SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 27 March 2019
9.30 am

Board Room, Community Services Building,
Wakari Campus, Dunedin

A G E N D A

Lead Director: Lisa Gestro, Executive Director Strategy, Primary & Community

Item

1. **Apologies**
2. 9.30 am
   Presentation: Whangaia Nga Pa Harakeke - Janelle Timmins and Paul Basham (NZ Police) – Intersectoral Family Violence Prevention
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Strategy, Primary & Community Report**
8. **DHB Performance Report – Q2 2018-19**
9. **Community Health Council**
10. **Financial Report**
11. **Resolution to Exclude Public**

Southern DHB Values			
Kind *Manaakitanga*	Open *Pono*	Positive *Whaiwhakaaro*	Community *Whanaungatanga*

APOLOGIES

No apologies had been received at the time of going to print.

9.30 am

Presentation:

Whangaia Nga Pa Harakeke - Janelle Timmins and Paul Basham (NZ Police) – Intersectoral Family Violence Prevention

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Commuity & Public Health Advisory Committees
Date of Meeting:	27 March 2019

Summary:

Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

Changes to Interests Registers over the last month:

- Nil

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	n/a
Workforce:	n/a
Other:	

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 15/02/2019

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
	21.09.2018	Dunedin Stadium Property Ltd (from 1 July 2018)		
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	~~21.08.2015~~	~~Board Member, REANNZ (Research & Education Advanced Network New Zealand)~~ (Retired 30 June 2018)	~~REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.~~	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		Spouse is Consultant / Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	Junior Doctor, Nelson Marlborough DHB	(Updated 25.01.2019)	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Otākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Otākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Otākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Nil
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	
Lynda McCUTCHEON	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Nicola MUTCH		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 30 January 2019, commencing at 10.35 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant	Commissioner
	Mr Graham Crombie	Deputy Commissioner
	Mr Richard Thomson	Deputy Commissioner
	Ms Justine Camp	Committee Member (by videoconference)
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary & Community
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Mr Gilbert Taurua	Chief Māori Health Strategy & Improvement Officer
	Mrs Jane Wilson	Chief Nursing Officer
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

1.0 APOLOGIES

An apology was received from Dr Nigel Millar, Chief Medical Officer.

2.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2) and received at the preceding meeting of the Hospital Advisory Committee.

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 21 November 2018 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 5) and received the following updates.

"Home as my First Choice" Programme

The Executive Director Strategy, Primary and Community (EDSP&C) advised that this had become a sizeable piece of work, which was expected to be completed in March 2019.

Thrombolysis

The Executive Director Specialist Services (EDSS) presented a report on increasing Southern DHB's thrombolysis rates (tab 5) and advised that regular progress reports would be provided.

Lakes District Hospital Redevelopment

It was noted that the Lakes District Hospital Redevelopment had not been added to the Interim Works Report.

Primary Care - Changing Invercargill Model of Care to Reduce Emergency Department (ED) Attendance

The Committee requested a progress report on the building work for this project.

After Hours Primary Care Services - Central Otago

The EDSP&C reported that the arrangement for patients to be seen after 10 pm by Central Otago Health Services Ltd (COHSL) would continue and negotiations were occurring to transfer funding from Central Otago After Hours Inc (COAH) to COHSL for this service.

5.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary & Community Report (tab 6) was taken as read and the EDSP&C highlighted the following items.

- *2019/20 Planning* - planning for the next financial year was under way.
- *Service Plans* - service planning, to enable a more informed and joined up process, would commence as soon as staffing levels were back to normal.
- *Pharmacy* - The Pharmacy Advisor had commenced.
- *Primary and Community Strategy* - implementation of the strategy was going well, with 40 of the 83 GP practices within the district now offering patient portals. Dialogue was continuing on the community health hubs for Dunedin.

The EDSP&C answered questions on Invercargill after-hours services, Lakes District Hospital refurbishment, the rural hospital alliance, aged residential care, and I-Moko.

I-Moko

The Committee requested continuing updates on the I-Moko programme.

Recommendation:

"That the report be noted"

Agreed

6.0 PERFORMANCE REPORT - QUARTER ONE 2018/19

The EDSP&C presented an overview of Southern DHB's performance for Quarter One 2018/19 (tab 7).

Faster Cancer Treatment

The EDSS reported that radiation oncology treatment times had been caught up and were back within target.

Stroke Services

The EDSP&C advised that this service was a mix of community and secondary acute and priority would be given to reviewing it over the next few weeks.

MRI - Utilisation of Private Facility at Frankton

The CEO reported that a response had not yet been received from Pacific Radiology regarding the utilisation of their MRI facility at Frankton.

Recommendation:

"That the report be noted"

Agreed

7.0 DISABILITY STRATEGY PROJECT

The EDSP&C presented a progress report from the Donald Beasley Institute on the Disability Strategy Project (tab 8).

Recommendation:

"That the Committees note the progress made and the upcoming consultation meetings planned across the district."

Agreed

8.0 FINANCIAL REPORT

In presenting the Strategy, Primary and Community financial results for December 2018 (tab 9), the EDSP&C commented that the main contributor to the adverse result continued to be an inability to achieve pharmacy savings.

The EDSP&C then answered questions on disability support hospital level care and pressure on psychogeriatric beds.

It was suggested that, to address the current shortage, the provision of psychogeriatric beds be discussed with community mental health providers, as well as the aged care sector.

Recommendation:

"That the report be received."

Agreed

CONFIDENTIAL SESSION

At 11.10 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda item listed below.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 15 March 2019

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Sept 2018	**"Home as my First Choice" Programme - ED Presentations** (Minute item 6.0)	To be reviewed for equity and submitted to the next Commissioner's and Iwi Governance Committee meetings.	EDSP&C	A report is underway in conjunction with new Maori Health Directorate Leadership Team.	March 2019
Nov 2018	**Lakes District Hospital Redevelopment** (Minute item 6.0)	Reporting on Lakes District Hospital redevelopment to be added to the Interim Works Report.	EDFP&F/ EDSP&C	Reporting on Lakes District Hospital redevelopment included in capital expenditure reporting to the Finance, Audit & Risk Committee.	
Jan 2019	**Changing Invercargill Model of Care to Reduce Emergency Department (ED) Attendance** (Minute item 4.0)	Progress report to be provided on the building work for this project.	EDFP&F	Awaiting consent from the Invercargill City Council to proceed with this work (area is a fire cell).	
Jan 2019	**I-Moko** (Minute item 5.0)	Continuing updates to be provided on this programme.	EDSP&C	Please see the Strategy, Primary Community report which has updated information on I-Moko.	
Jan 2019	**Psychogeriatric Beds** (Minute item 8.0)	Provision of psychogeriatric beds to be discussed with community mental health providers.	EDSP&C	Discussions were held with aged residential psychogeriatric providers during the Spring, resulting in consistent vacancies in Dunedin over the past months. Sustainability of the Invercargill Unit to be discussed in	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				March. Workshop on Secure Units to be held on 13 March 2019.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Strategy, Primary & Community Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	27 March 2019		
Summary: Monthly report on the Strategy, Primary & Community Directorate activity.			
Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:	N/A	**DATE:**	
Approved by Chief Executive Officer:	N/A	**DATE:**	
Prepared by: Strategy, Primary & Community Team **DATE:** 13th March 2019		**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Committees note the content of this paper.**			

COMMUNITY SERVICES

Health of Older People

6ATR/Older Person's Health

The shift to temporary accommodation along the 6th floor continues to go well despite the constraints and challenges for space. The teams have adapted well to the reduction in beds, and are working well to embed the changes made. From a patient and system perspective, the changes have been positive with a significant reduction in length of stay in 6ATR, and also an increase in the number of inpatients in the month.

The team on 6ATR have now implemented additional rehabilitation groups and in-reach into Wards 8MED and 3Surgical to enhance the rehabilitation journey for patients. Discussion with 6ATR Physiotherapist, 8MED Occupational Therapist and 8MED Charge Nurse Manager are ongoing and some efficiencies have been gained as a result:

- Improved Multidisciplinary Team working with Physiotherapist, Occupational Therapist, and Allied Health Assistants on Ward 8MED working collaboratively.
- Improved links between 8MED Charge Nurse Manager and Allied Health team.
- Earlier referral/awareness of patients requiring Allied Health input, and therefore reduced 'last-minute' referrals.

One of the consequences of the changes in models of care and patient flow is Early Discharge and Rehabilitation Service have seen a doubling of referrals into this service over the past 6 weeks. They are currently unable to meet this demand, with particular pressure within physiotherapy and nursing and to a smaller extent Occupational Therapy.

Older People's Health Rotation Programme: All four Nurses are on their rotational placement across 6ATR, 8MED and the Home Team. This now provides three additional placements x2 from ARC and x1 from MHOPS.

Home Team

The Home Team in Invercargill launched Monday 4 March. This is a five day service from 8am to 6pm. In preparation the team has been well supported by Dunedin, sharing what they have learned.

The Home Team in Dunedin has now being fully operational for three months. Referral numbers have been relatively consistent and they have been working close to capacity since week one.

Home to Assess also continues to be a highly valued service change, and we are looking to move this into a greater number of areas in the next month.

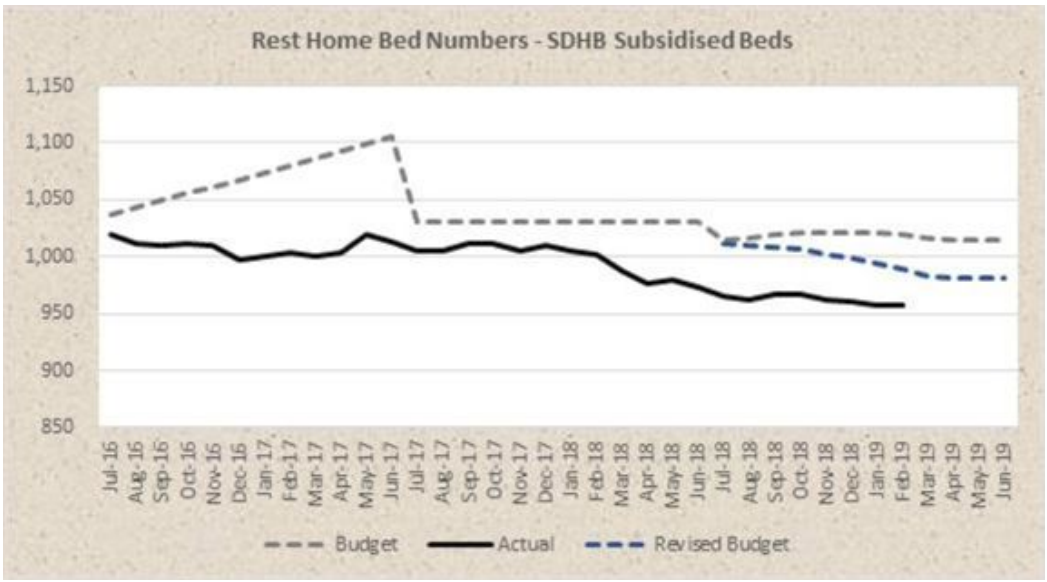
Allied Health

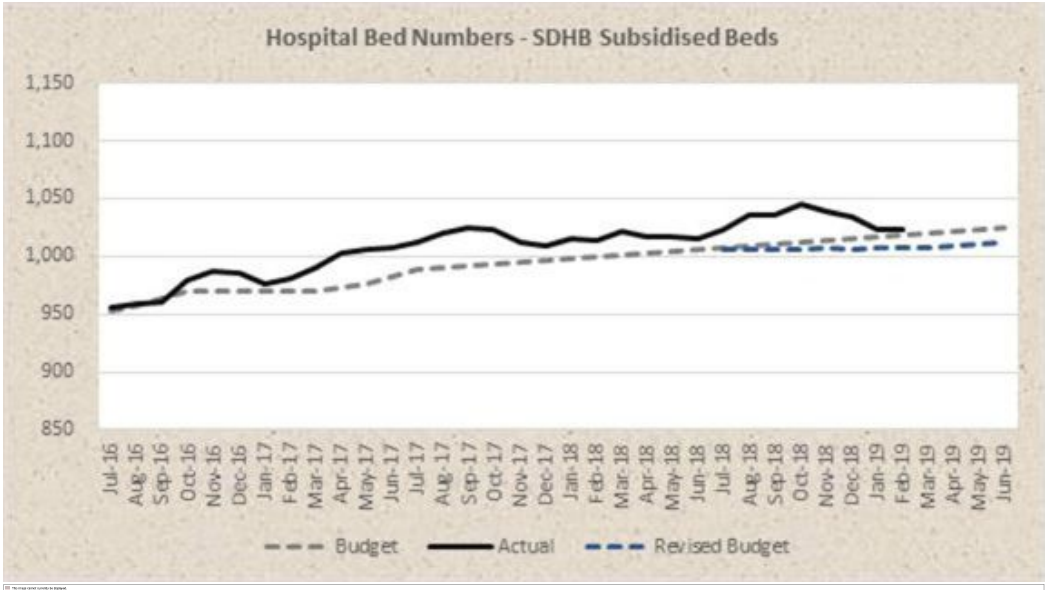
After a long 12 months recruitment is progressing favourably in a number of areas, and most teams are now are at or close to budgeted FTE. This has been aided significantly by seven New Graduate Physiotherapists and one New Graduate Occupational Therapist commencing in mid-late January.

There are still gaps in some services, most notably physiotherapy in Southland and dietetics in Dunedin. Dietetics is a now a significant risk with two recent resignations, which only compounds the issues of an overstretched team. Demand for dietetic services continues to increase significantly. We met with the respiratory team 4 March, and as an interim solution we are seeking to bring an external dietitian, which may involve flying in from elsewhere in the country once or twice a month.

Aged Residential Care

Key Performance Indicator	Plan (month)	Actual (month)	Variance (month)	
No ARRC Clients (February - Bed Nights)	69,468	67,800	1,668	(f)
HCSS Bulk Funded - Clients Hours (December)	47,796	49,178	-1,382	(u)
HCSS FFS - Client Hours per day (January)	308.9	224.3	84.6	(f)
IDF Inflows - Washups (YTD to January)	$4.426m	$3.877m	-549	(u)
IDF Outflows - Washups (YTD to January)	$9.495m	$9.701m	-206	(u)





Refugee Health

A contract is in place with WellSouth which expires on 31 March 2019. Negotiations around changes to the refugee health model and subsequent funding are ongoing. It is anticipated that Q4 will entail the beginning of a transition to the new model with services and alignment of FTE firmly in place in 2019/20.

Due to policy changes within central government, beginning in March 2019, the refugee resettlement in Dunedin will shift from Middle Eastern to Afghani resettlers (https://www.odt.co.nz/news/dunedin/afghan-arrivals-bring-challenges). This is going to present a significant challenge to the face-to-face interpreting service, as there is actually a very small pool in Dunedin of eligible interpreters who speak Dari/Farsi, the language of the Afghani refugees. Alternatives, such as phone and video, are being pursued.

