# SOUTHERN DISTRICT HEALTH BOARD

## DISABILITY SUPPORT ADVISORY COMMITTEE
## and
## COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

**Wednesday, 29 May 2019**
**9.30 am**

**Board Room, Community Services Building,**
**Southland Hospital Campus, Invercargill**

## A G E N D A

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

**Item**

1. **Apologies**
2. 9.30 am
   **Presentation:** ***Public Health - A New Way of Working***:
   Mary Cleary Lyons (GM Primary Care & Population Health)
   and Lynette Finnie (Service Manager Public Health)
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Strategy, Primary & Community Report**
8. **Annual Plan – Quarter 3**
9. **Donald Beasley Preliminary Progress Report - Disability Strategy**
10. **Financial Report**
11. **Resolution to Exclude Public**

| Southern DHB Values | | | |
|---|---|---|---|
| Kind<br>*Manaakitanga* | Open<br>*Pono* | Positive<br>*Whaiwhakaaro* | Community<br>*Whanaungatanga* |

**APOLOGIES**

An apology has been received from Ms Justine Camp, Committee Member.

# Public Health – a new way of working

Mary Cleary-Lyons – General Manager, Primary Care and Population Health

Lynette Finnie – Service Manager, Public Health

CPHAC meeting 29 May 2019

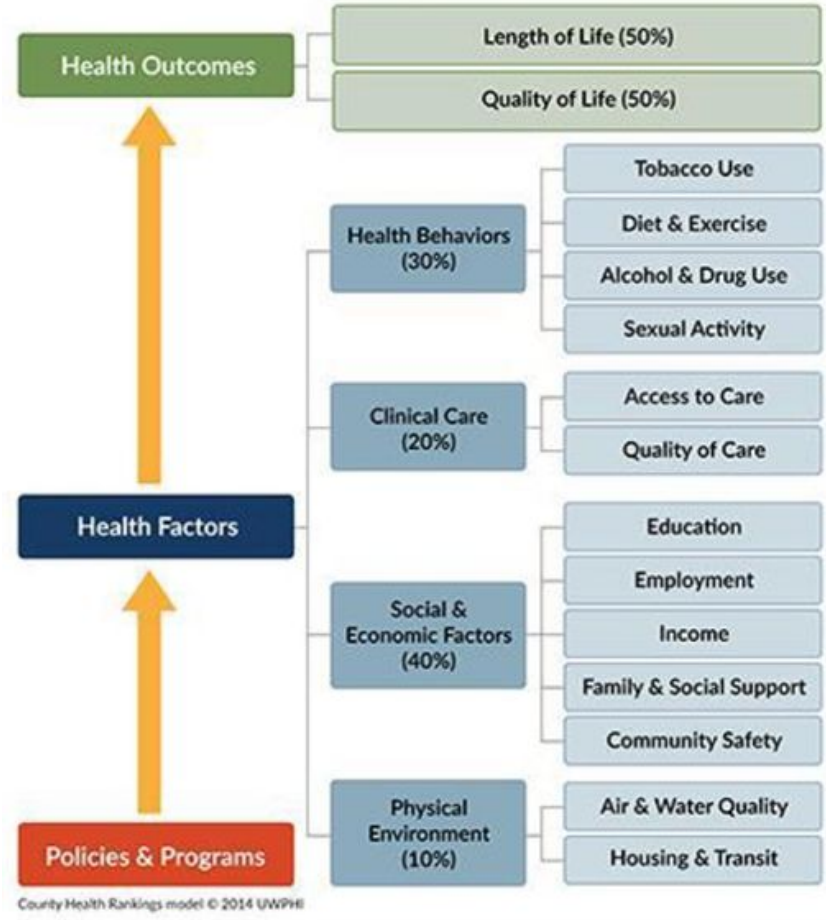
Health starts long before illness – in our homes, where we learn and work and where we play.

Southern Future
It's up to us

Southern District Health Board

The factors that contribute the most to good health are mostly social, cultural and economic.

*Source: University of Wisconsin Public Health Institute 2010*



# Health in All Policies is a way of working

Definition:

*Health in All Policies is a structured approach to working across the sectors and with communities on public policies. It promotes trusting relationships and engages stakeholders to systematically consider the implications of decisions. Health in All Policies seeks synergies to improve societal goals, population health and equity.*

*Source: WHO, 8th Global Conference Definition, 2013; Amended by Robert Quigley 1/12/2014*

- Public Health is already starting to work in this way.
- As a service we have identified we need to work in collaboration with others to catalyse the health and well-being of our communities.
- We are currently refocusing the service to embed this in a more deliberate and focused way to work with our stakeholders and communities.
- The WellSouth health promotion team is part of this so we take a broader health system approach to working this way.

# Working in a Health in All Policies way and across the health system - Housing

## Collaborative partnerships

- Public health is working with regional Councils, NGOs, Māori Health Providers and NIWA focusing on improving air pollution from inefficient heating systems.
- The focus is on areas identified as priority due to air pollution in Central Otago and Invercargill.
- People are being provided with information to reduce household emissions, as well as subsidy schemes to upgrade heating systems, and how to make their homes warmer and drier.

# Kia Haumaru Te Kaika project

- This project is focused on stopping children being readmitted to hospital because of their houses.
- How?
  - Children admitted to children's wards who have conditions that could be attributed to their housing situation are referred to the programme.
  - They will be referred to home performance advisors who will undertake an assessment of the home and prepare an action plan.
  - PHS will work with community providers to implement the recommendations of the home performance advisor.
- Based on the estimated cost per whanau for the intervention of $246 and an estimated number of whānau completing the programme each year of 350:
  - Estimated total cost savings of 350 re-hospitalisations were avoided - $546,000
  - Estimated 29.2% reduction in hospital beds

# Primary Care

- Ensuring practices are aware of the impact of air quality and cold damp housing on respiratory illness.
- Making Every Contact Count:
  - Patients receive the right treatment.
  - Families have information about making their homes warm and dry, subsidies for insulation and heating and where to go for more information and support.
- Health Pathways are being put in place

  WellSouth, Public Health, NGOs working together to support primary care to work in this way.

# Why use Health in All Policies?

- The benefits from using the HiAP approach include:
  - Increased capacity of individuals within organisations.
  - Collaborative working by organisations.
  - Improved actions and outcomes on economic, environmental, social and health determinants.
  - Improved population health and reduced inequalities, and consequent ability for the population to reach societal goals.

# If we don't change the hospital will consume more and more resources as a 'provider of last resort'

*Source: Hawkes Bay Clinical Services Plan*

## SOUTHERN DISTRICT HEALTH BOARD

| | |
|---|---|
| **Title:** | **INTERESTS REGISTERS** |
| **Report to:** | Disability Support and Community & Public Health Advisory Committees |
| **Date of Meeting:** | 29 May 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:**

- Susie Johnstone - son, employee of Deloitte added;
- Jean O'Callaghan and David Perez, Deputy Commissioners, added.

