%	L4 Sudden Unexplained Death of Infants Syndrome - SUDI mortality 0.5
N15.1	Better diabetes and cardiovascular services - DARS Maori 95%	86%	L4 Maintain Baby Friendly Accreditation Qualitative Yes
N15.2	Better diabetes and cardiovascular services - Management Maori 80%	68%	L5 120 Students enrolled in the incubator programme by June 2012 120
N16.1	Cancer - Breast screening rate among the eligible population TBA		
N16.2	Cancer - Cervical screening rate among the eligible population TBA		
N17.1	Better help for smokers to quit - Secondary - Maori 95%	91%	
N17.2	Better help for smokers to quit - Primary Maori 90%		
N18.1	Increased immunisation - Maori 95%	88%	
N18.2	Immunisation - Seasonal influenza immunisation rates for Māori aged 65 >68%	0	
N19	Maori Health Workforce - Percentage of Māori staff in Management, Clinical, 8%	6.70%	

TUMANAKO  
Exception Report Quarter 1 2011/12

Health Priority	Indicator	Planned Outputs	Unique Identifier	Internal Reporting Responsibility	Variance Comments
N7.2	12. % of smokers in primary care who are provided with advice and help to quit	Promotion of ABC approach within the sector and innovative initiatives to acknowledge performance against the target Primary	65	Becky Jenkins	Tobacco Action plan implementation is behind schedule due to complexities of current service commissioning arrangements
N7.2	12. % of smokers in primary care who are provided with advice and help to quit	Availability of NRT within the community	66	Becky Jenkins	Tobacco Action plan implementation is behind schedule due to complexities of current service commissioning arrangements
N7.2	12. % of smokers in primary care who are provided with advice and help to quit	Strengthen linkages between primary and secondary care	67	Becky Jenkins	Tobacco Action plan implementation is behind schedule due to complexities of current service commissioning arrangements
N8.1	13. Percentage of 2 year olds fully immunised	Prioritise interventions to address low immunisation rates through the Taranaki Immunisation Steering Group and the Taranaki Immunisation Strategic Plan	70	Becky Jenkins	Prioritisation of new intervention has not been implemented as current actions associated with
N8.1	13. Percentage of 2 year olds fully immunised	Implement interventions to increase immunisation rates for Maori	71	Becky Jenkins	Prioritisation of new intervention has not been implemented as current actions associated with Taranaki Immunisation Strategy Plan are still being completed
R1	16. Number of tertiary cardiac interventions	Determine the number of tertiary cardiac interventions for TDHB Māori for the 2010/11 year	85	Lee McManus	Participating in Midland regional ACS project
R1	16. Number of tertiary cardiac interventions	Compare TDHB intervention rates with other regional and national benchmarks	86	Lee McManus	reports to be developed based on available data - WG 1/12/11
R1	16. Number of tertiary cardiac interventions	Set up a reporting system which provides monthly tertiary cardiac intervention rates	87	Lee McManus	reports to be developed based on available data - WG 1/12/11
L2	22&23 % 5yr olds Caries Free and DMFT score at Year 8	Process map the 5 and 8 year olds attendance pathway to identify gaps in service access and delivery	106	Warwick Gilchrist	Process mapping yet to be initiated - likely to utilise next departmental planning day to develop a comprehensive and valid process map. - WG 1/12/11