SDHB, as has been recently reported in the media, has partnered with DCC in the provision of interpreter services to NGOs in Dunedin that are working with former refugees. This is a major advancement that appears to be setting precedent in New Zealand where local public services have partnered in addressing the most important aspect of achieving a successful city-wide refugee resettlement – bridging the language gap.

In January and February, former refugees in Dunedin and Invercargill had a total of 847 healthcare appointments. Of these, the total non-attended (DNA) appointments was 22. This represents a DNA rate of 2.6% for former refugees, while general population DNA rate is ~9.5%. Consequently, we have a traditionally vulnerable population showing indications of much better than average health engagement.

Utilisation trends remain stable and indicating most healthcare is delivered at its most optimal point - primary. Dunedin continues to be stable at the 30 month resettlement point and the six month Invercargill data also mirrors this trend.

	Primary Care	DHB provider arm	Community services/NGO's	Diagnostics/testing	Screening services
Dunedin	47%	29%	18%	5%	<0%
Invercargill	55%	30%	12%	3%	-

Full attendance for Culturally and Linguistically Diverse (CALD) Staff Training workshops so far for the current year. This is the first year in which this has occurred. There are two workshops remaining, however.

Public Health

Public Health – A better way of working

This project is now underway starting with the discovery phase. The Quigley & Watts consultant is undertaking informant interviews and a review of relevant national and international learnings that are applicable to this project. The aim will be to achieve three interdependent outcomes:

- Transition to ways of working that include quality collaborative partnerships, health in all policies, a health promoting workforce across the health sector and a multi-agency health promotion strategy.
- Strengthen the skills and ability of staff through workforce development to work in these ways, and
- Ensure our service has the appropriate organisational structure to support working in these ways.

The project steering group has been established and the first meeting is being held on 28 February. The focus of this meeting will be to provide the context for this work, a summary of the informant interviews and discovery to date, finalising the Terms of Reference and agreeing the way forward, vision and timeframes. On 3 and 4 April there will be a 2-day workshop in Dunedin. The workshop will enable people to develop a shared understanding of key frameworks such as health in all policies and collaborative partnerships as ways of working. We intend to have as many staff as possible attend this as it is key to building a strong understanding of how we want to move forward and to start the co-design process with staff. Initial communications has been sent to staff and unions informing them of the start of this work

Drinking Water Audit - Update

The drinking water team was audited by IANZ (International Accreditation New Zealand) in November 2018. We were given corrective actions relating to the management and monitoring of workload, as well as monitoring the non-compliant water supplies in the district. Our response to these corrective actions has been submitted to IANZ for approval. They have accepted the management actions arising around workload and the management of non-compliant drinking water supplies in the Southern district. However more information has been requested regarding our actions and follow up with a specific water supply. The background information for this is being prepared and will be sent before the end of February. Training needs for Health Protection Officers (HPOs) have been identified following the implementation of an escalation process for non-compliant drinking water supplies. These will be addressed over 2019. Central Otago District Council have been requested to provide a timeline for submitting an outstanding

water safety plan in the first of these escalations. Appropriate responses for the different non-compliances are jointly agreed by a Medical Officer of Health, Drinking Water Assessor and HPO before the HPO actions the response.

Submissions

The submissions lodged in February included:

- We submitted under the Resource Management Act 1991 to Environment Southland with regard to a proposal to expand a dairy farm. We pointed out the public health risks associated with this operation. It was located in an area where local surface waters had been compromised by land use activity. The public health risks associated with this application related to the fact the property was drained by creeks that were a tributary to the Aparima River. This estuary is recognised as one that has been compromised by land use activity with a substantial well known "dead zone".
- Another submission was lodged in relation to a proposal for a residential subdivision on the flanks of Mt Dewar near Coronet Peak. We pointed out the public health risks of surface water supplies and the proposal for on-site (septic tank) management of sewage in an alpine environment.
- A submission that strongly recommended tourism is approached sustainably was lodged in respect to the Government's draft Tourism Strategy.
- We agreed that a consent application to take ground water for a community water supply in Central Otago should proceed without public notification as the supply had a higher standard of treatment than many other water supplies in that locality.
- We provided advice to Queenstown Lakes District Council on their vision for 2050. We pointed out the vision needed to be focused on the wellbeing of people who live, work and play in the community.

Plan Change 13 – Update

Southern DHB is monitoring progress on Central Otago District Council's Plan Change 13 as it relates to a subdivision near Cromwell. Hearings for this Plan Change will be before Planning Commissioners in April. It is our understanding that noise experts representing the applicant, ourselves and the Cromwell Motorsport Park have met to determine what specific matters will need to be addressed at the hearing. Other matters relating to spray drift and other public health risks associated from neighbouring orchard operations are under investigation.

Air Quality

The smoke from domestic fires are considered to be the most significant contribution to adverse air quality in the Southern district. This is particularly relevant in parts of the district where the air can be still, and where pollutant trapping temperature inversions can occur in the winter. These are identified as priority communities by the Otago Regional Council and Environment Southland and include South Invercargill, Gore, Milton, Alexandra, Cromwell and Arrowtown.

Public Health South has been supporting regional councils to adopt a multi-sector approach to address air quality in these locations. In Invercargill we participated in a 'Warm Homes and Clean Air – Being Part of Making it Happen' facilitated workshop. This was an opportunity to explore barriers to making the healthy choice the easy choice and suggest ways that healthy choices could be made more easily. It was recognised that all stakeholders (including Environment Southland, Public Health South, Invercargill City Council, Awarua Synergy, Te Ao Marama, Venture Southland, the Ministry of Social Development, and the Ministry for the Environment, the Fire Service and the finance sector (SBS Bank)) had a part to play. It was recognised any improvement could only be expected in the medium-term and that stakeholders would need to meet regularly to monitor progress.

We supported the Otago Regional Council to host a similar meeting in Cromwell. This included the Otago Regional Council, Public Health South, Queenstown-Lakes District Council, Environment Southland, WellSouth and Ururuwhenuwa (as representative of Ngai Tahu). The meeting provided stakeholders a good perspective of the issues and gave Otago Regional Council the opportunity to work intensively with Arrowtown to resolve its clean air issues. We are currently supporting their communication advisor based in Central Otago with public health messaging. The campaign will also include air quality monitors around town coupled with personal self-reported health monitoring in a project similar to the project the National

Institute of Water and Atmosphere ran in Alexandra last winter. Otago Regional Council is currently at a point where they say any future improvement in air quality in these towns will be incumbent upon an effective process of community engagement. Arrowtown was chosen as it was the first community to approach Otago Regional Council. In time it is intended that a similar process will be applied to other Otago communities.

Population Health Service

The Online Immunisation Catch Up Calculator Project is now complete and the final Feasibility Study Report was received on 28th February 2019.

Five new staff have joined the Te Punaka Oraka - Public Health Nursing service [four of which are Nurse Entry to Practice (NETPS)]. Gateway Nurses have now joined Te Punaka Oraka, to allow a collaborative approach to service delivery and to aid professional staff development.

Oral Health

Arrears have decreased exponentially however due to the upgrade of the Titanium applications system the full services reports are not working. January Arrears were down to 13% which is 7th consecutive month showing improvement and takes us closer to the national target of 10%.

The service has worked hard at recruitment and continues to have to recruit on an ongoing basis to replace staff as they resign.

A Dental Assistant in Otago attended the Hand Hygiene Course and will be sharing good hand hygiene practice with colleagues.

Three full-time permanent Oral Health Therapists are being mentored by Senior Clinicians. This will be the first time we have been fully staffed in Southland for a number of years. One new graduate will be orientated and mentored in Otago as we do not have the capacity to orientate 3 in Southland. Once she has completed this she will move to Southland to begin work.

Mobile dental services have been completed in two Otago areas this month. Feedback from staff in Milton and Palmerston is that the children's teeth are good and our model of care has been working, e.g. use of stainless steel crowns, talking with parents about brushing and diet etc.

Videoconference with Canterbury DHB Dental Service regarding training of Dental Assistants using the Careerforce Allied Health Assistant qualification. Question and answer session regarding the success of the training of Dental Assistants here in Southern.

Maxillo-facial surgeon replacement plan working in conjunction with the University of Otago Dental Faculty. First Maxillofacial clinic was held on 21st February 2019. A roster has been set up for the year.

Dental Unit and Community Clinic Upgrades are ongoing as per CAPEX endorsements. Plans are due for completion and sign off for the 2 x Dental Unit clinics to be upgrades planned for 18/19 and 19/20 financial years. The Fernworth and Waihopi community clinics equipment upgrades have now had the CAPEX requests completed and are now going through the process of endorsement.

Titanium

Titanium – Reporting has improved but is still an issue working with IT and vendor to resolve

Children's Health

Well Child Tamariki Ora Review

A teleconference was held with MoH and DHB portfolio managers to provide an update on the Child and Youth Wellbeing Strategy. Ten hui were held in November/December 2018 and the Department of Prime

Minister and Cabinet (DPMC) are expected to release their documents, reflecting hui findings, on the 3 March (Children's Day). DPMC's Strategy will indicate Government's commitment to tamariki and rangatahi and guide funders to ensure good outcomes. May's Cabinet paper will reflect the draft Strategy and health's response to the Child Youth Wellbeing Strategy. The Prime Minister has signalled that Health's Strategy will be released in July 2019.

We were also advised that the MoH are developing a Strategic Policy Framework based on the Government's commitment to Child and Youth Wellbeing Strategy, The Strategic Policy Framework is to be the health sector's response to the Strategy recognising the transformational change sought by the Prime Minister.

An overview was also provided on the WCTO Review but no timeframes were provided. Health is leading on two priority areas – First 1000 days and child and youth mental health.

Well Child Tamariki Ora/SUDI
Work continues to progress on:

- Kōpūtanga (Pregnancy and parenting) – work is continuing on increasing access for Maori and Pacific women across the district. Classes will now be delivered from Pacific Trust Otago premises to increase participation of Pacific women. Awarua Whānau Services and Plunket are working to ensure cultural appropriateness of Kōpūtanga classes. Plunket have also engaged with community representatives from Wanaka to understand the needs of this community and the number of classes per annum will be increased.

- The SI coordinator for SUDI is progressing the pepi pod assessment. This month we have been planning a meeting to occur in early March with the team currently co-ordinating pepi pod distribution across the district. This meeting will provide understanding for the team on the pepi pod assessment; consider current pepi pod distribution and why we need to increase numbers of pepi pods being distributed; begin planning the meetings with pepi pod distributors across the district; discuss data collection for safe sleep device distribution and the need for MoH quarterly reporting; and advise on planning occurring for the introduction of wahakaru wananga.

- Wahakura wananga – The first meeting of the Steering Group is planned for the 6 March. At this meeting we will: Review where things are at currently in terms of the SUDI prevention programme and provision of Safe Sleep Devices in the Southern district; review and discuss the proposed Terms of Reference for the Steering Group; and begin the initiation of a plan to progress this project further recognising the need to engage with community weavers and organisations. Who we need to engage with across the district will be identified.

- Awarua Whānau Service, wrote to the 68 whānau in the Gore district seeking consent to transfer their WCTO care to Plunket. Only four whānau replied and all declined the offer. By default it is accepted that whānau do not reply, do not want to transfer to Plunket.

  We have been working with Awarua Whānau Services to determine how they can continue to deliver services to these whānau despite their funding issues. Verbal agreement has been reached with Awarua that funding from another contract can be utilised to support the employment of another experienced Maori WCTO nurse living in the Gore district who has just made herself known to the provider. Negotiations are to occur with this nurse.

  This work is a reflection of the difficulties created by the lack of WCTO funding and the lack of pay parity for WCTO nurses.

- A meeting was held with the Southern Stop Smoking Service to discuss increased engagement with pregnant women to support them to stop smoking. Agreement was reached to increase the incentive scheme for each voucher issued to encourage more pregnant women and whānau to participate in the scheme. There was also agreement to work more closely to try and increase numbers being identified and referred into the incentive scheme.

- The South Island Alliance WCTO Co-ordinator issued the SI Breastfeeding Project Report in early February including key findings and recommendations. The purpose of this quality improvement project was to gain a better understanding of Māori and Pasifika women's experiences of breastfeeding, in order to reduce the inequitable outcomes that currently exist. Recommendations included in this report and other information gathered from previous hui held across the district, will be used to support development of activities to increase breast feeding with an equity focus.

I-Moko

A meeting was held with I-Moko, local principals and other interested parties from Gore to discuss the opportunity of introducing I-Moko services into two sites in the Gore district. We have just been advised that the group are declining the offer for the following reasons:

- I-Moko explained that the best outcomes are in those communities that don't have existing wraparound type services – Gore is working towards enhancing these types of services with the Hokonui Highway project;

- It was felt that through the strong relationships that already exist between schools and Public Health nurses, and between Runanga, Kohanga and nurse practitioners, the children whose families need an extra prod to get medical attention already get the support to make that happen. In most cases that additional support does result in positive outcomes. For the small number where it doesn't, it was not felt that the iMoko service would deliver anything that the PHNs were not already doing;

- There was concern at the ongoing $2 per child cost per week, when only a small number of the children in each school really need this service

- There was concern that as most of the school populations were getting treatment when required, this service may create a dependence that doesn't currently exist for most.

This decision leaves two I-Moko vacancies in the Southern DHB pilot. Discussions will occur with I-Moko about this. One principal in Invercargill has expressed interest so we will follow-up on this possibility.

Family Violence Programme

A small Steering Group is being established to provide an assessment on the following VIP issues:
- Is MoH funding adequate to deliver contractual requirements?
- Is the VIP team fit for purpose for current and future requirements?
- Is the VIP Steering Group membership appropriate to lead into the future?
- Why is the commitment required to manage the VIP service disproportionate to other responsibilities of the Service Manager PHS?
- Is Public Health the right location for the VIP service?
- Who should provide clinical oversight for complex cases?
- There is a need for increased visibility and understanding of the VIP service at Executive Leadership level.
- How can VIP interface with the primary care sector and provide ad hoc support to staff on how to respond to elder or vulnerable adult abuse?
- What is the relationship / synergy between the Family Violence Programme and the Whangaia Nga Pa Harakeke?

STRATEGY AND PLANNING

The Ministry has now approved the Southern DHB 18/19 Annual Plan.

Information is being compiled for inclusion in the draft 19/20 Annual Plan, for submission to ELT/Commissioners. The Maori Health Directorate is reviewing the Government Planning Priorities section as it is completed to ensure that equitable outcomes actions (EOA) are included. MoH Planning expectations are not currently available for some areas, including Planned Care and Bowel Screening. The draft Annual Plan will be submitted to the MoH on 5 April, with feedback expected from the MoH on 10 May.