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

| | |
|---|---|
| **Financial:** | n/a |
| **Workforce:** | n/a |
| **Other:** | |

**Prepared by:**

Jeanette Kloosterman
Board Secretary

**Date:** 17/05/2019

**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~~, Deputy Chair, Dunedin City Holdings Limited (updated 15/04/2019) | Nil | |
| | 25.06.2015 | Trustee of numerous private trusts | Nil | |
| | 25.06.2015 | Consultant, Gallaway Cook Allan | Nil | |
| | 25.06.2015 | ~~Director~~, Deputy Chair, Dunedin City Treasury Limited (updated 15/04/2019) | 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 | Deputy Chair, Dunedin Stadium Property Ltd (from 1 July 2018, updated 24/04/2019) | | |
| | | **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 | |
| | | | | |
| **Jean O'Callaghan** (Deputy Commissioner) | 13.05.2019 | Employee of Geneva Health | Provides care in the community; supports one long term client but has no financial or management input. | |
| | 13.05.2019 | St John Volunteer, Lakes District Hospital | Nil | Taking six months' leave. |
| **David Perez** (Deputy Commissioner) | 13.05.2019 | Director, Mercy Hospital, Dunedin | SDHB holds contracts with Mercy Hospital. | Step aside from decision making. |
| | 13.05.2019 | Fellow, Royal Australasian College of Physicians | | |

**SOUTHERN DISTRICT HEALTH BOARD**
**INTERESTS REGISTER**
**COMMISSIONER TEAM**

| Member | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern DHB | Management Approach |
|---|---|---|---|---|
| | 13.05.2019 | Trustee for several private trusts | | |
| **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. | |
| | 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) | |
| | | **Son:** | | |
| | 29.04.2019 | Employee of Deloitte | Deloitte are the inernal auditors of SDHB | |
| **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 |

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 |
|---|---|---|---|---|
| | 07.06.2018 | Trustee, Kaupapa Taiao | Registered Charity - not contracting in Health. | |
| | 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 | Possible conflict when contracts with Southern DHB come up for renewal. |
| | 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 | This group works on behalf of all DHBs nationally and may not align with SDHB on occasions. |
| | 04.04.2019 | NASO Governance Group Member | This group works on behalf of all DHBs nationally and may not align with SDHB on occasions. |
| | 04.04.2019 | Lead GM Perinatal Pathology | This group works on behalf of all DHBs nationally and may not align with SDHB on occasions. |
| **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.~~ Deleted 11.04.2019 |
| | 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. |

**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 |
|---|---|---|---|
| | 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 | |
| **Nicola MUTCH** | | Deputy Chair, Dunedin Fringe Trust | Nil |
| | 02.04.2019 | Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago | Possible conflict relating to matters of policies, partnership or governance with the University of Otago. |
| **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 |
| | 05.04.2019 | South Island HepC Steering Group | Nil |
| | 03.05.2019 | Member of WellSouth's Senior Management Team | Reports to Chief Executives of SDHB and WellSouth. |

**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 |
|---|---|---|---|
| **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.<br>Possible conflict between Southern DHB and SMO employment issues. |
| | 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, 27 March 2019, commencing at 9.30 am, in the Board Room, Wakari Hospital Campus, Dunedin

| | | |
|---|---|---|
| **Present:** | Mr Richard Thomson | Deputy Commissioner (Chair) |
| | Mrs Kathy Grant | Commissioner |
| | Ms Justine Camp | Committee Member |
| **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 & Midwifery Officer |
| | Ms Jeanette Kloosterman | Board Secretary |

### 1.0 APOLOGIES

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

### 2.0 PRESENTATION - WHĀNGAIA NGĀ PĀ HARAKEKE

Janelle Timmins, Director of Whāngaia Ngā Pā Harakeke for Dunedin and the Southern District, was welcomed to the meeting.

Senior Sergeant Timmins recorded apologies from Superintendent Paul Basham and Michelle Taiaroa-McDonald. An apology was also noted from Odele Stehlin, Chair of Southern DHB's Iwi Governance Committee, who was unable to join the meeting by videoconference due to technical issues.

Senior Sergeant Timmins addressed the Committees on Whāngaia Ngā Pā Harakeke, a New Zealand police sponsored inter-sectoral family violence prevention initiative. Her presentation included an outline of the concept, what the initiative was designed to achieve, and the direction in respect of inter-sector collaboration (tab 12).

Senior Sergeant Timmins informed the Committee that approximately 60 family harm incidents per week were reported in Dunedin and about half that number in Southland. She advised that people were needed around the table (including from Southern DHB's Mental Health and Addiction Service) who could make decisions to streamline processes for whānau.

The Executive Director Strategy, Primary and Community (EDSP&C) noted that whānau would also benefit from better primary care. Southern DHB's intention to move many of its services into the community would present an opportunity to implement a "one team" approach.

Senior Sergeant Timmins then answered questions on funding, the cohort the initiative was primarily aimed at, and how Southern DHB could help.

The EDSP&C was asked to report back on progress in six months' time.

Senior Sargent Timmins was thanked for her attendance and left the meeting at 10.10 am.

## 3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3).

The Chair asked for any changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

***Recommendation:***

**"That the Interests Registers be received and noted."**

## 4.0 PREVIOUS MINUTES

***Recommendation:***

**"That the minutes of the meeting held on 30 January 2019 be approved and adopted as a true and correct record."**

***Agreed***

## 5.0 MATTERS ARISING

**MRI - Utilisation of Private Facility at Frankton**

The CEO reported that there had been no further progress regarding the utilisation of Pacific Radiology's MRI facility at Frankton and advised that he would follow the matter up.

## 6.0 REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 6) and received the following updates.

**Lakes District Hospital Redevelopment**

The CEO reported that the Lakes District Hospital redevelopment was on schedule and within budget.

**Psychogeriatric Beds**

The EDSP&C advised that psychogeriatric bed availability had improved in Dunedin and a discussion had been held with a provider who was interested in increasing bed numbers in Invercargill.

## 7.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 7) was taken as read and the EDSP&C highlighted the following items.

- *Older Person's Health* - The work undertaken in this area had led to reduced length of stay, more timely discharges, and a reduction in aged residential care admissions.
- *Home Team* - A Home Team was launched in Invercargill on 4 March 2019.
- *Public Health* - A review of the public health service was being undertaken to better enable "health in all policies".
- *I-Moko* - Discussions were being held regarding extending the I-Moko pilot until the end of the year.
- *Primary and Community Strategy* - implementation had continued on track.
- *Pharmaceuticals Management and Utilisation* - The School of Pharmacy Clinic would be officially opened on 29 March 2019.
- *Waitaki District Health Services Ltd (WDHSL)* - Consultation on WDHSL's proposal for change closed on 25 March 2019.
- *Primary Maternity Strategy Implementation* - Plans to transition Lumsden maternity services were on track to commence on 15 April 2019

The EDSP&C then answered questions on the consequences of the changes in Older Person's Health, the closure of Takitimu Rest Home, evaluation of the I-Moko pilot, and the benefits of laboratory point of care services in Wanaka.

The Committees requested:

- Follow-up reports on the decisions made following submissions lodged by Public Health;
- The impact on whānau of any hospital transfers resulting from WDHSL's proposal for change.

***Recommendation:***

**"That the report be noted"**

***Agreed***

## 8.0 PERFORMANCE REPORT - QUARTER TWO 2018/19

An overview of Southern DHB's performance against targets and performance measures for quarter two 2018/19 (tab 8) was taken as read and management took questions.

***Recommendation:***

**"That the report be noted"**

***Agreed***

## 9.0 COMMUNITY HEALTH COUNCIL

An update from the Community Health Council (tab 9) was taken as read.

***Recommendation:***

**"That the Committees note the report."**

***Agreed***

## 10.0 FINANCIAL REPORT

In presenting the Strategy, Primary and Community financial results for February 2019 (tab 10), the EDSP&C commented that the failure to meet pharmaceutical savings goals remained the main contributor to the adverse result for the year to date.

The EDSP&C then answered questions on maternity and in between travel expenditure.