PRIMARY CARE

Implementation of the Primary and Community Strategy

Community Health Hubs

Work is ongoing to develop the plans for delivery of community health hubs. Meetings have been held with providers in Gore, Oamaru and Balclutha to explore their views on CHH development in their areas and the outputs of these meetings along with weekly discussions at the Strategy Implementation Group (SIG) are continuing to inform detailed planning. A bullet point plan of next steps will be prepared to identify;

1) How we approach the investor market to ascertain if there are investors interested in developing CHH's throughout the district with an initial focus on Dunedin
2) How we engage with other potential tenants for these buildings in particular Otago University (Dunedin Hub), MSD (Dunedin Hub) and GP's and other partners in the wider system

Initial focus will be on Dunedin but the needs of the wider district are also in scope.

Health Care Homes

Planning for the next tranche volumes and costing is underway. There are a number of previously committed practices, further inclusions will prioritise equity. Initial targets are for a further 60,000 enrolled population to be included.

Analysis of practice demographics and utilisation is underway to contribute to Steering Group decision on how to target 2019 EoI. The team are considering how to ensure we maximise population coverage and ensure equitable population coverage.

Pharmacy

Pharmaceutical Management and Utilisation

School of Pharmacy Clinic. Work has begun on defining the service model for the clinic and what benefits are expected for participants and to the DHB. The priority is to ensure effective referral into the clinic and how the clinic will most effectively contribute within the health system. A full-time clinical pharmacist has been appointed to run the clinic and started on 1 March. Next steps are to formalise relationships and pathways between primary and secondary care.

SDHB Top Ten Pharmaceuticals. An initial oncology clinician meeting has informed further understanding and prioritising of efforts to understand expenditure on PCTs, which make up most of the top ten expenditure. Data analysis is now underway using multiple sources of data inform further steps.

SDHB pharmaceutical data outliers. Strategies are being developed to understand and address outliers of polypharmacy in the elderly, rates of prescribing of a high-risk medicine interaction (ACEi, NSAID + diuretic) and the number of dispensing's per prescription.

Laboratory

Southern Community Laboratories Agreement

The new Clinical Operational Advisory Group (COAG) met on the 28th February 2019.

Initial Work Plan for COAG includes, among other things:

- Maori Health Plan-Develop and implement Maori Health Plan within 3 months of Agreement Start Date
- Data Cube-Develop data cube within 12 months from Agreement Start Date
- E-ordering (Community A/Rs)-Implement e-ordering capability for community Approved Referrers within 12 months from Agreement Start Date.
- E-ordering (Hospital A/Rs)-Implement e-ordering capability for hospital Approved Referrers within 18 months from Agreement Start Date.
- Audit reporting Report to DHBs on:
  Laboratory Test allocation/dispatch;
  Laboratory Test results have been delivered in appropriate timeframes;
  Information integrity error connections.

There are a number of additional project areas that will require the DHBs commitment if they are to commence. These include changes to the Invercargill Laboratory model and a number of additional changes around the district (mostly to rural hospitals). The contract highlights the potential value gained from these process changes that would have the effect of reducing the Net Service Fee further to the DHBs.

The CLAG will prepare a work plan for approval as a part of its initial work.

Access to Diagnostics

Wanaka contracts for Point of Care Services have been completed. Aligning to this, letters of agreement have been sent to SCL. On receipt of these documents, POCT services will be able to be initiated into Wanaka.

Te Anau locality; the medical practice has been contacted and they are keen to have the identical service in their locality. Contracting is underway to effect POCT implementation within the Fiordland Medical Practice. This should be complete within one month.

RURAL HEALTH

Waitaki District Health Services Ltd

As referenced in the January report Waitaki District Health Services Ltd have prepared and issued (on February 11th) a Proposal for Change document outlining a significant organisational restructure. The proposed restructure will include a reconfiguration of physical space on the Oamaru hospital campus as well as a reconfiguration of the staffing model.

The focus of the proposed restructure is very much geared towards clinical and financial sustainability combined with achieving the best outcomes for the population served by the organisation.

The proposed reconfiguration of physical space would see the co-location of patients with the highest health needs together with the nucleus of skilled staff working as a team. This would see:

- A dedicated resuscitation room created within the Emergency Department.
- The present High Dependency Unit would be moved so that the observation beds are moved to an appropriate location and a new minor operations room is created.
- The rehabilitation and physiotherapy gymnasiums would be re-designated spaces that would be used for inpatients and community patients.
- The space currently occupied by Takaro Lodge will become the location of the community team.

Key Points – Other Rural Highlights

The Rural Hospitals Alliance has established a monthly meeting schedule. They are presently discussing or working on the following areas:

- Access to the SDHB's training and development programmes for rural' staff
- Access to the Safety First platform for the rurals with a view to having a single tool for managing patient quality and safety issues across the district.
- Exploring the possibility of the Southern rural hospitals joining the South Island wide agreement between DHBs and the Order of St John for patient transport.

Lakes Hospital Refurbishment

Work continues on the Lakes Hospital site. Detailed reporting on progress of the build will be provided in the Finance Director's monthly report via the Building and Property team.

However, key highlights for the February period are:

- Work is still a few weeks ahead of schedule.
- No known problems with the redevelopment progress.

The Lakes Hospital management team continue to be involved in the monthly project review and Governance meetings. The next on site meeting and project governance group meetings are scheduled for the 19th March respectively.

Primary Maternity Project

Primary Maternity Strategy Implementation

There are some pockets of sole practitioners around the District where establishing reciprocal arrangements for regular time off and backup for homebirth is been challenging, including Central Otago, Lumsden and Te Anau. Work continues to support more linked ways of working.

Queenstown

The antenatal-only midwifery service is being folded into an antenatal clinic midwife role at Lakes Maternity and will have the ability to flex up or down depending on need. There is still a need for Lakes Maternity to provide care acutely for women without an LMC, including labour and birth care.

Telemedicine

The Wanaka obstetric telemedicine clinic is working well and demand exceeds supply. Discussion occurring in March with Women's Health to identify how they can expand the services closer to home.

Lumsden transition planning

Final date of Lumsden Maternity inpatient service confirmed for 15 April 2019, and plans for the transition are on track.

Hubs

Te Anau: Emergency maternity response equipment has been ordered. Fiordland Medical Centre are providing an emergency treatment room plus consumables and medications for emergency and routine maternity care. The Local midwife's room at Community House has now been leased by Southern DHB for the use of local LMCs.

Wanaka: A suitable property has now been identified for a Hub on Gordon Road. A letter of intent has been agreed and we anticipate taking over the lease in September 2019. At this time, the fit out will commence ready for go live in early 2020. A Blueprint has been drafted for fit-out to create 2 clinic rooms, emergency treatment room, and large reception area.

Dunedin Primary Maternity Feasibility Study

The working group presented final options analysis to the CLG, recommending an Alongside Maternity Unit (AMU) in the Acute Services Building as part of New Hospital build, based on benefits to women of birthing in physically distinct primary maternity setting, and higher utilisation of an alongside unit compared to a freestanding primary maternity unit (FMU). Important considerations include that the AMU has a separate entrance, a primary-only model of care in the AMU, and separate staffing from the specialist unit. The development of clear guidelines and decision support tools to support the new model of care will be important.

CLG has endorsed an AMU to be included in the New Hospital, subject to SPG endorsement.

SOUTHERN DISTRICT HEALTH BOARD

8

Title:	**Quarter Two 2018/19 Southern DHB Performance Reporting**
Report to:	CPHAC/DSAC Meeting
Date of Meeting:	27th March 2019

Summary:

Overview of DHB Performance Reporting for **Quarter Two 2018/19** with brief comments where targets or expectations have not been met.

Specific implications for consideration (financial/workforce/risk/legal etc.):

Financial:	N/A
Workforce:	N/A
Other:	N/A

Document previously submitted to:		**Date:**
Approved by Chief Executive Officer:		**Date:**

Prepared by: Strategy, Primary & Community **Date: 07/03/2019**	**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATIONS:

That the Commissioners note the results for Quarter Two 2018/19 DHB Performance Reporting

Southern DHB Performance Reporting Q2 2018/19

Health Targets & Performance Measures

The monitoring framework sets out DHB requirements to report achievement against

- Health Targets
- Performance Dimensions (Progress update re delivery of the NZ Health Strategy, Policy Priorities, System Integration, Developmental Measures, Ownership and Outputs)
- Crown Funding Agreements

The four dimensions that have been identified to reflect DHB' functions as owners, funders and providers of health and disability services are: Policy priorities, System Integration, Ownership and Outputs.

Assessment Criteria/Ratings

There are two sets of Assessment Criteria/Ratings for reporting, one for health targets and performance measures, and another for CFA Variations.

Assessment criteria/ratings for health targets and performance measures

Progress towards each target or measure will be assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each performance dimension (found on the NSFL). Health Target progress will be publicly reported on the Ministry's website.

Assessment Criteria/Ratings for health targets and performance measures

Rating	Abbrev	Criteria
Outstanding performer/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement	P	1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.

Not achieved – escalation required	N	1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.

Assessment Criteria/Ratings for CFA Variations

The non-financial quarterly reporting process is also used to collect and assess reports on CFA variations. All CFA variations with a reporting component, and created since the 2009/10 year, are required to have their reports collected as part of the non-financial quarterly reporting process.

The assessment criteria for CFA variation reporting are different to the criteria applied to health targets and performance measures. The progress and developmental reporting nature for CFA variations is more compliance based, and therefore the target-oriented nature of health target and performance measure assessment is not considered appropriate.

Assessment Criteria/Ratings for CFA Variations

Category	Abbrev	Criteria
Satisfactory	S	1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required	B	1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable	N	1. There is no report 2. The explanation for no report is not considered valid.

Summary of Southern DHB Performance Reporting – Quarter 1– 2018/19

Health Targets

Measure		Target	Final rating					Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
Better Help for Smokers to Quit	Primary Care	90%	90.9%	91.0%	89.6%	86.2%	N	*Result:* 86.2% were given brief advice and support to quit smoking, a decrease of 3.3% from last quarter. 85.5 percent of Māori and 82.4 percent of Pacific populations were given brief advice to quit smoking. Rank: 13 out of 20 DHBs. *MoH comments:* The DHB result decreased by a significant 3.3 percent and you did not achieve the target. Your report demonstrates the wide range of activities that you have underway in order to meet the target. We look forward to seeing the result of these activities in the future quarters. What activities are you implementing that focus on providing both Māori and Pacific populations smoking brief advice? Dr. John McMenamin (Target Champion – Primary Care) is available via teleconference to discuss ways of sustaining the DHBs *Target results* Please note that the result for Southern DHB's cessation support indicator is 32.6 percent. The national result for this indicator is 32.9 percent. This indicator shows the percentage of current smokers who have been given or referred to cessation support services in the last 15 months. The cessation support indicator result is for DHB use only and will not be publicly reported. You can use this indicator as a proxy measure of how well the clinicians are engaging with cessation services and how frequently they refer smokers to these services.

Measure		Target	Final rating					Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
								Southern DHB response: SDHB activity to improve rates is that the Māori and Pacific providers along with the WellSouth outreach nurses provide smoking brief advice when working with their referrals/clients. *Southern DHB report:* *Active Clinical Leadership/Clinical Champions* All WellSouth clinicians are aware of the Smokefree 2025 goal and WellSouth's role in encouraging practices. The Medical Director liaises directly with general practitioners and nurse practitioners to promote the goal of ensuring practices offer help to smokers to stop smoking. *Active, Dedicated Management to Support ABC Activities in General Practice* WellSouth's practice-centric approach to supporting practices means they regularly offer support and encouragement to practices and are able to offer training and education where necessary. *Reminder, Prompting and Audit Tools* Health Cloud Reporter gives a near-live indication of performance against the smoking target and access to patient lists to enable practices to identify patients in need of support to stop smoking. Where available, practices have access to Patient Dashboard and Appointment Scanner. This is PMS-dependent.

Measure		Target	Final rating					Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
								Systems and Processes that Make Life Easier for Health Professionals Health Cloud Reporter is in place in 76 out of 78 practices. Patient Dashboard and Appointment Scanner are in place in all MedTech practices. *Training* The Smokefree Coordinators at Public Health South are a superb resource that we take advantage of as necessary. In most practices offering help to smokers to stop is business as usual, demonstrating that practice staff are well aware of the need to offer help to stop smoking. The Southern DHB smokefree team arranged for Dr Mark Wallace-Bell to present to mental health services in Invercargill and Dunedin. *Staff Support* Provided as required. *PHO Activities to Increase Delivery of ABC in General Practice* Delivery of ABC in general practice is business as usual. Over 3,000 coded smokers have received brief advice to stop so far this quarter. During October the Southern DHB smokefree team promoted smokefree in six targeted general practices by offering free carbon monoxide tests. *Identifying and sharing the examples of best practice* WellSouth meet with practice managers as a group three times a year and provide an opportunity for them to discuss ways in which they can achieve the target.