***Recommendation:***

**"That the report be received."**

***Agreed***

## CONFIDENTIAL SESSION

**At 11.20 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 May 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. | June 2019 |
| 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 | Still awaiting consent from the Invercargill City Council to proceed with this work (area is a fire cell). | |
| 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 March. Workshop on Secure Units to be held on 13 March 2019. | Complete |
| March 2019 | **Whāngaia Ngā Pā Harakeke** (Minute item 2.0) | Progress report to be provided in six months. | EDSP&C | | September 2019 |

| DATE | SUBJECT | ACTION REQUIRED | BY | STATUS | EXPECTED COMPLETION DATE |
|---|---|---|---|---|---|
| March 2019 | **MRI - Utilisation of Private Facility at Frankton** (Minute item 5.0) | To be followed up. | CEO | | |
| March 2019 | **Public Health - Submissions** (Minute item 7.0) | Follow-up reports to be provided on the decisions made following the making of submissions. | EDSP&C | Report template in development. | July 2019 |
| March 2019 | **Waitaki District Health Services Ltd** (Minute item | Committees to be advised of impact on whānau of any hospital transfers resulting from WDHSL's proposal for change. | EDSP&C | Underway. | June 2019 |

## SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|---|---|---|---|
| **Title:** | **Strategy, Primary & Community Report** | | |
| **Report to:** | Disability Support and Community & Public Health Advisory Committees | | |
| **Date of Meeting:** | 29 May 2019 | | |
| **Summary:**<br>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:**<br>Strategy, Primary & Community Team<br><br>**DATE:** 13th May 2019 | | **Presented by:**<br>Lisa Gestro<br>Executive Director Strategy, Primary & Community | |
| **RECOMMENDATION:**<br>**That the Committees note the content of this paper.** | | | |

# COMMUNITY SERVICES

## Health of Older People

### 6ATR/Older Person's Health/Valuing Patients Time

The OPH team continues to manage the balance between patient needs, referrals and capacity in the temporary space well. Quality improvement initiatives continue to be a big focus, both current and when they move back to the previous location.

The deconditioning project involving additional staffing resource on Ward 8MED is having a positive impact on patients and staff. Patients are being screened and treated earlier which is reducing last minute referrals and providing scope for team-working and more considered discharge planning on the wards.

There was a celebration afternoon tea with staff on 7 May. This was an opportunity to showcase some of the work done, and the positive outcomes, and acknowledge and thank the staff for their contributions. There was good attendance from OPH staff and others from across the hospital. Feedback has been very positive and staff have expressed an appreciation of the event.

We are working on developing interprofessional working practises and the Inpatient Unit Manager is seeing improved collaboration between the Physiotherapist and Occupational Therapist role on Ward 8MED, and the team have started implementing interprofessional patient assessments. Two outpatient physiotherapists have attended the Calderdale framework training in the last month – working towards ensuring the assistants are working at top of their scope of practice.

The Red to Green project continues to develop on 6ATR – with 2 meetings being held daily to establish it:

- 8.45am - What the patient needs to achieve to move from red to green
- 3.00pm - Whether that has been achieved

The top constraints for the weekdays in 6ATR are:

1. No access to daily therapy (15)
2. Patient or family issues (10)
3. Local treatment not available (in rural hospitals) (8)
4. Access to residential care (6)

Some meetings are starting to occur on Ward 8MED, with a couple of SMOs buying in to the projects in order to establish the barriers to discharge.

**Home Team**

The Invercargill team continues to embed systems and processes. The first two months were relatively quiet, but proactively working across the hospital has seen referrals almost double in the past few weeks as awareness and confidence in the service increases.

'Home to Assess' continues to roll out across the hospital. This is having a positive impact on patients, with many grateful comments. ARRC facilities have also commented that patients are much more accepting and positive of an ARRC placement when there has been a genuine attempt with the Home Team to enable them to stay at home. There has been push back from some teams about the perception that they should be deciding on ARRC placement. We are arranging 'home as my first choice' sessions with these teams to reiterate the importance of patient choice. We hope to be able to bring a patient who has gone home to talk with the teams.

**Allied Health**

The Allied Health review was released to staff at the beginning of May. This included a number of recommendations for urgent action, including recruitment to a number of roles. The teams are currently reflecting on the report and have been encouraged to provide constructive feedback.

Three workshops have been organised for the first week of June; Data, clinical partnership, and clinical governance. These will involve management from Community Services (GM, SM, & UM) plus Allied Health professional leadership (DAH & PL).



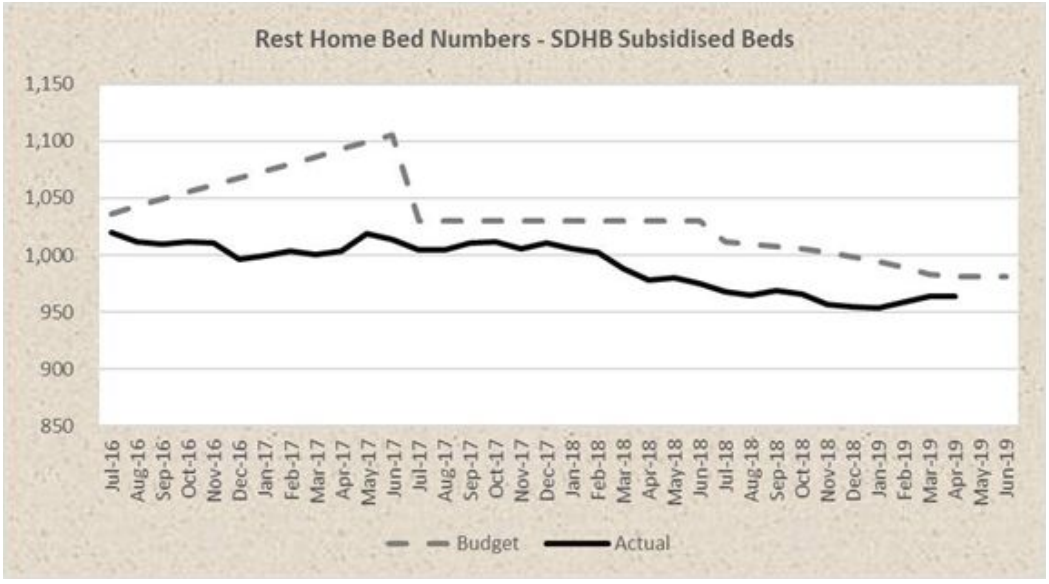
The Inpatient Physiotherapy teams are slowly establishing buy-in and interest for models of interprofessional working and implementation of the Calderdale Framework. There is still a long way to go with many historical practises that need to change, but progress is being made.

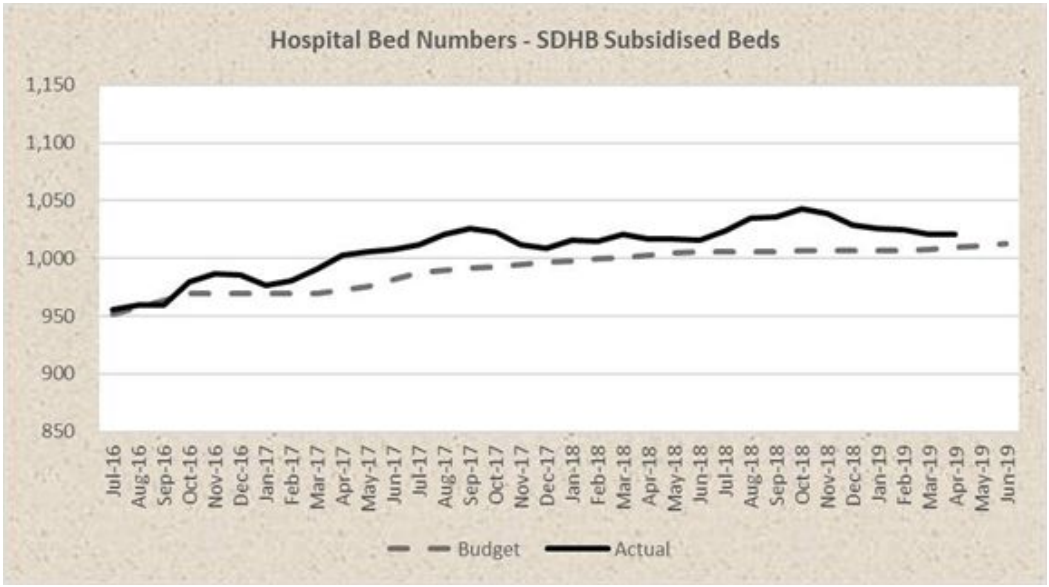
All the rehabilitation and community teams are now close to fully recruited. Inpatient teams still have some vacancies which is impacting on service delivery. There are 3.5 FTE physio vacancies in Invercargill which is ongoing and no real options for the immediate future. There are also two senior physiotherapy roles in Dunedin that are proving challenging to recruit; Internal Medicine/Acute Stroke Senior physiotherapist, and Senior ICU/Respiratory physiotherapist.