Measure		Target	Final rating					Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
								Barriers Recent changes to capitation and practice funding are likely to see an increase in utilisation rates at general practice and an increasing workload. *Mitigation strategies to address barriers* WellSouth operates an outreach service that targets Māori and Pacifika people in order to re-engage them with primary care and ensure they have access to screening and advice to help them remain well.
	Maternity	90%	72.8%	80.3%	71.4%	82%	P	*Result:* This quarter 82% of women were given brief advice and support to quit smoking, an increase of 10.6% from the previous quarter. 88.2% of Māori pregnant women were given brief advice and/or support to stop smoking. This was also an increase. Rank: 19th out of 20 DHBs (overall). *MoH comments:* You did not achieve the target this quarter. The planned consumer engagement with young mothers is sure to provide some valuable insights, and we look forward to hearing more about this as the year progresses. The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2020) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental. *Southern DHB report:* At the Southern Smokefree Steering Group workshop in November 2018 it was agreed that a priority focus would be stop smoking for pregnant women. It was also agreed

Measure		Target	Final rating					Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
								that in the short-term this work would come be integrated under the SUDI area of responsibility to ensure a co-ordinated and linked approach with midwifery services to bring about change. *Barriers* The midwives report that women are not accepting of referrals to a cessation service. But this is not reflected in the data provided by the ministry which indicates that women are not offered cessation. *Our Southern DHB SUDI data indicates that smoking prevalence is particularly high in young and Māori women. Hence our commitment as outlined below.* *Initiatives to address barriers:* Southern DHB is also involved with supporting planning of consumer engagement of young mothers to hear their experiences of finding and engaging with a midwife, being asked about stop smoking and smoking cessation support, and discussion about safe sleeping for their baby. Semi structured group sessions (interview of approximately 1.5 hours duration) with young women will be conducted by the South Island Alliance SUDI and WCTO co-ordinator. This will happen early in 2019. We are also considering extending the interviews beyond the Murihiku Teen Parent Unit to other areas of the Southern district to ensure as many issues as possible are identified and understood for younger women. From these discussions opportunities to improve services will occur but we are also anticipating that there may be new, more

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							acceptable ways to support young women stop smoking. All of this work has an equity focus. The Southern district has also implemented an incentive scheme to support pregnant women stop smoking. Discussions have been occurring on whether the scheme is considered adequate to support women stop smoking. A meeting is scheduled for the 23 January 2019 with the Southern Stop Smoking service provider to discuss all issues relating to stop smoking for pregnant women. The Q1 results showed an overall decrease in the numbers of women who were smoking at first contact with an LMC. This may be the result of more LMC midwives changing from the MMPO practice management provider. The smoking prevalence in Q2 less than 13%.
Increased Immunisation 8 months	95%	94%	94%	93%	94%	P	*Result:* 94.4% total coverage, Māori infant immunisation coverage at 89.1%. Rank 2nd out of 20 DHBs (total coverage). National result percent is 90.9% (total coverage). *MoH comments:* Thank you for your contribution to protecting the health of our children. The Ministry's priority for 2018/19 is ensuring that all children are fully immunised by age 5 years, having completed immunisation at all milestone ages (8 months, 2 years, 5 years). National coverage in this quarter was 90.9% at age 8 months, 91.2% at age 24 months, and 88.0% at age 5 years. Southern DHB continues to perform well against all immunisation milestones with coverage of 91% to 95%. Congratulations

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							on reaching 95% coverage for 2 year olds. Keep up the good work. The highest priority area for all DHBs is improvement in Māori immunisation coverage. Southern DHB generally maintains good equity. However, because only 84% of Māori infants were immunised by age 8 months nationally in this quarter, we are asking all DHBs to think about how they can work with their Māori whānau to further promote immunisation. We have videos and ads available that you can embed in your own webpages. More information can be found at www.hpa.org.nz/programme/immunisation. A media toolkit can be accessed through this link: https://www.hpa.org.nz/sites/default/files/images/4.1%20IM057%20Immunisation%20Week%202018%20Toolkit_med%20Res.pdf. The Ministry of Health will be running a TV advertising campaign on immunisation in February. Given ongoing low levels of coverage for immunisation at age 5 years nationally, we are also asking all DHBs to work with their PHOs to ensure precalls and recalls for 2 year olds and 5 year olds are embedded as standard practice, to reduce the number of children not being immunised on time. *Southern DHB report:* • Quarter 2 coverage at 94% indicates coverage at age 8 months continues to demonstrate the consistency usually demonstrated by Southern DHB. - Māori coverage is 89% and as previously noted has the greatest fluctuation - Pacific coverage is complete

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							- The combined Opt Off and Decline rate is lower this period at 3.2% - Review of Unvaccinated Māori Babies: 6 Declined, 8 Missed • Southern DHB has 'Missed' 17 children this quarter; with the team continuing to Reach Every Child' and demonstrating these children remain on active follow up: • Babies on active Outreach follow up – complexities of mobility; and some now completed late, unwell or medical contraindication, a small number of overseas children on catch up programmes • A number of these children are proving complex in their mobility and social complexity. *Actions to address issues/barriers impacting on performance* • As previously reported, the cost to run the VPD team's current staffing model has exceeded revenue and as a result current vacancies have not been replaced in 2018. This was exacerbated late in 2018 with a further RN taking parental leave. A plan is in place early 2019 to address vacancies and the DHB is delighted for two NETP RNs to join the team. • The opportunity has been taken to review systems and look at ways to integrate Patient Centred care to vulnerable families in the community • Due to the staffing situation and differing issues with overdue events in Queenstown and Central Otago the caseloads continue to be manage remotely and local measures are supported by the local IC, NIR administrator and PHNs.

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							• The rejuvenation of the VPD Steering Group will commence 2019; with a full review that will include the inclusion of all immunisation programmes. Further to this Dr Keith Reid resigned from Southern DHB and immunisation responsibilities have been taken up by Dr Susan Jack. • The team continues the closer review of Māori coverage. No consistent geographical or theme is apparent. • The increased roles and responsibilities placed on the Immunisation Coordinators (ICs) including the addition/volume of vaccinating Pharmacists continues to impact on the capacity of the ICs to support Childhood Immunisation Coverage. The volume and workload of Overseas Catch Up Plans continues to increase, and at times impact on Target coverage.
Shorter Stays in Emergency Departments	95%	89.6%	90.5%	89.0%	90.8%	N	Result is 89.2% for Dunedin, Southland and Lakes District Hospitals. A small increase from last quarter. Rank: 12th out of 20 DHBs. (Target is 95%). *MoH comments:* Could the DHB please fill out and upload the template report provided. It is useful for the Ministry to receive the information requested from all DHBs *Southern DHB report:* Percentage of Patients admitted, discharged or transferred from ED in less than 6 hours: Total: 90.08% Dunedin ED 89.63 Lakes District ED 96.20%

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							Southland ED 88.66% *The work the DHB has done this quarter to support the Shorter Stays in EDs health target* • ED Performance Improvement Steering Group in place • Use of Fracture clinic agreed where escalation needed • Patient Flow/Quality projects prioritised into groups of strategic and operational objectives based on short term quick winds with medium and long term outcomes • IMAU improving patient journey and target performance • IMAU utilisation rate 60 to 70% • Additional 8 winter flex beds opened June 25th June • Freeing up acute areas after initial assessments • Use of GP vouchers for appropriate patients • Reviewing acute admissions on Medicine • Optimising Fast Track in ED • Southland ED Triage redesign • Dn more integrated care with Internal Medicine & OPH (reduction in OPH ALOS and more discharges) • Permanent resourcing of 7 days a week Allied Health team ED/IM improving discharge rates in Medicine/ED • 8 Med discharge rates improving on weekdays and weekends • Continuation of Needs Assessor attending rapid rounds on 8 Med • Dn 8 Med Discharge Lounge 1,433 patients used facility freeing up 389 beds

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							• Working with inpatient teams, especially medicine, to improve decision making in the ED • St John's redirection • Dn Walking bus implemented on 8 Med • Expanding successful HOME (allied health) team to work with inpatient teams as well as ED • Continuation of work with primary care sector and aged care institutions • Dn trial of electronic referrals to 8Med commenced *The work the DHB will do next quarter to support the Shorter Stays in EDs health target* • ED to ward with planned future state for IPM admission • IMAU continuing to improve performance target in Dn ED • ECG transmission (an integral part of National Out – of-Hospital Stemi pathway) developed by National Cardiac network to be implemented in Dn ED • DN ED Fit2sit trial patients to be safely assessed in chairs, keep patients out of beds, keep dressed and moving • Continue to work with inpatient teams to improve flow through the department *Any other patient flow initiatives that the DHB, or its local PHOs, has underway* • A continued focus on improving ward round structure/ communication • Focus on reviewing patients with LOS over 10 days • Reviewing readmission data for 8 Med patients

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							• Crsoo work stream HUI to increase knowledge about " valuing patients time and improve patient outcomes" • Continue work achieving earlier discharges in Medicine up to 20% patients discharged by midday *Any barriers that the DHB has identified to achieving, or maintaining is performance on, the health target and how these will be addressed* • Availability of beds in Dunedin is still a significant factor in delaying length of stay in ED • High use of ED beds by inpatient specialities • Very high occupancy rates in ED (up 134%) • Lack of space in ED • IMAU located away from ED • IMAU operating as (extra beds" rather than an assessment unit) • Very long ward stays • Siloed thinking • Model of care for medicine patients • Delays in accessing radiology in Dunedin • Continued shortage of ED registrars in Dunedin • Delays in the speciality assessment of acute patients e.g. surgical registrars and surgical subspecialties' including orthopaedics out of hours and on the weekend • Referrals into subspecialty teams out of hours

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							The DHB's progress with implementing the ED Quality Framework (please describe any challenges the DHB is experiencing and any quality improvement initiatives the DHB has developed in response to the Framework's findings) • Reduction in numbers of cannulas (don't be a drip) # NoF pathway patients reduction in ALO • Stocktake of all audits to be undertaken • ED GP Liaison set up • Peri-operative Liasion and Coordinator role for support "Acute at Home" pathway • ACEM Accreditation-variation of duration of Advanced Training for Dunedin ED from 6 months to 12 months has been declined • Difficulty in achieving target due to problems with inpatient bed access and hospital bed block which impacts on ED meeting its core function • Improvements to registrar training programme *The DHB's progress with implementing the actions identified in its annual plan* • Continue to work with inpatient services and primary care to reduce numbers of frequently attending patients • Recruitment commenced for 4 additional ED registrars for ED roster • Continue to develop and introduce new clinical pathways • Continue to refine acute assessment areas • Progressing approach with generalist model of care for Dunedin

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							Data on acutely admitted patients 1. Provide your data on target performance split by those patients who are discharged from the Emergency Department directly and those who are admitted to an inpatient hospital ward (not a statistical 'admission' based on the three-hour funding rule Total: 10987 (90.1% under 6 hours) Admitted: 2543 (70.1% under 6 hours) Discharged: 8346 (96.2% under 6 hours) 2. For those Admitted to an inpatient ward, a separate report of target performance by service as defined by: a. Medical (including all medical subspecialties and general medicine together) SDHB total: 1164 (61.2% within 6 hours) b. Surgical (all sub-specialties and general together, except orthopaedics and O and G) SDHB total: 519 (62.2% within 6 hours) c. Orthopaedics SDHB total: 327 85.9% within 6 hours) d. O and G SDHB total: 80 (70% within 6 hours) 3. Provide data on the number and proportion of patients admitted to an Emergency Department Short Stay Unit that are subsequently admitted to an inpatient ward SDHB total: 1971 patients admitted to Ed short stay, 436 admitted to inpatient ward (22.1%) 4. Provide their data on what proportion of patients counted in your denominator that have an Emergency Department stay <15 minutes and where they go (discharged or admitted)

Measure	Target	Final rating					Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2		
							SDHB total: 161 patients (1.5%), 100% of which are discharged from ED
Faster Cancer Treatment (from Oct 2014)	90%	90.5%	84.8%	73.9%	79.4%	P	*Result*: SDHB achieved 79.4%, an improvement of 5.5% target is 90%. Rank: 18th out of 20 DHBs.
Raising Healthy Kids	95%	99%	94%	97%	97%	A	*Result:* 97% referrals sent and acknowledged (target is 95%)

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Indicators of DHB Performance

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
Policy Priorities Dimension		Achieving Government's priority goals/objectives and targets
AP Quality - Atlas of Healthcare Variation	A	*See SI17*
PP6 Improving the health status of people with severe mental illness through improved access	A	
PP7 Improving mental health services using transition (discharge) planning and employment	P	*Result:* Community – 30.3% of clients had a transition (discharge) plan, 49.2% of clients had a wellness plan. Inpatient – 100% of clients with a transition (discharge) plan Target is 95% of people will have a quality wellness plan or transition plan. *MoH comment:* Thank you for your report please provide inpatient discharge data *Southern DHB report:* *DHB commentary re Community clients:* • There is gradual progress with current clients recorded as having Wellness / Transition Plans in place and we expect that, over time as this is embedded into our teams, that this will result in improvements with clients who are discharged having Wellness / Transition Plans in place at that time. • We do not currently audit closed files / discharged clients. Planning is currently underway with respect to this. We do however have processes being embedded to ensure 'Wellness Transition Planning' is in place at time of discharge. • We do audit files for current clients, of which the presence of wellness, recovery, and relapse prevention plans are a component. We do have a process underway to ensure 'Wellness Transition Planning' is in place at our regular 3-month MDT client reviews. • We have a high confidence rating that either a wellness, recovery, or relapse prevention plan is in place for our long-term service users as demonstrated by the auditing of current clients that has been in place for many years. • Our goal is to move to one district-wide 'Wellness Transition Plan'. We are continuing the process of shifting from the wellness, recovery, and relapse prevention plans that we have in place towards a more aligned 'Wellness Transition Plan'.

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		A critical success factor in enabling us to achieve this is our ongoing work around our Clinical Workstation (Health Connect South) Paper Lite project. *DHB commentary re Inpatient clients:* • All clients discharged from inpatient settings have in place a discharge plan that is uploaded into the clinical workstation (Health Connect South), accessible also by GPs / PHOs via HealthOne. In addition to that which is outlined above, over the last quarter our Connecting Care project has been initiated and will target areas such as transition points with the view to improve care across the spectrum between DHB, PHO, NGO, and other agencies. In parallel, this included listening clinics which has assisted in improving the consumer voice. We include here specific commentary on the consumer voice initiative, Mārama Real Time Feedback (data up to December 2018): Mārama real time feedback tablets are now stationed in six locations across the Southern district in both inpatient and community environments. Technical issues around data uploading have been addressed and the survey questions have been refreshed to allow further drilling down and attribution of results to specific teams. Anecdotal responses from survey participants indicate that the survey is quick and simple to complete. Southern DHB has joined a recently-established national Real Time Feedback Reference and Development Group and will be looking at how RTF may be used to address some of the issues raised by the Mental Health Enquiry.
PP8 DHBs report alcohol and drug service waiting times and waiting lists	P	*Result:* 63.6% of 0-19 year olds were seen within 3 weeks (target – 80%) and 87.3% of 0-19 year olds were seen within 8 weeks (target – 95%). *Southern DHB report:* The service continues to monitor wait times and trends looking to support services. Referrals and vacancies have been a challenge for some teams. Individual teams have access to the data and are using this to look at there wait times and strategies for there teams. Alcohol and Other Drug services are dispersed and located in our rural / provincial teams. Screening occurs at all entry points in our services and the most appropriate pathways and treatment modalities are instigated based on patient need.

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Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
PP20 Improved management for Long Term Conditions (LTC) (CVD, Diabetes and Stroke)	Focus Area 1; Long term conditions	A	
	Focus Area 2; Diabetes	P	*Result:* In quarter 2, there were 1,052 Māori diabetics in the Southern district. Of those, 60% had an HbA1c result. This is compared to the 'other population' of 11,891 having 66% with an HbA1c result. The percentage of Māori with an HbA1c>81mmol was twice the rate of 'other.' *MoH comments:* Thank you for your narrative report and update on actions in your Annual Plan and focus on areas identified in self-assessment and narrative report. Congratulations on your progress on the number of practices implementing the CLIC programme. We look forward to hearing progress on your outreach team CVD risk assessment coverage for Māori men. Thank you for your HbA1c data The ascertainment is good, however, the HbA1c measures actually available 26% is much higher than the expected target of 7-8%. If HbA1c is not done systematic care is unlikely, including significant annual review, retinal screening renal or foot checks. HBA1c results in terms of control with only 47%<64mmols is high and inequitable for Māori and Pacific patients. Target 60% initially. Most DHBs now have significant data on PHO- and practice-level performance variation, but not enough are using this to identify and help underperforming areas/practices/patient groups/individual patients. *Southern DHB report:* Reducing the equity gap for Māori. By Q4, members of the Diabetes Service are planning a clinical audit to identify any disparity between Māori and non-Māori utilisation of continuous subcutaneous insulin infusion (CSII) within the Waikato DHB Type 1 diabetes population. If this is identified, as other studies have shown, analysis to investigate factors influencing uptake will be reviewed. The ultimate objective is to identify and remediate modifiable factors with the goal of equitable access. Priority areas of greatest need are Diabetes in Pregnancy & Gestational Diabetes Mellitus and High Risk Foot both of which has experienced continued significant growth rates beyond service capabilities. We are continuing to implement the following projects to date: • Education is being provided to Lead Maternity Carers and midwives in the management of diabetes in pregnancy by our specialised Diabetes in Pregnancy Team across the Waikato area. • Work in partnership with WINTEC to facilitate clinical placement of student midwives with the Diabetes Service.