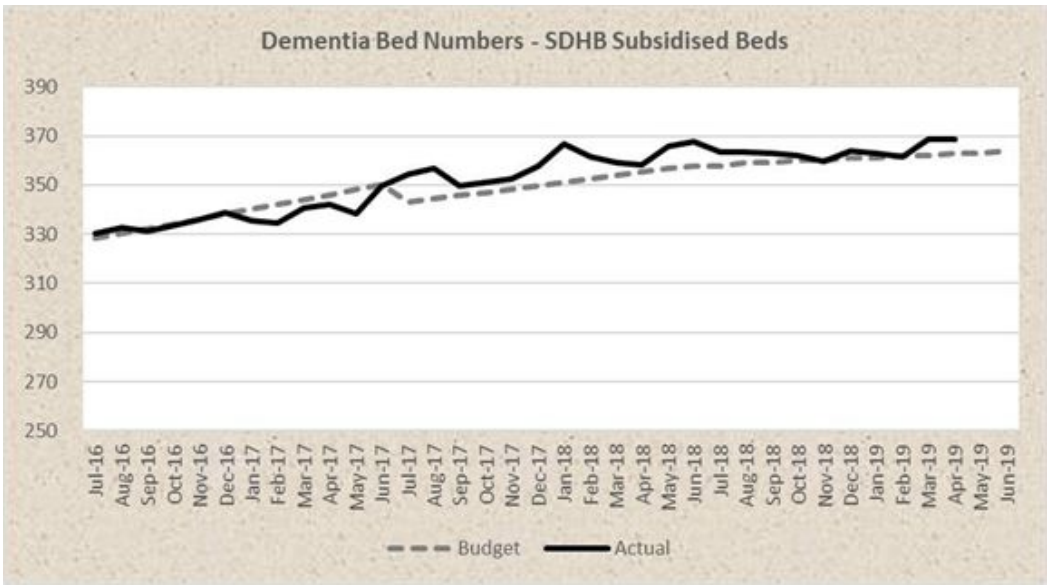
Both the Dunedin Speech Language Therapy service and Dietetics services are each having a service planning day later in May. These will start the conversations on models of care and different ways of working.

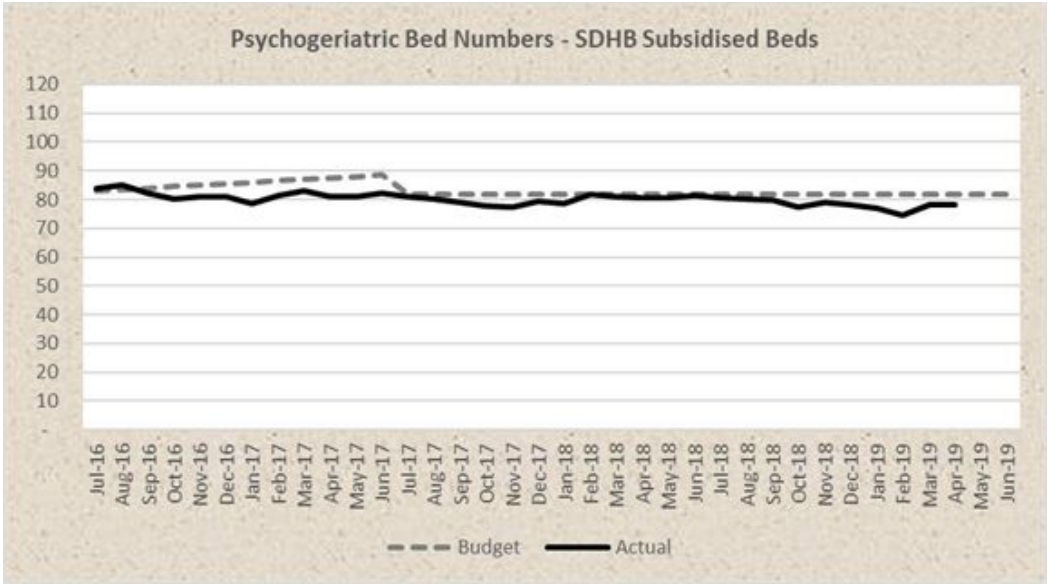
**Aged Residential Care**

| **Key Performance Indicator** | **Plan (month)** | **Actual (month)** | **Variance (month)** | |
|---|---|---|---|---|
| No ARRC Clients (April - Bed Nights) | 74,460 | 72,932 | 1,528 | (f) |
| HCSS Bulk Funded - Clients Hours (February) | 47,796 | 48,608 | -812 | (u) |
| HCSS FFS - Client Hours per day (March) | 309 | 352.5 | 56.5 | (f) |
| IDF Inflows - Washups (YTD to March) | $6.382m | $6.045m | -337 | (u) |
| IDF Outflows - Washups (YTD to March) | $12.982m | $13.184m | -202 | (u) |


Rest Home Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
Budget
Actual


Hospital Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
Budget
Actual


Dementia Bed Numbers - SDHB Subsidised Beds
390
370
350
330
310
290
270
250
Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19
Budget
Actual






## Refugee Health

In response to the events of 15 March 2019, there has been continuing coordinated support across all public service sectors for Muslim former refugees and the entire Muslim community in Dunedin. Southern DHB continues with the following support:

- PHO in offering GP consults for all refugees regardless of arrival date.
- Access to all Muslims who are experiencing a financial barrier to primary care – a temporary measure that is being coordinated via Muslim leadership is still in place.
- Mental health support has been provided to the Mosque pro bono by a Muslim Psychologist from Canada who specialises in trauma care. The Mosque has reported limited uptake.
- Arabic/English radio programme delivered by an SDHB interpreter and coordinated by DCC.

Public services, via meetings held by DCC, report a general favourable recovery continuing from the March terrorist event.

## Public Health

### Public Health – A new way of working – Update

A two day workshop was held with staff on 3-4 April on frameworks and tools for collaborative working, looking at new ways to achieve equity of health outcomes especially for Maori, and discovering different ways to work in Health in All Policies. An evaluation of the workshop was undertaken and the majority of those who responded found the workshop valuable and indicated that they have a better understanding of the concepts of Health in all Policies and collaborative working.

The next step is the Project Steering Group will work with a smaller group of nominated staff from Public Health (6) and WellSouth (1) to take the initial feedback from the workshop and develop an approach (or approaches) as to how we embed these new ways of working into our everyday work. This combined group is called the Transition Team. The Transition Team will have a workshop on 9 May, and the approaches will be workshopped with the larger group of staff at a workshop on 30 May.

**Drinking Water - Three Waters Review Workshop**

On 11 April in Queenstown, key staff involved in Drinking Water from PHS attended the 'Three Waters Regulation Review Workshop', which was one of nine national workshops held to discuss proposals to improve drinking water, storm water and wastewater regulation in New Zealand. The Three Waters review is a cross-government project led by the Department of Internal Affairs in partnership with the Ministry of Health and Ministry for the Environment. There were around 30 other representatives from the regional and local councils across the Southern district in attendance as well as water industry representatives. The workshop was focussed on the overarching structure of the proposed water regulatory body, with resourcing and funding to be explored at a later stage.

Key points from the workshop/meeting:

- The Ministry of Health (MOH) acknowledged that New Zealand's drinking water regulatory system is not fit for purpose with multiple failures across many areas including poor leadership from the MOH, unclear and weak lines of accountability for suppliers and lack of support to ensure DWAs can do their duties.
- It is proposed that a dedicated drinking water regulator is created (who will not be the Ministry of Health).
- A proposal (formed from recommendations developed from the workshops) will be put to Cabinet in June 2019, with a view to new legislation being created in late 2020.
- The proposed new regulatory system is likely to take a few years to get up and running. Implications for the workforce are yet to be decided, however the Ministry of Health suggested that 'enforcement officers' may operate regionally and even be located within Public Health Units.