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			• The Podiatry Team is working towards using virtual health systems to assist in the care and treatment planning of those with high risk active foot conditions – especially in the clinician to clinician field of care. • Development and implementation of an improved diabetes database is well underway with the database Replacement Project Team. The aim is to facilitate accurate and timely dissemination of information to all health care professionals involved in patient care, and to relieve some of the duplicate documentation burden from clinicians. • Retinal photo screening results are now able to be seen by General Practitioners via CWS. • Patient appointments for retinal photo screening can now be viewed in IPM. NB: The DHB is about to form a new Diabetes Leadership Group to plan improvements.
	Focus Area 3: Cardiovascular Health (previous CVD health target)	P	*Result:* Overall CVD result was 84.1% (84.6% last quarter). Target is 90%. The result for young Māori men was 74.4%. *Ministry of Health comment:* A plan was required in quarter 2 addressing the elements outlined in the template. Up to date advice from the developers of the CVD risk assessment equations is that the existing Framingham based equations should continue to be used in general practice until new calculators are available. The Canadian calculator is suitable for one off use (it doesn't include BMI), by groups such as OHNs and cardiologists, but the "old" Framingham based risk calculator already embedded in general practice PMS is the better alternative for GP use until a new calculator becomes available. When you submit your plan please provide an email contact so we can provide feedback to that person. If you need help developing the plan please contact me: sara_chester@moh.gov.nz *DHB report:* *DHBs will develop and document a plan by the end of quarter 2, 2018/19 to identify how they will implement the "Cardiovascular Disease Risk Assessment and Management for Primary Care",* • WellSouth is engaging with its Clinical Quality Committee on implementing a new approach to measuring and managing Cardiovascular Disease Risk. Our team will continue to focus on priority populations: Māori (including a particular focus on Māori men aged 35-44), Pacific people and Quintile 5. We will use our outreach team to focus on these populations and work with general practice teams to implement their Māori Health Plans. • WellSouth is implementing two programmes to assist practices in managing patients with long term conditions. The CLIC (Client-Led Integrated Care) programme is a stratified long-term conditions management programme that is currently in place in about half our practices and will be implemented in all practices by June 2020. CLIC is funded by and replacing our previous CarePlus programme. WellSouth is implementing the Health Care Home (HCH) model of care across practices in Southern. HCH will help practices free up their time and resources to enable them to better manage long-

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			term conditions in their patients. By June 2019 16 practices with around 120,000 patients will have started the HCH transformation process. In 2019-20 the HCH programme will focus on practices with the greatest number of High Needs patients. *A narrative report will be provided quarterly and include an update on activities in the plan, any material emergent issues, and steps taken to resolve these.* • Currently we are consulting with Clinical Quality Committee on an approach for managing cardiovascular disease risk *DHBs will also identify whether PHOs have a CVD risk calculator available for use that is based on the recently published NZ specific CVD risk equations. If not based on the recently published risk equations, which equations are used?* *Are equations in use compliant with any data dictionaries that have been published by the Ministry of Health?* • The following will be part of a high level strategy for the CVD Calculation in New Zealand. The strategy is to centralise the validation of the calculation so all health entities can consume a consistent validated calculation for CVD risk no matter what platform is used which will support interoperability in the sector. The MoH have recommended using the Canadian Calculation until future notice. *Reporting of results against the interim indicators outlined below, can continue until DHB plan indicators have been agreed and are reported on.* • Using our existing risk prediction tool, as at 31 December 2018 83.9% of patients in the target age cohorts have received a CVD risk assessment in the previous year. At the same date, 74.1% of Māori men aged 35-44 years had received a CVD risk assessment in the past five years. Both of these results are interim results and will be updated when the CPI is calculated.
	Focus Area 4: Acute Heart Services	A	
	Focus Area 5: Stroke Services	P	*MoH comments:* Thank you for your report. Does the DHB intend ensuring that Dunstan and Oamaru are also able to provide an organised stroke service for their populations as requested last report? Could you also please indicate how a comm rehab service is provided for patients from Dunstan and Oamaru. Could you also go over your figures again as they don't seem to add up.

Measures of DHB Performance			
Measure		Final Rating	Ministry of Health Comments and DHB Responses
			Southern DHB response: Numbers have been rechecked and are correct *Southern DHB report* *Indicator 1: Acute Stroke Unit* • Number of acute stroke admissions admitted to an ASU or organised stroke service: 87.2% in Dunedin (82/9); 83.6% in Invercargill (56/67) ; 0% in Dunstan (0/10); 0% in Oamaru (0/8) • Dunedin now meets the requirements for an organised acute stroke service with the role of CNS Stroke establishing; the majority of patients continue to be admitted to the ASU. • Most stroke admissions have been admitted to an organised stroke service in Invercargill. There was a brief period where stroke patients were admitted to A, T & R straight from ED, bypassing the Medical Ward, due to infection control purposes on the Medical Ward. This has been resolved. *Indicator 2: Thrombolysis 24/7* • Thrombolysis 24/7 Numerator = number of people thrombolysed: 5.4% in Dunedin (4/74); 3.5% in Invercargill (2/58); 0% in Dunstan (0/9); 0% in Oamaru (0/8) • Dunedin thrombolysis rates remain lower for this quarter; there are issues with delayed patient presentation which we hope will improve with greater public awareness. The stroke team continue to work with radiology and ED to reduce door to needle times and ultimately improve patient outcomes. At present we are focusing on ED triage and earlier 'ASPRO' calls. Most thrombolysis is happening in the after-hours period with the CNS only involved in one thrombolysis since commencement. • In Invercargill, stroke presentations continue to come outside the 4 hour window, however we have seen an improvement in our thrombolysis rates in part due to increased public awareness of presenting to hospital quickly. *Indicator 3: Rehabilitation* • Number of acute stroke admissions transferred to inpatient rehab with 7 days of acute admission from hospital with a primary stroke diagnosis (I61, I63, I64): 56.8% in Dunedin (25/44); 77.8% in Invercargill (14/18); 0% in Dunstan (0/0); 0% in Oamaru (0/0) • Dunedin has two local sites for rehabilitation (Older People's Health Stroke Service onsite and the ISIS Wakari site for under 65yrs) while some acute patients will transfer back to their local rural hospital for rehabilitation if services available. There has been a recent reduction in OPH rehabilitation beds recently which may reflect in future figures. We

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			have also just experienced a run of four patients requiring repatriation overseas for their rehabilitation. Dunedin is looking at separating their OPH and ISIS figures to increase accuracy of reporting. • In Invercargill, patients are proactively reviewed by a geriatrician for rehab in Invercargill. There are more delays with transfers to ISIS for the under 65 patients. *Indicator 4 - Community Rehabilitation* • Number of patients referred for community rehabilitation who are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge: 44.4% in Dunedin (8/18), 0% in Invercargill (0/6), 0% in Dunstan (0/0), 50% in Oamaru (1/2) • Dunedin has a new Home Team which can provide face to face contact within seven days post discharge, but at present they cannot offer ongoing rehabilitation. • Invercargill's REACH team meet all the required specifications for this team, however due to long waitlist times, most patients are not seen within 7 days of discharge from hospital. This may improve with the commencement of the Home Team in Southland. *Other - Telestroke* • Dunedin currently awaits the upcoming training and implementation processes for telestroke and opportunities this provides for Stroke Clot Retrieval, as part of an assisted regional service.
PP21 Immunisation coverage (previous health target)	Focus Area 1 - Immunisation coverage at 2 years and 5 years of age	P	*Result:* Immunisation coverage at 2 years: 94.8% for total population and 93.9% for Māori populations. Rank 1st out of 20 (total population) Immunisation coverage at 5 years: 91.2% for total population and 90.9% for Māori populations. Rank 5th out of 20 (total population) *MoH comments:* Thank you for your contribution to protecting the health of our children. The Ministry's priority for 2018/19 is ensuring that all children are fully immunised by age 5 years, having completed immunisation at all milestone ages (8 months, 2 years, 5 years). National coverage in this quarter was 90.9% at age 8 months, 91.2% at age 24 months, and 88.0% at age 5 years. Southern DHB continues to perform well against all immunisation milestones with coverage of 91% to 95%. Congratulations on reaching 95% coverage for 2 year olds. Keep up the good work. The highest priority area for all DHBs is improvement in Māori immunisation coverage. Southern DHB generally maintains good equity. However, because only 84% of Māori infants were

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			immunised by age 8 months nationally in this quarter, we are asking all DHBs to think about how they can work with their Māori whānau to further promote immunisation. We have videos and ads available that you can embed in your own webpages. More information can be found at www.hpa.org.nz/programme/immunisation. A media toolkit can be accessed through this link: https://www.hpa.org.nz/sites/default/files/images/4.1%20IM057%20Immunisation%20Week%202018%20Toolkit_med%20Res.pdf. The Ministry of Health will be running a TV advertising campaign on immunisation in February. Given ongoing low levels of coverage for immunisation at age 5 years nationally, we are also asking all DHBs to work with their PHOs to ensure precalls and recalls for 2 year olds and 5 year olds are embedded as standard practice, to reduce the number of children not being immunised on time. *Southern DHB report – Age 2 years All DHB reports* • Southern DHB is delighted to have achieved 95% Target for 2 year old children (total), although Māori , Pacific and High dep targets were not met. Māori coverage improved by over 4% on last quarter to 94%. • The Decline and Opt Off rate of 3.8% supports the achievement of 95% • Southern DHB remains confident that we are 'Reaching Every Child'; again with 10 'Missed' but tracked children • Review of Unvaccinated Māori Children: - 5 Declined - 3 Missed - 2 with high mobility and social factors • Drill down into the results show some intensive follow up of these children, with the usual range of documented reasons; delayers, children transient between DHBs and Immigrant / Refugee children who are either awaiting documented proof of overseas history or on active Catch Up Programmes. These children; while 'Missing Target' are being managed in a clinically appropriate manner. *Southern DHB report – Age 5 years* • Southern DHB coverage dropped this quarter, reflective of the impact of staffing shortage and priorities taken by the team. • The Decline and Opt Off rate of 5.6% impacts on total coverage • Southern DHB makes every attempt to 'Reach Every Child' with 17 children recorded as 'Missed'. • Review of Unvaccinated Māori Children: - 6 Declined - 7 Missed

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Measures of DHB Performance			
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			As noted previously this cohort of children have a number of explanations behind non achievement of Target: higher cumulative decline rate, busy family environments and access to vaccination services that meet their needs and the heavier impact of immigrant children; either awaiting final overseas history data or on active Catch Up Programmes Actions to address issues/barriers impacting on performance (age 2 and 5 years) • Southern DHB continues to closely manage immunisation coverage for all Milestone groups via the NIR and associated Datamart Reporting • The team has instigated a closer review of Māori Coverage with no consistent geographical or theme apparent. • As reported in the Immunisation Coverage Report, the staffing challenges within the VPD team continues; but plans are in place to review service delivery models in 2019
PP22 Improving System Integration and System Level Measures		A	
PP23 Implementing the Healthy Ageing Strategy		A	
PP25 Prime Ministers youth mental health project	Initiative 5 – Improve responsiveness of primary care to youth	A	
PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan	Focus Area 1 – Primary Mental Health	A	
	Focus Area 2 – District Suicide Prevention & Postvention	A	
	Focus Area 3 – Improving	A	

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Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
	Crisis response services		
	Focus Area 4 – Improve outcomes for children	A	
	Focus Area 5 – Improving employment and physical health needs of people with low prevalence conditions	A	
PP27 Supporting Vulnerable Children		A	
PP29 Improving waiting times for diagnostic services	Coronary Angiography	A	
PP29 Improving waiting times for diagnostic services	CT / MRI	P	*Result:* Southern DHB did not achieve the 2018/2019 CT and MRI indicators: 95 and 90% of referrals (respectively) receiving their scan within 42 days of acceptance during quarter one of 2018/19. *Ministry of Health comment:* It is good to see the improvement in timely access to MRI this quarter, but disappointing to see the decline in timely access to CT. We look forward to further improvement in 2018/19 as you increase staff and operating hours.

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			Southern DHB report: *CT - Performance for the quarter was 79.1%* • CT performance in Q2 has seen a gradual decrease in performance when compared to Q1, with an average of 78% of patients scanned within the required timeframe compared to an average of 82% for the previous quarter. The District result continues to be driven by a demand/capacity mismatch at Dunedin Hospital. Southland Hospital CT has continued to perform over 90% throughout the quarter, whereas Dunedin Hospital has steadily reduced. • Southern DHB is still planning to introduce an evening shift for Medical Imaging Technologists (MITs) on weekdays from 1500 – 2300, Monday to Friday in January 2019. While this will improve staff health and safety it is not expected to significantly effect performance. • CT production plans at both SDHB sites continue to be in place and the Dunedin plan clearly demonstrates that demand is currently unable to be met. The variance in CT's current result from the required target is explained by several factors: • High levels of urgent, high acuity outpatient demand for CT continues to occur at Dunedin • Hours of operation do not allow for capacity increase to meet demand, although approval has been given for staffing necessary to implement an evening shift for Medical Imaging Technologists on weekdays. *MRI Performance Q1 was 53.9%* • MRI performance continues to be lower than required to meet the target, although it has continued to improve. Both sites undertook additional sessions up until the end of November 2018, as illustrated by the peak in performance in November, the best result since September 2016. • The drop in performance seen in December is due to there being no additional sessions that month and a spike in elective referrals. • To clear the waitlist and improve performance against the target the Service will be reliant on the capacity increase offered by the planned weekend shift in MRI at Dunedin and this will commence in late January 2019. Additional sessions at Southland Hospital will be explored in Q3. • Southland Hospital MRI will be replaced in the 2018/19 year. This will be in 2019, with an agreement to purchase in place with the successful vendor.

Measures of DHB Performance			
Measure		**Final Rating**	**Ministry of Health Comments and DHB Responses**
			The variance in MRI from the required target is explained by several factors: • Acute MRI demand at Dunedin Hospital continues to be at high levels; it is also noted that the complexity of examinations requested is increasing.
PP29 Improving waiting times for diagnostic services	Colonoscopy	A	
PP30 Faster Cancer Treatment (31 day indicator)		P	*Result*: 84.1% achievement (target 85%) *Ministry comment:* Achievement 84.1 percent - 85 percent required *Southern DHB report:* • Analysis of Completed FCT records and percentage achievement against 31 day indicator and 62 day health target (July 2017 onwards) has been undertaken for by tumour stream - breast cancer, lung cancer, lower GI cancer, urology, other cancers • Analysis of Breaches - There has been a significant increase recently of Inpatients requiring radiological imaging which has impacted on the Outpatient wait times - Heat map of 62-day capacity breaches has been created 1 January 2018-31 December 2018 • FCT flagging continues to be decreased throughout most services in the SDHB
PP31 Better Help for Smokers to Quit in public hospitals (previous health target).		P	*Result:* Southern DHB's result is 92.4% (91.5% last quarter). Result for Māori is 91.1% (94.2% last quarter). Target is 95%. National average is 89.8% (total). *MoH response:* We note the improvement in result, well done. Keep up the good work. I understand that embedding change takes time, but let's hope the ED information system continues to show improvements and that the 95% is met this year. As you failed to meet the target this quarter you will have to continue reporting monthly, leigh_sturgiss@moh.govt.nz

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		Southern DHB report: *Support given to help patients who smoke to quit before discharge* • Patients who smoke are offered referral to a hospital smokefree clinic and the Southern Stop Smoking Service. They are also offered on the spot assessment and appropriate NRT through quit card. During their hospital stay, free NRT is provided to help them be smokefree. Nicorette inhalators and QuickMist mouth sprays are also made available while in hospital if appropriate. We also offer ABC to patients presenting to outpatients department. *Activities the DHB has undertaken this quarter to support this target* • There has been an improvement of 0.7% in the target results this month bringing it closer to the target. We are working to improve the results and reach the target with continued support. • The launch of the MedChart module for prescribing NRT was successful and feedback has been positive from nursing staff wishing to progress with this. A link to 'Smokefree Training for the Mental Health and Addiction Workforce' (from Hawkes Bay DHB) has also been added to Southern DHB's Sharepoint Smokefree Information page. Work is in progress to bring about changes to the Emergency Department Information System. Initial talks with charge nurses in ED at Dunedin, Invercargill and Lakes Hospitals, along with the application specialist, have been very useful and we are waiting on feedback for the proposed changes from the three sites. Smokefree champions continue to be recruited to more wards. (Sixteen have been recruited since July 2018). Work is in progress with areas not achieving the target to come up with solutions to help them achieve the target. Referrals to the Southern Stop Smoking Service are being promoted as the first choice to providing support. Audits of missed patient files form a part of routine activities to support the target. • Once we achieve the 95% target we believe the target result will be sustainable.
PP32 Improving the quality of ethnicity data collection in PHO and NHI registers	P	*MoH response:* Southern DHB has been rated as a Partially Achieved for PP32 for quarter two. The Ministry acknowledges the work completed to date implementing EDAT and the training of staff to use the Tool Kit. The Ministry is unable to provide a rating higher than Partially Achieved as there is no baseline data included in your report. *Southern DHB report (WellSouth)* Practices have implemented the Primary Care Ethnicity Data Tool kit as noted in the Māori Health Plan template activities and as required for Cornerstone and Foundation standard accreditation (Indicator 6.2). A further audit of patient ethnicity data will be required for reaccreditation.

Measures of DHB Performance		
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PP33 Improving Māori enrolment in PHOs to meet the national average of 90%	P	*Result:* 86% (target 90%) *MoH response:* Southland DHB (sic) has achieved a Partial achievement rating based on the Māori enrolment rate of 86%. It is pleasing to see this is an increase from previous the previous quarter and the previous report. *Southern DHB report:* • PHO Māori enrolments reached 86% (28,469) in the October to December 2018 period. This represents a 1% increase since the July to September 2018 period. A further increase of 4% is required to reach the national target of 90%. This would require enrolling an additional 1,471 Māori. • We continue to monitor this data and report regularly to WellSouth Board and also the Iwi Governance Committee. • General Practices have a Māori Health plan in place with clear objectives. • Two of the key initiatives helping to improve Māori enrolments within Primary care has been the establishment of two VLCA Practices - He Puna Waiora Wellness Centre (1,630 Māori enrolled) and Mataora (929 Māori enrolled) within the district. Both practices continue their ongoing development. Mataora has established a satellite clinic in Brockville and has amalgamated with Forbury Corner Health Centre (346 Māori enrolled).
PP36 Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	P	*Result:* For the period between 01/07/18 and 30/09/2018, the percentage of patients under section 29 in Southern DHB are .31% for Māori, .09% for Non-Māori and .11% for total. NB: due to data availability, PP36 data are 3 months in arrears for each quarter. *Southern DHB report:* This data is subject to ongoing scrutiny and monitoring. This includes analysing reports with key staff and work with our Māori Mental Health teams for input with this group of clients where possible. Additionally we incorporate MHA client numbers by ethnicity (including Māori) into SMO annual performance reviews to raise awareness of personal and relative numbers of Māori under the MH(CAT).
PP39 Supporting Health in Schools	A	
PP40 Responding to climate change	A	

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
PP41 Waste Disposal	A	
PP43 Population mental health	A	
PP44 Maternal mental health	P	*MoH response:* Thank you for your progress report on MMH. Good to see you planning a joined up approach child and youth co-design processes. *Southern DHB report:* In addition to actions outlined in the annual Plan 2018/19, planning is intended into Q4 to establish a co-design process to explore maternal mental health and potentially linking with child and youth co-design events.
PP45 Elective surgical discharges (former health target)	A	
System Integration Dimension		Meeting service coverage requirements and supporting sector inter-connectedness
SI1 Ambulatory sensitive hospitalisations (ASH) 45-64 years old18	P	*Result:* Standardised ASH rates, 12 months to September 2018*:* Southern total (3,021), Southern Māori (4,782), National total (3,897) *MoH response:* Compared to the Dec 2017 standardised baseline, your total 45-64yrs popn rate for 12 months to Sept 2018 is close to base. The rate for Māori has stabilised since last year but is much higher than has been previously. Gastro rates seem very high for Māori . Do you have any information on that? Good to see CLIC rolled out to all practices to support people with LTCs, as well as POAC services, and Health Care Homes starting. *Southern DHB report:* • ASH rates in the 45-64 group remain steady. WellSouth continue with a number of initiatives aiming at preventing ASH presentations. • Health Care Homes is rolling out through an initial tranche of GP practices. This programme has telephone triage, holding acute time slots, extended hours, working top of scope for staff. All will impact on hospital ASH presentations.

Measures of DHB Performance		
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		• POAC has been finalised and will roll out across the district over the coming year. A collection of ten services are aimed at reducing hospital presentations. We have a robust reporting structure in place to enable management of this resource and will develop our data sophistication over the year to measure the impact on ED and related hospital services. • CLIC has finalised its pilot and all GP practices will be a part of this programme by the end of 2018-19 year. • Our LTC diabetes and CVD programme of work will be aligned into the CLIC programme, aligning the risk stratification and service to these patients. • DESMOND continues in the Southern region. • GP and prescription vouchers continue to be allocated aiming to improve access to primary care. • The SDHB has just completed a restructure of the Māori Health directorate. This has resulted in the formation of three new leadership positions whose focus will be on improving health outcomes for Māori in SDHB. These positions have only been in place for a few weeks. *DHB response to MoH* Subsequent to this report our Alliance has tasked our Māori directorate to form a system wide group to focus on Māori equity. One of the key focuses will be on our 45-64 ASH rates for Māori . It was identified that Gastro, dehydration, Angina were among the highest for Māori . This new group will develop actions in this area and link into the SLM framework.
SI2 Delivery of Regional Service Plans	P	SIAPO reports on activity and progress on the South Island Health Services Plan.
SI3 Ensuring delivery of service coverage (Cancer Care co-ordinators devolution, update on addressing the rising number of syphilis cases)	P	*MoH response:* Re your update on addressing the rising number of syphillis cases - we note your DHB has a very comprehensive approach underway . Please provide an update in the next quarterly report on the action plan currently being developed to address syphilis. *Southern DHB report - Cancer care co-ordinators devolution* As part of the transition process following the devolution of cancer care co-coordinators a follow-up report is requested. *I. What FTE is has been in place for the Cancer Nurse Coordinator roles over the last 6 months? If there has been a change since July 2018, what recruitment has been undertaken?* The SDHB cancer nurse coordinators (CNC) have continued at 2.6FTE, no increase since July 2018. With 0.9FTE for Dunedin & the surrounds, 1FTE for Invercargill, Stewart Island & the surrounds and 0.7FTE for Rural Otago/Southland. However with a recent resignation recruitment of the rural CNC has commenced, with the intention of basing this position in Central Otago as there has been significant growth in this workload. The role will be a 1.0 FTE.

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		II. Have the Cancer Nurse Coordinator services continued as BAU over the last 6 months? If not, what aspects of the services have changed and why? There have been no significant changes in the any of the roles within the last 6 months. Each CNC has a complex patient caseload, is involved in system quality improvements and projects and heavily supports the FCT & MDM teams. *Southern DHB report - update on addressing the rising number of syphilis cases* Southern DHB is working on the following to address the increase of syphilis in the Southern district: • Development of Southern Sexual and Reproductive Health Strategy - the draft strategy has been developed collaboratively with SDHB, WellSouth PHO, Family Planning, Student Health, MoE and a number of other providers. It is in working draft awaiting confirmation of the sign off process. • Southern Sexual & Reproductive Health Steering Group - the group has been formed and meets bi-monthly • Development of syphilis communication plan - intervention logic has been drafted and is due to be presented at the next Sexual & Reproductive Health Steering Group (February 2019) • Development of an action plan to implement the strategy - workshop to identify actions to operationalize the Strategy has been scheduled in Quarter 3 with all key stakeholders.
SI4 Standardised Intervention rates	A	
SI5 Delivery of Whānau Ora	A	
SI10 Improving cervical screening coverage	P	*Result:* Total coverage 78.2%, Māori coverage 69.0%, Pacific coverage 77.1%, Asian coverage 50.5%, Other 81.9% *MoH comments:* Further work is needed to achieve 80% coverage in Māori, Pacific and Asian women. The DHB has provided an improvement target for each group and a range of actions to improve coverage. Given the current coverage in Māori and Asian women (69% and 50.5% respectively) 80% is not a realistic target for the financial year. The DHB has sent the full NCSP six monthly reporting for this annual reporting. We request that the DHB follows the reporting instructions for the next report. The information will be similar, but is simpler i.e., setting an annual improvement target for groups not reaching the 80% target and providing 'SMART' actions to achieve this. This reporting approach supports the NCSP to understand the effectiveness of improvement activity that has been put in place.
SI11 Improving breast screening rates	P	*Result:* Total population 75.6%, Māori 67.8%, Pacific 62.1%, Other 77.9%.

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		MoH comments: Coverage for Māori (67.8%) and Pacific (62.1%) populations have largely remained unchanged over this quarter. The DHB has again achieved a positive result exceeding the 70% target for the Other population (77.9%) and the Total Population 75.6%. It is positive to hear that Māori Health Plans are in place at all general practices. We look forward to hearing more about your plans to adopt aspects of the cervical screening systems for identifying priority group women and adapting these processes for BSA.
SI14 Disability support services	P	*MoH comment*: The target has not been met but a plan is in place to improve performance. Great progress has been made in developing a SDHB Disability Strategy, working with people with lived experience of disability. *Southern DHB report:* *Develop an SDHB Disability Strategy and associated Actions and Communication Plan to raise awareness of disability for staff and communities and investigate different methods of communicating with members of the public which provides information on what might be important to consider when interacting with a person with a disability* • The DHB has contracted a local provider to undertake the work to develop a SDHB Disability Strategy. The provider is working closely alongside our communities to develop an Action Plan to guide future services, planning for disabled people. • Consultation has been undertaken in Dunedin with further consultation meetings occurring in Invercargill, Oamaru and Cromwell in February 2019. The steering group leading this work with the provider has members who have lived experience of disability. • The steering group will be engaging with key people around the build of the new hospital in the coming weeks. • Planning is beginning around identifying some people and whānau who can tell their experiences and stories as a patient and/or whānau member with disability. Patient Stories on people with disabilities to commence in Q3. These will be used for staff training. *Staff workforce development – Develop a disability awareness programme for staff via e-Learning for front line staff and clinicians i.e. increase awareness through the use of eLearning, toolkits and staff training on identification of Disability Support Needs and the impact on recovery from acute medical conditions (EOA), to include cultural competency component* • CHC members spoke to administration staff at a symposium in Q2 and discussed issues that people with disabilities face when using the health system. • An online disability awareness module has been made available for staff who want to do the training.