**Communicable Disease**

There have been no further confirmed measles cases in our district, however the outbreaks in Canterbury and Auckland are ongoing (though slowing) so we remain vigilant.

**Keep Your Bugs to Yourself**

The Health Protection team has run two sessions of the 'Keep Your Bugs to Yourself' education programme to the Invercargill and Dunedin Otago University Early Childhood Teachers Training student bodies. This programme is rolled out annually and continues to inform emerging early childcare teachers of best practice for infection prevention and reporting requirements for gastroenteritis and influenza-like-illnesses in their sector. It includes strategies for controlling an outbreak, information on cleaning and sanitising, development of infection control polices, education on handwashing and provision of resources.

**Submissions**

The submissions lodged in April included:

- Three submissions to Queenstown Lakes District Council. The Annual Plan submission was largely supportive of council's intentions, and included recommendations relating to key public health issues. Two expressions of interest for Special Housing Areas (SHAs) detailed PHS's increasing concern about the rapid and persistent growth throughout the district. This growth is placing heavy demands on the population, environment and infrastructure. PHS supports the increase in housing stock in Queenstown-Lakes to alleviate the stress of accommodation on residents. Given the number of Special Housing Areas (SHAs) that are currently proposed, PHS expressed concerns about the cumulative impact on existing and new communities. SHAs are assessed individually and PHS highlighted the importance of assessing the collective impact of growth on the health of the population. In order to avoid long term legacy issues that adversely impact on vulnerable and disadvantaged groups, each SHA should be considered as an opportunity to develop the social capital of local neighbourhoods.
- PHS attended the hearing for the Central Otago District Council Economic Development Strategy. We highlighted the lack of housing as the key issue which will limit the economic development of the area.
- In its submission on the Dunedin City Council Annual Plan, PHS commended the council for its planned improvements to public transport and a free central city bus loop and a reduction in fares which would support the transport disadvantaged. A further recommendation for a permanent

liquor ban around the Forsyth Barr Stadium would address concerns with the amenity of the area, and pre-loading prior to events.
- Advice was provided to the Dunedin City Council on the Residential Capacity Consultation. Areas of public health interest, including climate safe housing design, were highlighted.
- In its submission to the Ministry of Education on 'Our Schooling Futures, Stronger Together', we were generally supportive of the proposals. It strongly recommended the development of curriculum resources and personal learning opportunities focusing on the full integration of health and wellbeing in the curriculum. Health should be fully part of a whole school approach to learning, with teachers being confident about navigating emerging classroom discussions safely.



**Clean Air Workshop**

PHS attended a Clean Air inter-agency workshop chaired by Environment Southland which focussed on improving air quality in south Invercargill. Health is a major beneficiary of future project interventions through enhanced air quality and improving home heating sources. Key parties include Environment Southland, WellSouth, Invercargill City Council, Venture Southland and Public Health South. Timelines have been established for terms of reference and a strategy to be drafted and signed by key stakeholders.

**Smokefree**

We are currently engaging with Work and Income offices and offering professional development with the staff to enable them to engage in a proactive manner with their clients. Topics discussed as part of the presentation were vaping, smoking and pepi-pods. We have supplied resources and also encouraged a clear pathway for referrals to the Southern Stop Smoking Service.

The Fresh Air project has come to an end and the team are now processing the evaluations collected during the pilot. This project supported venues in Dunedin, Queenstown and Invercargill to make their outdoor dining space smokefree with the aim to de-normalise smoking in these areas and reduce second-hand smoke. The results will be shared with the venues and this will assist them in their decision to remain smokefree. Across the district 94% of those surveyed supported smokefree outdoor dining. When the full evaluation is complete we will be able to use that information to advocate for policy change.

## Population Health Service

- 29th April to 5th May is Immunisation week. Promotions included team tee shirts, 'Family stories' via Facebook and other social media outlets and radio interview.
- Medtech (Electronic patient management system) on boarding is scheduled for 22 – 24 May. Once this is completed a project plan will be developed for roll out across Population Health.
- National Cervical Screening Programme funding free cervical screens is tracking at 47% over budget year to date. The Ministry of Health have signalled no additional funding is available as the National funding pool which historical topped up over delivery is being fully utilised across the country. The overspend in this financial year will be offset by surplus in personnel costs created by not recruiting to a vacancy.

## Oral Health

The Clinical Advisor for Dental Therapy is undertaking a Fluoride Varnish Project, to review the provision of this preventative service across the District and see how access can be expanded. This includes training the dental assistants to place the varnish under delegation from the therapist.

Mobile units are currently operating in Lawrence and Ranfurly in Otago and in Mataura, Wyndham, Otautau and Bluff in Southland. They are being well received with minimal DNA's. Despite staff shortages in Otago we are committed to visit all our mobile sites this year.

**Titanium**

Reporting has not improved with the system crashing whenever there are attempts to run monthly and annual reports. This is impacting on the services ability both to track internal KPI's but also to deliver Q3 performance reporting to the MoH.

## Children's Health

**SUDI**

Pepi pod activity continues with a focus on increasing the number of pepi pods distributed across the district. Meetings with distributors will occur in three locations with the first one occurring in May in Invercargill. The SI Co-ordinator for SUDI will lead these as part of the pepi pod assessment process.

Wahakura

We are working on a consultation process for local weavers to plan wahakura wānanga. Dunedin weavers have advised that they have some capacity to supply wahakura for local distribution. We need to confirm numbers based on capacity and availability of flax. Safe sleep messaging will be delivered as part of the wānanga so these need to be established. Weaving at the wānanga may be for ipu whenua (placenta) and ipu wairua (body tissue) rather than wahakura due to the time and experience it takes to weave wahakura.

Uruuruwhenua are interested to meet and discuss possible wahakura wānanga in their area and other support for hapu women in the Central Otago. A visit is now scheduled for mid-May so we can understand their new baby programme and how we can better work together for babies and whanau in the first 1000 days. This will include SUDI information and increased distribution safe sleep devices.

# PRIMARY CARE

## Implementation of the Primary and Community Strategy

**Community Health Hubs**

Update on workshops (forums):

a. The initial scope of workshops was focused on how services within a Community Health Hub might operate from a defined facility. Recent discussions have led to an expansion of the workshop agenda to consider the "what, how, and who" for services to be delivered as part of an integrated care model; these may or may not be delivered from a Hub. This ensures the PCCHS can inform and be informed by other critical discussions on delivery of health services, such as those that are supporting the New Dunedin Hospital programme and the new Ambulatory Care Centre

b. The first forum will describe the principles to guide our health system transformation, and potential (strawman) care models. These will be developed through a small focus group of 20 strategically placed individuals across primary and secondary services, and the community. It is anticipated that the focus group will meet in early June 2019.

c. The second forum will involve a much larger number of participants as we wish to test the principles and care models out of the initial forum. The participants will be invited from the wider sector who provide health care services. This workshop is planned for July/August 2019

d. The principles and support care models will be modified where needed as a result of forum two.

e. The third forum will use the principles and care models so developed to produce pathways for the new system of care. It is anticipated that a Guide will be created to assist the businesses and health care providers to start their journey of transformational change of our health system through local integrated health and social services

f. The Community Health Hub RFI to approach the market for potential investors/developers, will be separated from the RFI for providers. The amended documents including a new Investors RFI, along with the logic questions that respondents will be asked to answer, has been finalised and will be issued to the market in mid-May.

**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**

Progress has been delayed by leave and subsequent resignation of the clinic manager. A replacement will be appointed commencing early May. The pharmacy advisor has held meetings have been held with key clinicians from cardiology, respiratory and renal departments to discuss referral of patients from these services. It is expected that the clinic will see patients by the end of May.