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		Report and follow-up where gaps occur with staff who do disability awareness workforce training, to include analysis of cultural competency in relation to disability awareness (EOA) • Report on % of staff who completed training by end of Q4. Follow up with staff how have not completed the training Q4 • Report on gaps in cultural competency as demonstrated in e-learning Q4.
SI15 Addressing local population challenges by life course and demonstrating overall progress in improving equity	A	
SI16 Strengthening Public Delivery of Health Services	A	
SI17 Improving quality	P	*MoH comments:* In the planning guidance, DHBs were asked to ' improve equity of outcomes as measured by the Atlas of Variation across Gout, Asthma or Diabetes'. HQSC (Commission) wanted to see evidence that DHBs were using the Atlas of Variation as a tool for improvement and that they were focusing on equity of outcomes in at least one area that the Atlas 'shines the light' on. Similarly, DHBs should continue to focus on how to improve the patient experience by undertaking specific projects examining a specific area of the overall experience. Generally, we note that there seems to be a strong focus on equity across most of the plans, which is positive to see. We also see a strong focus on quality overall. The Commission will continue taking an interest in the progress of the DHBs and will be interested in receiving quarter 4 reports, in due course. *Southern DHB report:* Improve patient experience as measured by the Health Quality and Safety Commission's national inpatient experience survey question: "Did the hospital staff include your family/whānau or someone close to you in discussions about your care?" • Improve the percentage of patients answering Always by 10% by Q4 - latest survey results (Q1) indicate 16% improvement, on last result Q4 17/18yr (40%) • Integrate action to improve this measure into the Releasing Time to Care Ward Round Module, My Care Plan and Bedside handover across Dunedin and Southland sites • My care plan has been rolled out in all clinical areas across Dunedin, Southland and Lakes District hospital • Bedside handover has been implemented to the majority of inpatient across Dunedin, Southland and Lakes District hospital with the exception of Queen Mary (Maternity ward) in Dunedin. This is planned for early 2019

Measures of DHB Performance		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
		• The ward round modules has been delayed due to medical staff engagement. Plan to roll out in 1 or 2 keen areas in early 2019 *The quality improvement project on Reducing Emergency Admissions within 28 days of Discharge will expect family/whanau to be involved in discussions with high risk families, as appropriate*. • Reducing Emergency Admissions within 28 days of Discharge began in May 2018 • On 29 October 2018 a nurse led discharge card was implemented within our test area. This is to promote communication with patients/family whanau, about what has happened while they have been in hospital, what instructions they need for home, and what they need to do if they have any difficulties. Data tells us that we are giving these out on average 83% of the time. *Improve engagement with families/whanau to reduce the percentage of Māori emergency readmissions within 28 days* *Milestones: Reduction in emergency readmissions within 28 days for Māori by Q4* • We are tracking unplanned readmissions within 28 days as part of the project • As this project is only within the medical ward in Dunedin at the moment, the Māori data (see below) includes very small numbers. As the project grows, we would hope to see the impact on Māori readmissions across the whole Southern DHB NB: Actions to improve equity in outcomes as measured by the Atlas of Healthcare Variation in relation to asthma were reported in AP Quality - Atlas of Healthcare Variation. We have linked this activity into our System Level Measures activity. The SLM activity for 2018-19 has had a specific focus of ASH 0-4 and babes living in smoke free homes. These two measures impact significantly on asthma rates in this population. Actions include: • Formation of SLM group across the health system. • Establishment of a baseline of activity that will impact on this ASH & Asthma rate • Following on from this work we will identify where we can improve through a more integrated approach to managing this group. It is expected that we will have a number of new actions across primary and secondary services that will be implemented. • Previous activity in this space is ongoing, such as our work in smoking cessation, voucher incentive programmes, Well Child Tamariki Ora and SUDI work, investment in cosy homes programme. Health promotion activity across PHO and public health.

Measures of DHB Performance			
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			• SDHB has also partnered with NIWA in a study of the impacts of high level of airborne pollutants during winter. The focus has been on Alexandra initially. SDHB will look at medical impacts in primary care through this period, mostly being respiratory events such as Asthma and look at rates compared to times of low pollutant levels. • Alliance South has endorsed the continuation of this SLM groups focus into the 2019-20 year.
SI18 Newborn enrolment with General Practice		NA	No rating. MoH has not rated DBHs on this measure as DHBs have not moved over to the NES (National Enrolment Service) yet.
Output Dimension			Purchasing the right mix and level of services within acceptable financial performance
OP1 Mental Health output delivery against plan		S	*MoH comments:* Please explain why FTE vacancies are high (10%). How are you reporting medical detox beds?
Ownership Dimension			Providing quality services efficiently
OS3 Inpatient Average Length of Stay (ALOS) – days	Acute .	N	*Southern DHB report:* The acute ALOS (standardised) to the end of Quarter 2 for Southern was 2.36 days, which is 0.02 days above the Quarter 2 target of 2.34 days. The draft baseline target for 2018/19 is 2.30 days. *Exception report for OS3 – acute and elective ALOS* Southern DHB is continues to undertake a comprehensive productivity planning project across the district with a number of associated work streams. The work streams aimed to increase capacity within both Dunedin and Southland hospitals are expected to reduce the length of stay for both acute and elective patients. These work streams include: • Stranded patient, weekend discharges, effective daily board rounds, discharge education. • We have engaged with an outside agency to assist with improving our acute flow thereby reducing our length of stay for acute medicine and surgical patients.= • Cardiac surgery: We have had restricted access to ICU which has meant that acute patients are waiting long periods of time. this is driving our acute length of stay up. We have designed an improved nursing model which with reduce cancellations by 50%. We are waiting to move into the new ICU in April 2019. • Neurosurgery Services: We have reviewed the drivers for a longer length of stay in Neurosurgery and are rectifying this by ensuring that there are up to date protocols and improving our team nursing

Measures of DHB Performance			
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			• DOSA: We have reviewed how this is organised and are monitoring progress on achieving a higher DOSA rate.
	Elective	P	*Result:* Not achieved. The elective ALOS (standardised) to the end of Quarter 1 for Southern was 1.53 days, which is above the quarter target of 1.51 days. *MoH comments:* We look forward to further improvement in future quarters as you continue your workstreams, reduce your cardiac surgery cancellations, address the drivers of long stay in neurosurgery, and work on increasing your DOSA rate *Southern DHB Report:* see exception report above
OS8	Reducing acute readmissions to hospital	P	*Result:* SDHB standardised readmission rate is 12% (ranked 11th of 20 DHBs) *Southern DHB report:* • Initiatives within the Primary and Community Care Strategy and Action Plan to address the observed outcomes; • Establishment of the Home Team initiative as a part of the Primary and Community Strategy. This has now been implemented in 2017 to enable early discharge and support in the community through an inter-professional team of Allied Health and nursing staff. Implementation into Invercargill will begin in early 2019. • POAC (primary options for acute care) acute demand management provides a suite of services to treat in the GP practice rather than sending to ED. This will be available across the district to all practices. This service is currently being reviewed with a view to 2019-20 year planning. • CLIC (Client Led Integrated Care) stratifies long term condition patients and better manages their care in the primary setting. This results in a single care plan for all of these patients improving planning and service delivery tailored to an individual's needs. It is expected that all GP practices will be enrolled into CLIC and have an implementation plan in place for their CLIC patients by December 2019. • HCH (health care homes) is an initiative that enhances the model of care at the GP. Extended hours, telephone triage and keeping daily free appointments will all contribute to reducing re-admission rates. Phase two will roll out this year, bringing approximately another 60,000 enrolled patients into the HCH programme.
OS10 Improving the	Focus area 1: Improving the quality of identity	A	

Measures of DHB Performance				
Measure			**Final Rating**	**Ministry of Health Comments and DHB Responses**
quality of data provided to national collection systems	data within the NHI			
	Focus area 2: Improving the quality of the data submitted to National Collections		A	
	Focus area 3 – Improving the quality of the programme for the integration of Mental Health data (PRIMHD)		A	
Delivery of New Zealand Health Strategy				
EHS – Supporting delivery of the New Zealand Health Strategy		People Powered	A	
		People Powered		
		Closer to Home		
		Value and High Performance		
		One Team		
		Smart System		

Crown Funding Agreements (CFA) Variations

Crown Funding Agreements (CFA) Variations		
Measure	**Final Rating**	**Ministry of Health Comments and DHB Responses**
B4 School Check Funding	S	
Well Child Tamariki Ora Services	S	
Immunisation Coordination Service	S	
National Immunisation Register (NIR) Ongoing Administration Services	S	
Disability Support Services Funding Increase	A	
Appoint cancer psychological and social support workers	B	*MoH response:* Can you please confirm certification of report from COO or equivalent? The Ministry has noted the recruitment issue has existed for a significant period of time. The Ministry will be in contact with the service leads in due course if recruitment plans are not successful. 12/2/19 - report has not been signed off from COO or equivalent. *Southern DHB response:* Updated report attached with confirmation of report from COO or equivalent.
Appoint regional lead cancer psychological and social support initiative18	B	*MoH response*: Can you please confirm certification of report from COO or equivalent? *Southern DHB response*: Updated report attached with confirmation of report from COO or equivalent.
Electives Initiative and Ambulatory Initiative Variation	A	
Health Services for Emergency Quota Refugees	S	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Community Health Council**
Report to:	Commissioner Team
Date of Meeting:	27 March 2019

Summary:

The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHN. The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients across the Southern district a stronger voice into decision-making.

The last few months have seen a number of changes with membership on the Council. A new Chair has been appointed and other member appointments are set to occur in the coming months.

The CHC Community, Whānau and Patient Engagement Roadmap is focused on encouraging stronger engagement at the upper end of the engagement spectrum (collaborating and empowering patients, whānau and our communities). To date there has been positive numbers of staff approaching the CHC for support with engaging with communities, whānau and patients in specific projects and there have been increasing numbers of people from across our communities register as CHC advisors.

An important aspect of engaging community, whānau and patients is to continue momentum around this work across the Southern heath system and to ensure communication continues with all stakeholders, including staff, communities, whānau and patients to ensure successful and meaningful progress.

Specific implications for consideration (financial/workforce/risk/legal etc.):

Financial:	N/A
Workforce:	N/A
Other:	N/A

Document previously submitted to:		**Date:**
Approved by Chief Executive Officer:		**Date:**

Prepared by:	**Presented by:**
Karen Browne Chair of Community Health Council Charlotte Adank Community Health and Clinical Council's Facilitator **Date:** 12 March 2019	Gail Thomson Executive Director for Quality & Clinical Governance Solutions

RECOMMENDATION:

That the Commissioner and Deputy Commissioner note the content of this paper.

Background

The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHN. The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients across the Southern district a stronger voice into decision-making.

In the last few months there have been a number of membership changes on the Council which are outlined in this paper.

In August 2018, the CHC launched their Community, Whānau and Patient Engagement Roadmap to enable a sustainable process for engagement between staff and our community to support the Southern health system.

The Roadmap the Council developed outlines a systematic process that supports staff to connect with communities, whānau and patients when undertaking projects, to allow for their voice to be heard. Resources have been developed to support both staff and CHC advisors as they work together on projects, and these and further resources will be edited as required.

Appendix A provides a summary of work the CHC has specifically been informed or consulted on since October 2018.

1. Council Membership

There are currently only nine members on the CHC due to a rotating membership (Appendix B). In January 2019, the establishment CHC Chair Professor Sarah Derrett stepped down. Professor Derrett contributed enormously to the CHC forming and establishing its role within the Southern health system. The CHC will maintain contact with Professor Derrett who remained listed as a CHC Advisor on our database.

The Council is delighted to welcome new CHC Chair Ms Karen Browne, who has worked as a consumer advisor with Health Navigator, is a member of the Health and Disability Commissioner's Consumer Advisory Group, and is a recent appointee to the Health Quality and Safety Commission's Leadership Group for Aged Residential Care. Recently Karen worked with the previous Alliance South on the long-term conditions project. Ms Browne was been involved with the CHC since its inception and has attended our community CHC forums. Ms Browne has already attended Clinical Council, Chaired her first CHC meeting on March 7 and undertaken a recent media interview with the ODT[1]. All CHC members look forward to working with Ms Browne and continuing on the work of the CHC.

Other membership changes include Mrs Lesley Gray and Mr Martin Burke, both stepping down at the end of December 2018. All members made a huge contribution to establishing the foundation for this Council and will remain in contact with future developments. Replacements for these members will occur in the coming months.

2. Survey of Executive Teams and CHC members

A survey was undertaken in November 2018 of both DHB & WellSouth Executive Teams as well as CHC members on how this Council is functioning and where it needs to focus more in the coming year. The CHC has reviewed the feedback that has been received and a high-level report is to be provided to both teams, with some actions for the coming year.

[1] https://www.odt.co.nz/news/dunedin/new-chairwoman-health-council-named

3. Progress with implementation of Community, Whānau and Patient Engagement Framework and Roadmap

- **CHC Advisors**

To become a CHC advisor, there are no pre-requisites and members of the public who are interested in helping to improve the health system only need fill out an Expression of Interest (EoI) form which is available on the Southern DHB website. As of March 2019, there were 50 CHC Advisors on our database (7 Central Otago/Lakes, 3 Waitaki, 11 Invercargill and 29 Dunedin). This does not include CHC members themselves who also have the opportunity to be advisors on projects. All CHC advisors are kept informed of opportunities that arise from services for the need for a patient/ whānau voice and are then connected with clinicians/staff members for specific projects.

- **Feedback on process**

Throughout all engagement projects, the CHC is hoping to collect feedback from patients, whānau & staff involved in projects around what has worked and where improvements can be made. This will provide information on where resources or support may need to be targeted to facilitate engagement exercises for both staff and CHC advisors. To date we are receiving mainly positive feedback from CHC advisors - some examples include:

- it is helping our community understand the steps and complexity our health system faces
- CHC advisors are feeling very welcomed and valued by the health professionals they are working alongside
- CHC advisors are hopeful that processes will change to the benefit of the patient/whānau and staff.

- **Projects with CHC Advisors**

The CHC engagement roadmap is helping the CHC to have a picture of engagement activities occurring across the Southern health system. At March, 2019 there were 31 CHC advisors working alongside staff on 22 projects (Appendix C)

4. New Build of Dunedin Hospital

The CHC is being kept informed of developments around the new build of the hospital and will have quarterly updates from the Programme Office team and the Chair of the Southern Partnership Group. The CHC is also using its wide ranging contacts and database to keep the community up to date with relevant information. The CHC has been encouraging the Southern DHB to have community engagement during the development stage of the hospital build.

5. CHC presenting to the World

The CHC is excited that the work they are supporting will be presented at another international conference in Spain, April 2019[2]. Professor Derrett will be presenting on the formation of the CHC and work done around encouraging community, whānau and patient engagement. All CHC members contributed to the abstract submitted and Professor Derrett will feedback on what is learnt from this presentation.