**SDHB Top Ten Pharmaceuticals**

PHARMAC have agreed to provide net pharmaceutical expenditure (net of rebates) for the SDHB top 50 pharmaceuticals by the end of May, which will enable better understanding of true expenditure and where cost saving initiatives will have the biggest impact. Progress on obtaining, national de-encrypted pharms data and is preparing for analysis has been delayed by MOH, and is now expected mid-May.

**SDHB community pharmaceutical outliers.**

The SDHB community pharmacy rate of dispensing per prescription is 10.25% higher than the national average. The pharmacy advisor is working with AirMed and TAS to identify where and why this occurs. AirMed are providing data to WellSouth to enable Pharmacist Facilitators to influence prescriber behaviour (high risk and high cost prescribing patterns).

## Laboratory

**Southern Community Laboratories Agreement**

The new Clinical Operational Advisory Group (COAG) continues to meet, most recently on the 4th April. The next meeting is planned for early June. A key early deliverable is the work plan for this group, along with establishing the formal process of new test management. Outstanding work that will enable this is the final wash up process of the new contract.

Initial areas being actioned:

- The Chair for the first year of COAG has been appointed. Michael Myskow, Anatomical Pathologist.

- Consumer rep from Dunedin has been confirmed, Marie Sutherland is a retired RN and will join in May. NMDHB to confirm for the next meeting
- Contract wash up process is well underway from SCLs perspective and are liaising with the DHBs to finalise this. The financial and test list wash up has been confirmed. This now sits with the SDHB financial team for evaluation.
- POCT has been agreed to be a pilot in two sites, Wanaka and Fiordland in the first instance. No further areas will be considered until an evaluation of these two is undertaken. Hywel is developing a solution to evaluate the impact of this investment and will present this in May. SCL are recruiting their POCT lead. We should be very close to a roll out in both areas.
- Collection centres are to be evaluated in both DHBs. This work will also consider GP access, particularly in Rural and High deprivation areas
- The New Test process will continue in two forms for a period until the new electronic process is made available to both DHBs. SDHB is currently progressing this and aims to have available by August.
- A number of test variations between DHBs were discussed and managed. It was highlighted that there could be some cost risk associated with a number of tests. SCL to provide a business case for each change for DHBs to consider.

There has been some discussion between Invercargill SMOs and SCL regarding the future of the Lab service in Southland Hospital. This has been triggered by the imminent retirement of their Anatomical Pathologist and Lab Manager. A draft plan for how the service may work in the future, with recommendations has been developed by SCL. They intend to meet with Simon Donlevy to discuss this shortly.

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

**Access to Diagnostics**

Both Wanaka and Te Anau practices have been contracted with to provide POCT in their regions, concurrently we have LOA's with SCL to supply the POCT machines. A robust quality control process has been developed aligned to the best practice guidelines for POCT. COAG will provide the governance over this service and intends to develop a process to review the impact of this investment after one year. SCL are currently recruiting to the POCT support manager role. They have also discussed purchasing slightly different units that align to their IT strategy.

## 4. RURAL HEALTH

### Waitaki District Health Services Ltd

The Decision Summary document on the proposed organisational restructure at Waitaki was released on 8 April 2019. The consultation exercise saw the receipt of 15 individual written submissions and 9 submissions from groups representing approximately 185 individuals. Provision was also made for informal submissions in other formats.

Stated key outcomes for the reorganisation included:

- Moving towards future clinical and financial sustainability.
- Delivering on the outcomes described in the "Shifting the Focus" report prepared in 2017.
- Improved health and safety for patients and staff
- Developing positive workplace culture

The decisions in the document were focussed on reconfiguration of physical spaces, non-clinical support services and clinical services. Some of the key decisions are described below:

**Reconfiguration of Physical Spaces:**

Which will see the current ED area renamed the Acute Care Area and reconfigured to include ED, resuscitation and stabilisation/observation beds.

There are also other changes which will see repurposing of patient space to consolidate/group inpatient beds in one area and a rationalised use of office accommodation.

**Non Clinical Support Services**

Will see some staff in more traditional hospital roles (e.g. orderlies, hospital aides and Allied Health assistants) trained and moved into more contemporary roles of Healthcare Assistants. Administration roles are not reduced at this point but subject to a further quality improvement initiative to identify and improve on key processes whilst reducing waste.



**Clinical Services**

Endorsement of a series of principles relating to medical staff including less reliance on locum staffing and an increased focus on staff mix and skill levels is a key feature in the list of principles.

With regards to nursing staffing one of the key outcomes of the consultation is a revised staffing plan for the ward and the acute care area. One of the more controversial aspects of the proposal was the disestablishment of duty nurse managers and nurse coordinator roles. The decision is to follow through on the disestablishment of the roles but not the people. These senior nurses will be offered rostered shifts in the clinical areas.

Implementation on the changes has commenced and we will be closely monitoring progress over the coming months.

**Update on Southern Rural Hospitals Alliance**

**Context**
Southern DHB has for many years contracted with a number of rural hospitals based in different localities across the Southern DHB catchment. These organisations are independent entities with their own governance arrangements and they provide a range of inpatient, outpatient, community services, primary maternity and allied health services.

The origin of the current arrangements in Southern can be traced back to the reforms of the health sector in the 1990s when the prevailing health system strongly reflected the ideology of the original Funder/Provider split.

The Alliance comprises of 6 rural hospitals as follows:

Waitaki District Health Services (Oamaru Hospital)
Central Otago Health Services (Dunstan Hospital)
Maniototo Health Services (Ranfurly hospital)
Clutha Health First (Balclutha Hospital)
Gore Health (Gore Hospital)
Lakes District Hospital. This is the only DHB owned and operated facility that is part of the Alliance.

**Purpose**
Historically, whilst each rural hospital has held a contract with the DHB there has been little impetus for the rural hospitals to act as a network with common interests across the Southern health system.

The Alliance's stated purpose is:

"Our purpose is to be a vehicle to enhance regional health outcomes"

**Principles**

The foundation of the Alliances a commitment to act in good faith to reach consensus decisions on the basis of "best for patient, best for system". The Alliance will work to the following principles:

- To support clinical leadership, and in particular clinically-led service development;
- To conduct ourselves with honesty and integrity, and develop a high degree of trust;
- To promote an environment of high quality, performance and accountability, and low bureaucracy;
- To strive to resolve disagreements co-operatively, and wherever possible achieve consensus decisions;
- To adopt a patient-centred, whole-of-system approach and make decisions on a Best for System basis;
- To seek to make the best use of finite resources in planning health services to achieve improved health outcomes for our populations;
- To adopt and foster an open and transparent approach to sharing information; and
- To actively monitor and report on our alliance achievements.

**Work Plan**
The Alliance has agreed an initial work plan focussing on the following areas:

- Hubs – linked to Locality Networks, Healthcare Homes, After Hours
- Outpatient Clinics – linked to Diagnostics and Virtual Health
- Patient Transfer Service – St John
- Centres of Excellence – linked to Strategic Workforce Development and Rural Health Schools
- Procurement – linked to IT & Communications
- Clinical Culture

**Method of Working**

An annual rotating chair selected from within the rural hospital CEOs.

Meeting monthly, with every other meeting being a face to face meeting.

Administrative support for the Alliance will be in two forms:

- Meeting organization – responsibility of the Chair
- Analyst support – provided by the SDHB.

The SDHB will provide administrative resources for both managing the agenda of the Team as well as providing analyst support.

## 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 April period are:

- Work is still a few weeks ahead of schedule. Phase 1, which will see handover of the new part of the ED, is on course for early May. Arrangements are being made for an appropriate blessing ceremony for this component of the works. Our thinking is also turning to planning for the official opening ceremony once practical completion has been achieved.
- No known problems with the redevelopment at this point in time.
- The Central Lakes Trust have indicated that they will meet the costs of developing a whanau room at Lakes Hospital, an amount of $80,000 has been made available. A space has been identified (being the former office of the clinical nurse manager on site at Lakes). Approval to proceed with this additional aspect of the project has been given by the CEO.
- Work is underway on commissioning activity for the CT with respect to securing clinical reads of scans and operational policies for referral and management.

## Primary Maternity Project

### Primary Maternity Strategy Implementation

There has been significant media interest in both the Lumsden and Te Anau hubs, despite the successful transition of the primary birthing facility at lumsden on the 15th of April as planned, and ongoing positive engagement with the principal GP at Fiordland Medical centre. The high level of interest has largely been as a result of the second Health Select Committee hearing, where stakeholders from both areas appeared. We are currently working to ensure that the Committee has all of the relevant information and data to make an informed recommendation back to the house following their next meeting on the 22nd of May.

Wanaka stable with two fulltime LMCs and Relief Midwife Service. The Wanaka obstetric telemedicine clinic is working well and demand exceeds supply. Significant demand for telemedicine for Central Otago women. Discussion still to occur with Women's Health to identify how they can expand the services closer to home.

New LMC midwife has entered practice in Central Otago/Lakes region and has taken over care of Queenstown women who did not have an LMC.

Te Anau/Lumsden midwives submitted proposal requesting assistance for backup midwife service post Lumsden closure. Options under consideration include paid roster for backup midwife, and supporting new practice arrangements for Te Anau/Lumsden midwives to work together.

Central Otago stabilising with new midwife working with one of the sole practitioners in Central Otago. Significant dissatisfaction over lack of telemedicine options in Central Otago.

Dunedin continuing to lose LMC midwives, and significant numbers of women now unable to find LMC midwives in Dunedin -- no LMCs currently accepting clients due in December and January. An employed midwifery team is being developed to provide midwifery care to this caseload of women, including in-home postnatal care.

### Hubs

Standard access agreements have been drafted. Supply chain for consumables and medications in progress.

Lumsden: Transition from inpatient services to Hub occurred 15 April 2019. Current access holders' access is uninterrupted. Staff visiting on a weekly basis to ensure appropriate equipment, medications etc are present. New access agreements have been offered to current access holders. Advertising for new Hub Coordinator has occurred, recruitment to be completed by end of May. Developing a roster for providing an on-call backup midwifery service to local LMCs if a backup midwife is required for maternity emergencies or unplanned births at Lumsden Hub.

Te Anau: Emergency maternity response equipment (CTG and resuscitaire) has been ordered. Resuscitaire has arrived and is being checked and equipped in preparation for installation at Fiordland Medical Centre. Agreement with Fiordland Medical Centre in principal to provide an emergency treatment room plus consumables and medications for emergency and routine maternity care – variation of contract in progress. 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, lease is with legal team. 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. Working with Wanaka Medical and Aspiring Medical practices

to ensure robust interprofessional emergency maternity response in place including stocking of medications and appropriate treatment space. Next step: sign lease, comms to community about progress, meet with midwives re fit out plan.

Supporting Primary Maternity Units

First ever primary maternity unit leaders hui held 5 April in Balclutha. Every primary maternity facility participated and saw it as a valuable forum. Top priority for improvement was to develop a rural primary maternity education plan to include interprofessional maternity emergency education, inpatient postnatal care education for nurses and midwives, and compulsory midwifery education offered in rural primary settings. Participants agreed on standard quality outcomes to report, and are progressing a guideline for postnatal transfers to primary maternity units. Planning to repeat the hui in October.

Hui highlighted the model of care, clinical leadership, and physical environment differences between Units.

Signing of the Midwifery MECA has increased the pay differential between SDHB facilities and the primary maternity facilities, exacerbating existing staffing issues for the PMU. Oamaru and Charlotte Jean have acute and ongoing staffing shortages that will impact on their ability to stay open.

**Supporting Place of Birth Decisions**

A leaflet for women and families on making place of birth decisions, including the benefits of labour and birth in primary maternity settings, has been drafted.

**Improving percentage of Maori, Pasifika and young women who book their midwife in the first trimester**

A leaflet for women and families on connecting with a midwife early in pregnancy has been drafted, in consultation with Maori Health Directorate and kaupapa Maori and Pasifika agencies.

## SOUTHERN DISTRICT HEALTH BOARD

| | |
|---|---|
| **Title:** | **Quarter Three 2018/19 Southern DHB Annual Plan Progress Report** |
| **Report to:** | CPHAC/DSAC Meeting |
| **Date of Meeting:** | 29 May 2019 |



**Summary:**

These reports show the progress in Quarter Three on delivering on the plans, actions and commitments on the 2018/19 Annual Plan. It highlights completed actions and achievements. Where activity is still to be completed, a brief narrative is provided on planned action and any issues affecting delivery and potentially impacting on the timing or ability to complete.

**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:**<br><br>Strategy, Primary & Community<br><br>Date: 13/05/19 | **Presented by:**<br><br>Lisa Gestro<br><br>Executive Director, Strategy, Primary and Community |

**RECOMMENDATIONS:**

**That CPHAC/DSAC note the Southern DHB Annual Plan Progress Report for Quarter Three 2018/19.**

| Progress | Milestones Dashboard |
|---|---|
| ● | On Target |
| ● | Caution |
| ● | Critical |
| ● | Complete |
| ● | Not Started |
| **Reporting Schedule** | |
| **Quarter 1** | July – September |
| **Quarter 2** | October – December |
| **Quarter 3** | January – March |
| **Quarter 4** | April - June |

# Southern DHB Annual Plan 2018/19 –Progress Report Quarter 3

## Quarter 3 - Progress Report

### Delivering on Priorities and Targets

### Progress on the Annual Plan 2018/19

This template outlines how Planning and Funding is to monitor progress on delivering on the plans, actions and commitments in the Southern DHB 2018/19 Annual Plan.

A report will be produced at the end of each quarter that will contain an indication of progress against plan, and where necessary a brief narrative if activity is behind plan. This will highlight achievements (useful for reporting to the Ministry of Health/NHB) and also flag any issues affecting delivery and potentially impacting on the timing or ability to complete.

Each action is directly from the Annual Plan and will have an identified executive **accountable** for delivery. A nominated person within the service will be **responsible** for delivery and will be the key contact for progress reports and data.

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## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 1 Child Health: Child Wellbeing