[2] https://integratedcarefoundation.org/events/icic19-19th-international-conference-on-integrated-care-san-sebastian-basque-country

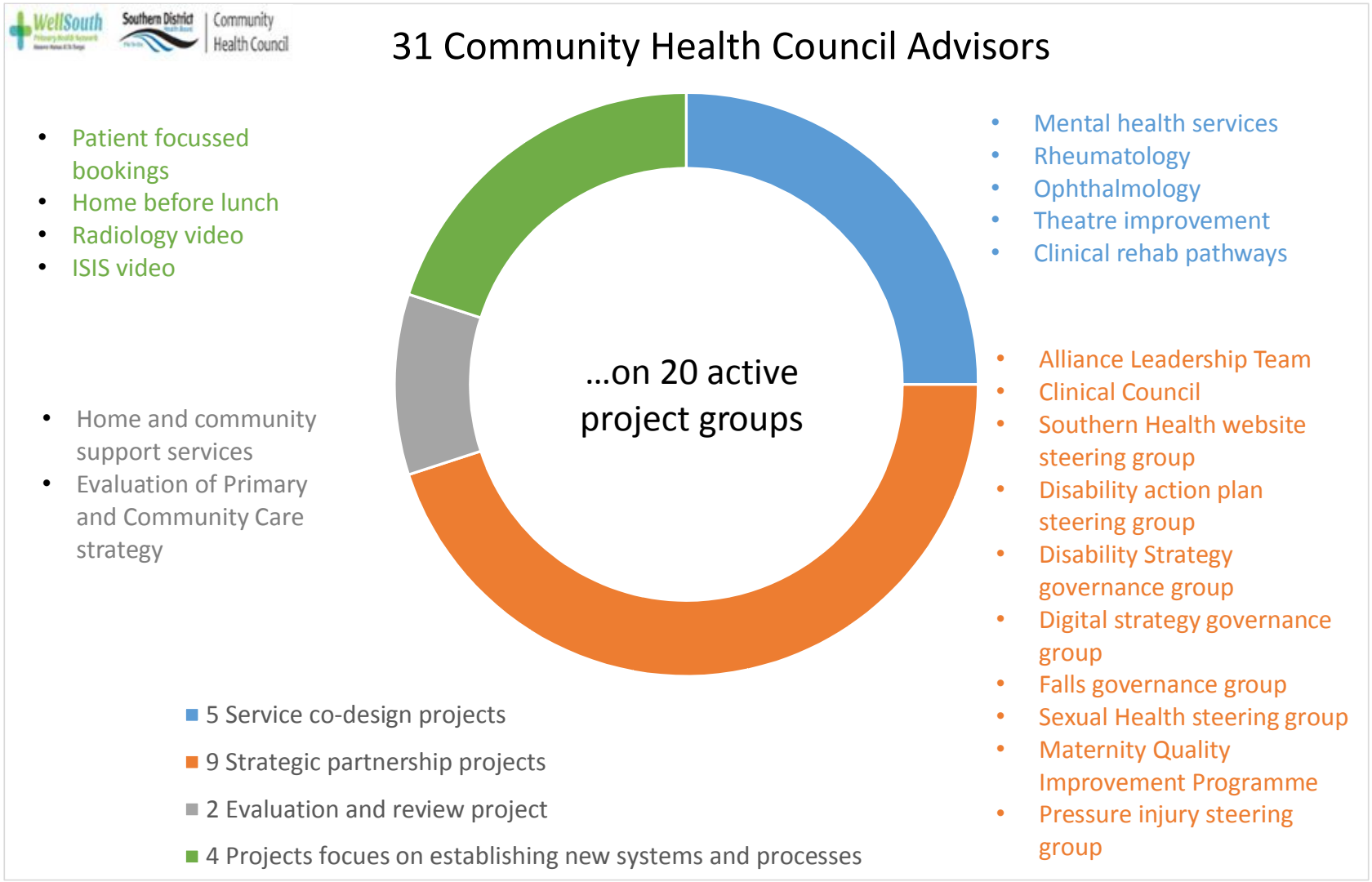
Appendix A. Items the CHC has been updated or consulted on since October 2018

Month	Topic	Person responsible
October 2018	Digital Strategy	Kyle Ford (Wellsouth)
November 2018	Radiology patient videos	Stephen Jenkins, Kirsten Worthington, Debbie Fahey (DHB Staff)
	MoH Planned Care	Julie Palmer, Simon Duff (MoH)
	MoH DHB Certification audit	Auditors
	MoH Health & Disability Review Panel	Heather Simpson, Peter Crampton
December 2018	Acute Theatre Future State	Bridget Thompson and Dr Mike Hunter
	Southern DHB Carbon footprint	Dr Matt Jenks (DHB)
January 2019	Southern Health Website	Nicola Mutch, Clare Gilles (DHB)
March 2019	Draft Did Not Attend Policy (DNA)	Kim Caffell (DHB Staff)
	Dunedin Hospital Build	Pete Hodgson, Hamish

Appendix B Community Health Council Membership Rotation 2017-2021

CHC Member	2017	2018	2019	2020	2021
Ms Ilka Fedor	√	√	√		
Ms Rosa Flaherty		√	√	√	
Mrs Bronnie Grant	√	√	√		
Mrs Hana Halalele		√	√		
Mr Matt Matahaere		√	√	√	
Mr Jason Seale		√	√	√	
Mrs Kelly Takurua	√	√	√		
Ms Paula Waby	√	√	√		
Mr Martin Burke	√	√			
Prof Sarah Derrett	√	√			
Mrs Lesley Gray	√	√			

Appendix C. CHC Advisors working on projects alongside staff, March 2019



SOUTHERN DISTRICT HEALTH BOARD

TITLE:	**FINANCIAL REPORT**		
REPORT TO:	Commissioner Team		
DATE OF MEETING:	27 March 2019		
SUMMARY:			
SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC):			
FINANCIAL:	As set out in report.		
WORKFORCE:	No specific implications		
OTHER:	n/a		
DOCUMENT PREVIOUSLY SUBMITTED TO:	Not applicable, report submitted directly to DSAC/CPHAC	**DATE:** N/A	
PREPARED BY: Strategy, Primary & Community Team **DATE:** 13 March 2019		**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **1. That this report be received.**			

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STRATEGY, PRIMARY & COMMUNITY REPORT
February 2019

1. Overview

	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	Annual Budget $
REVENUE							
Government & Crown Agency Sourced							
MoH Revenue	74,088	71,767	2,321	582,076	574,135	7,941	861,203
IDF Revenue	1,542	1,815	-273	13,598	14,522	-924	21,783
Other Government	515	464	51	3,974	3,992	-18	6,057
Total Government & Crown	**76,144**	**74,046**	**2,098**	**599,648**	**592,649**	**6,999**	**889,042**
Non Government & Crown Agency Revenue							
Patient related	18	20	-2	141	159	-18	239
Other Income	19	24	-5	143	196	-53	294
Total Non Government	**37**	**44**	**-7**	**284**	**355**	**-71**	**533**
Internal Revenue							
Internal Revenue							
Total Internal Revenue	**2,728**	**2,218**	**510**	**18,648**	**17,860**	**788**	**26,732**
TOTAL REVENUE	**78,909**	**76,309**	**2,600**	**618,579**	**610,863**	**7,716**	**916,306**
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
SMO - Direct	583	537	-46	5,139	4,583	-556	6,839
SMO - Indirect	13	39	26	211	304	93	461
SMO - Outsourced	1	14	13	-14	258	272	318
Total SMO's	597	590	-7	5,336	5,145	-191	7,618
Registrars / House Officers (RMOs)							
RMO - Direct	36	31	-5	219	221	2	353
RMO - Indirect	2	2		7	12	5	19
RMO - Outsourced		1	1		12	12	18
Total RMOs	38	34	-4	226	245	19	390
Total Medical costs (incl outsourcing)	635	624	-11	5,563	5,390	-173	8,009
Nursing							
Nursing - Direct	1,568	1,467	-101	12,699	12,410	-289	19,107
Nursing - Indirect							
Nursing - Outsourced							
Total Nursing	1,568	1,467	-101	12,699	12,410	-289	19,107
Allied Health							
Allied Health - Direct	1,543	1,620	77	13,058	13,250	192	20,201
Allied Health - Indirect	18	16	-2	192	113	-79	301
Allied Health - Outsourced	18	29	11	126	250	124	375
Total Allied Health	1,579	1,665	86	13,376	13,612	236	20,878
Support							
Support - Direct	11	11		95	92	-3	141
Support - Indirect							1
Support - Outsourced							
Total Support	11	11		95	93	-2	142
Management / Admin							
Management & Administration - Direct	606	555	-51	4,915	4,878	-37	7,185
Management & Administration - Indirect	6	5	-1	20	36	16	54
Management & Administration - Outsourced	1	1		10	9	-1	13
Total Management / Admin	613	560	-53	4,946	4,923	-23	7,252
Total Workforce Expenses	**4,406**	**4,327**	**-79**	**36,678**	**36,427**	**-251**	**55,387**
Non Personnel							
Outsourced Clinical Services	**146**	**87**	**-59**	**702**	**708**	**6**	**1,067**
Outsourced Corporate / Governance Services							
Outsourced Funder Services	**1,006**	**1,008**	**2**	**8,015**	**8,063**	**48**	**12,094**
Clinical Supplies	**931**	**637**	**-294**	**7,358**	**5,217**	**-2,141**	**7,876**
Infrastructure & Non-Clinical Supplies	**348**	**359**	**11**	**2,921**	**3,147**	**226**	**4,754**
Provider Payments							
Personal Health	57,214	55,738	-1,476	458,456	450,971	-7,485	676,233
Change Initiative Fund	212	212		1,693	1,693		2,539
Mental Health							
Public Health	87	99	12	695	794	99	1,190
Disability Support	13,716	13,811	95	117,745	117,629	-116	176,654
Maori Health	111	127	16	1,010	1,016	6	1,524
Non Operating Expenses							
Depreciation							
Capital charge							
Interest							
Total Non Personnel Expenses	**73,771**	**72,077**	**-1,694**	**598,594**	**589,236**	**-9,358**	**883,932**
TOTAL EXPENSES	**78,178**	**76,404**	**-1,774**	**635,272**	**625,663**	**-9,609**	**939,319**
Net Surplus / (Deficit)	**732**	**-95**	**827**	**-16,693**	**-14,800**	**-1,893**	**-23,012**

Summary Comment:

Strategy, Primary and Community had a deficit YTD of $16.69m against a budget deficit of $14.80m which is $1.89m unfavourable.

Revenue is favourable YTD by $7.71m, with the main reasons being MECA & PSA settlement funding of $3.54m (expenditure offset), Careplus ($0.27m favourable, offset by expenditure), VLCA and Under 14s ($0.35m favourable, offset with expenditure), capital charge ($1.31m favourable) and new CSC funding ($1.70m, offset with expenditure. These are offset by IDF revenue ($0.92m unfavourable).

Expenditure YTD is unfavourable to budget by $10.22m with the main reasons being pharmaceuticals & PCT ($2.52m unfavourable), Hospital pharmaceuticals ($1.96m unfavourable), MECA & PSA settlement expenditure ($3.54m unfavourable), new CSC expenditure ($1.70m unfavourable) and IDF outflows ($0.08m unfavourable).

Personnel

Expenditure

Personnel expenditure is $0.25m unfavourable to budget YTD with the main driver being Nursing which is $0.29m over budget due to statutory and back pays.
SMO's are $0.19m unfavourable to YTD due to penal and allowances offset by outsourced services.

FTE's

	YTD Actual FTE	YTD Budget FTE	YTD Variance FTE	Annual Budget
Personnel FTE's				
Medical	30	29	-1	30
Nursing	230	230	0	231
Allied Health	276	279	3	321
Support	3	3	0	3
Management / Admin	101	102	1	105
Total Personnel	**640**	**643**	**3**	**690**

Outsourced Services

No Significant variances

Clinical Supplies

Clinical Supplies are $2.14m unfavourable to budget YTD, with Pharmaceuticals being the main reason for the variance ($1.96m unfavourable to budget YTD) due to the transfer of hospital pharmaceuticals to Primary, Strategy and Community in November and Ostomy supplies ($0.93m unfavourable to budget YTD).

Infrastructure & Non Clinical Supplies

$0.23m favourable YTD due to domestic travel ($51k favourable) and Consultants ($117k favourable)

Provider Payments

Personal Health - $7.48m unfavourable YTD.

Main reasons for the variance being:

- Electives expenditure at the end of February is back on budget.
- Pharmaceutical expenditure unfavourable to budget YTD by $0.26m. Budget includes $1.5m savings p.a along with a start point that is lower than Pharmac forecasts. PCT expenditure unfavourable to budget by $1.61m YTD.
- General Medical Subsidy is unfavourable to budget by $0.25m YTD due to Refugee expenditure and casuals.
- Maternity expenditure $0.54m unfavourable to budget YTD due to unbudgeted expenditure relating to Wanaka midwives shortage and additional maternity projects.
- Primary Practice Services –Capitated $1.48m unfavourable YTD mainly due to new CSC expenditure ($1.70m unfavourable, offset by extra revenue), First Contact services ($0.24m unfavourable) where payments are based on enrolled population, offset by Primary Mental Health expenditure ($0.40m favourable).
- Primary Health Care Strategy – Care Plus $0.27m unfavourable YTD. Offset by a favourable revenue variance.
- Primary Health Care Strategy – Health Promotion/SIA $0.34m unfavourable due to Very Low cost Access and Under 14 expenditure, offset by favourable revenue variance.
- Primary Health Care Strategy Other unfavourable to budget by $0.39m YTD, due to components of the POAC service expensed in this line that is budgeted in other lines (Skin lesions, Cellulitis & High Cost Gynae budgeted in surgical outpatients $0.37m favourable to budget).
- Price adjusters and Premium $3.67m unfavourable to budget YTD due to unbudgeted MECA & PSA settlement expenditure of $3.54m

Disability Support Services - $0.12m unfavourable YTD

Main reasons for variance being:

- Residential Care Rest Homes & Hospitals $0.59m favourable YTD.
- Home Support $0.42 unfavourable to budget YTD due to LTSCHC FFS and IBT expenditure.
- IDF Outflows $0.21m unfavourable due to Service change ($0.05m) and YTD washup estimate ($0.16)
- Respite (demand driven service) tracking slightly lower than budget (total $0.11m).

Hospital Pharmaceuticals

In November, hospital pharmaceutical expenditure was transferred to Strategy, Primary and Community.
The transfer contributed the majority of the unfavourable variance in Clinical Supplies ($1.85.m unfavourable YTD).
The pharmaceutical rebate has now been recognised in Community pharmaceuticals (apart from $366k) and therefore the YTD variance is not accurately reflected across the various pharmaceutical lines. The following table redistributes the rebate between community and hospital pharmaceuticals and better reflects where the unfavourable variances sit within pharmaceuticals.

	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	Rebate realigned	Adjusted variance
Clinical Supplies - Pharmaceuticals	$ 18,436.3	$ 14,299.1	-$ 4,137.2	$ 986.4	-$ 3,150.9
Provider Payments - Pharms	$ 49,188.5	$ 49,212.9	$ 24.4	-$ 986.4	-$ 962.0
Total	**$ 67,624.9**	**$ 63,512.0**	**-$ 4,112.8**	**$ -**	**-$ 4,112.8**

Variance is made up of the following (estimate)

Pharms YTD	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	Rebate realigned	Adjusted variance
PCT	$ 6,425.2	$ 4,818.5	-$ 1,606.7		-$ 1,606.7
Community Pharms (DHB Outpatients)	$ 3,310.8	$ 3,031.4	-$ 279.4		-$ 279.4
Hospital Inpatients	$ 8,700.4	$ 6,449.2	-$ 2,251.2	$ 986.4	-$ 1,264.8
Community Pharms (excl DHB)	$ 49,188.5	$ 49,212.9	$ 24.4	-$ 986.4	-$ 962.0
Total	**$ 67,624.9**	**$ 63,512.0**	**-$ 4,112.8**	**$ -**	**-$ 4,112.8**
Savings hospital			-$ 511.6		
Expense Management (funder)			-$ 875.0		
Total Savings YTD			**-$ 1,386.6**		

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Closed Session:

RESOLUTION:
That the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 34, Schedule 4 of the NZ Public Health and Disability Act (NZPHA) 2000 for the passing of this resolution are as follows:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.