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Child Wellbeing | 1. The Well Child Tamariki Ora (WCTO) Quality Improvement Framework (QIF) Steering Group will work together to plan for increased coverage and service delivery, information sharing and to assist local programme development (EOA) | WCTO QIF Steering Group will meet quarterly throughout 2018/19 | Q1-Q4 | | |
| | | Review WCTO QIF work plan annually | Q4 | | |
| | 2. Host a district wide breastfeeding Hui with key stakeholders to agree strategies to increase breast feeding support across the Southern district. This will build on the 2018 South Island Alliance Stocktake of Breast Feeding and the Maternity Quality and Safety Māori breast feeding Hui (EOA) | Hold Breast Feeding hui | Q2 | | Slight change of direction - on target for new direction. Recently advised that there is a national breast feeding strategy to be developed and we want to combine recommendations with the SI Alliance WCTO Co-ordinator interviews and focus groups with young Maori and Pasifika mothers' experiences of breast feeding. Once received we will consider how to implement recommendations and establish other initiatives to increase support for these women. These will become our response (local initiatives) to the national breast feeding strategy when released. |
| | | Consider and implement recommendations following hui | Q4 | | SI Alliance report on Maori and Pasifika women's experience has been received and discussed at the WCTO QIF Steering Group on the 12 April along with the opportunity to work with WellSouth PHO to improve the Breast Feeding Peer Support Programme by increasing coverage across the district. Agreement received that this should improve access for Maori and Pasifika women. We are also working to increase support for women via WCTO provider activity and Kōpūtanga pregnancy and parenting session changes. |
| | 3. Draw together Māori and Pacific Well Child Tamariki Ora providers and others to enhance safe sleep programmes to:<br>▪ Increase awareness of SUDI<br>▪ Increase understanding of how to safely sleep babies<br>▪ Provide access to wahakura by establishing weaving programmes and process to distribute wahakura to those who do not wish to weave them (EOA) | Community consultation is held in Dunedin and Invercargill | Q1 | | Discussions have informally occurred with local weavers in Q3 on local purchasing and weaving of wahakura. |
| | | Safe sleep programme is developed, contracts are in place with providers and weaving with interested whanau begins | Q3 | | Southern district Wānanga Wahakura Advisory Group has been established and Maori Health Directorate staff have been engaging with local weavers on how to proceed. A set of key questions have been established to ask weavers at a hui in early May. |
| | | Wahakura are available across the Southern District | Q3 | | As many of our weavers weave for Nga Tahu their capacity to produce more maybe difficult. Once we meet formally with weavers we will understand their capacity to weave for local distribution and how acceptable it is to purchase wahakura from outside of the Southern district if they are unable to produce more wahakura. Weaving wānanga may also be more about engaging with whanau about safe sleep messaging and weaving Ipu Whenua rather than wahakura. Some discussions have been held with Pacific Trust Otago about weaving wahakura for this community. |
| | 4. To improve responsiveness to Sudden Unexplained Death in Infants (SUDI), SHHB will:<br>▪ Review (2017/2018) work plan<br>▪ Establish and operationalise 2018/2020 SUDI work plan for the MoH by consultation with key stakeholders across the Southern district (EOA) | Southern district SUDI work plan is submitted to the MoH following engagement with key stakeholders | Q1 | | |
| | | Education hui on SUDI for key stakeholders is held across the Southern district | Q2 | | |
| | 5. SDHB Pregnancy and Parenting Services will pilot with Plunket to deliver individual pregnancy and parenting packages of care for women and whanau who find it difficult to participate in a traditional course environment, in particular Māori and Pacific families or those with mental health illness (EOA) | Contract variation in place with Plunket | Q1 | | |
| | | Plunket deliver individual packages of care | Q1-Q4 | | |
| | 6. Produce a Youth Health and Wellbeing Strategy that articulates the vision for collaboratively improving health outcomes for young people so that they flourish. Specifically we will:<br>▪ Produce a Southern Youth Health and Wellbeing Strategy<br>▪ Produce a supporting action plan that clearly defines and prioritises actions required to implement the strategic vision | Southern Youth Health and Wellbeing Strategy and action plan is produced | Q4 | | Whilst awaiting the release of the national Child and Youth Wellbeing Strategy we are beginning preliminary work to understand our local context, gaps and opportunities. |

et Caution Critical Completed Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Child WellBeing (continued) | 7. Work with I-Moko and Ministry of Education to roll out the I-Moko healthcare programme in lower decile areas of the Southern district. The programme assesses common ailments, which can be identified, triaged and treated from within either an early childhood centre (ECC), kōhanga reo or a primary school setting. I-Moko is to connect back to the child's primary care practice for those children assessed (EOA) | Identify up to six ECC, kōhanga reo or primary schools to roll out I-Moko in the Southern district | Q4 | ● | 3 kindergartens and 1 school in Invercargill are delivering iMoko. After careful consideration the Gore district have advised that they do not want to take up the remaining two places.<br><br>iMoko have advised that they will extend the programme until the end of the year so with this information we should ask if any other schools are interested in participating. |
| | ▪ Southern DHB to work with MoE to identify up to six Early Childhood Centres (ECC), kōhanga reo or primary schools to roll out I-Moko in the Southern district | Launch of I-Moko with up to six participating organisations and families | Q3 | ● | Two places to be allocated now we have an extension beyond 30 June 2019. |
| | ▪ Identified member in each ECC, kōhanga or school is trained to deliver I-Moko | | Q3 | ● | Training has been delivered in 4 places, parental consent processes completed and referrals are being made. |
| | ▪ Up to six childhood centres, kōhanga reo or primary schools agree to participate in I-Moko; work through processes to launch the programme within their organisations and with families | Increase in Māori enrolment in primary care within the Southern district | Q4 | ● | A set of evaluation measures to assess iMoko have been developed. |

● On Target ● Caution ● Critical ● Completed ● Not started

## 2 Child Health: Maternal Mental Health Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Maternal Mental Health Services | 1. Review service provision for maternal mental health as part of ensuring best start in life | Co-design process to explore child and youth and maternal mental health is established | Q4 | ● | Planning group established to facilitate a whole of system review process. |
| | 2. Explore options for closer working with primary care and midwifery services for early identification and intervention | Model of care review for maternal mental health 2018-2019 is completed | Q4 | ● | |
| | 3. Explore options for a connected up mother and baby mental health model of care, including primary and secondary across the district:<br>▪ Review current provision (2019) and review other similar reports<br>▪ Consider alternative models of care | Review is completed and report generated | Q4 | ● | |
| | 4. Identify the number of women, including Māori women, accessing primary maternal mental health services funded through DHB contracts<br>▪ Identifying the number of Māori women will contribute to understanding gaps in services and support service changes to ensure best start in life (EOA) | Report is submitted on the number of women (including Māori women) accessing DHB funded primary maternal mental health services | Q4 | ● | |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 3 Child Health: Supporting Health in Schools

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Supporting Health in Schools | 1. Continue to work with the Ministry of Education (MoE) on the roll out of Communities of Learning (EOA)<br>▪ Support Public Health Nurses to engage in processes within identified areas (Milton, Gore and Maniototo)<br>▪ Identify number of Māori children who require additional support with transition to school | Communities of Learning are established in 3 pilot sites | Q4 | 🟡 | Due to capacity issues across all agencies the pilot has only rolled out to one site |
| | | Report on number of children starting in the 3 pilot sites during the school year | Q4 | ⚫ | |
| | | Report on number of Māori children who require additional support with transition to school | Q4 | ⚫ | |
| | | Report on type of support/intervention provided | Q4 | ⚫ | |
| | 2. Continue to work with MoE and Oranga Tamariki, to address systemic barriers<br>▪ Provide necessary information to schools to support education of children with identified health needs | Processes in place to support implementation of information sharing from B4 Schools Check (B4SC) and Gateway Health Assessments | Q4 | 🟡 | Due to staffing shortages and increased workload across both programmes this work has been delayed. |
| | 3. Partner with Oranga Tamariki and NGOs on the Urban Dunedin Initiative with intent to improve the health outcomes for Māori (EOA)<br>▪ Develop a pathway for non-critical reports of concern received by Oranga Tamariki Urban Dunedin site<br>▪ Monitor number of renotifications | Completion of the Urban Initiative | Q1 | 🔵 | Completed |
| | | Number of renotifications monitored | Q1-Q4 | 🟡 | The pilot has been completed however data and the evaluation report are yet to be received from Oranga Tamariki confirmation of the exact timeframe it will be realised has yet to be confirmed |
| | 4. Identify actions currently underway to support health in schools | Report of actions underway to support health in schools | Q2 | 🔵 | Completed |

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🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚫ Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 4 Child Health: School Based Health Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| School Based Health Services | 1. Work to improve equitable access to School Based Health Services (SBHS) to improve health outcomes for youth across the District (EOA)<br>▪ Complete a stocktake of health services in public secondary schools in the DHB catchment<br>▪ Use equity tools to assess and identify disparities<br>▪ Engage established youth and student advisory groups in process<br>▪ Develop an implementation plan which outlines activities for improved equitable access and outcomes, as well as timeframes for how SBHS would be expanded to all public secondary schools in the DHB catchment | Stocktake report completed | Q2 | 🔵 | Completed |
| | | Implementation plan developed | Q4 | ⚫ | |
| | 2. Continue to develop the youth health training programme, to ensure youth friendly service provision (EOA)<br>▪ Support workforce development priorities: primary mental health, sexual health and diversity | Youth health training programme developed and implemented | Q4 | 🟢 | |
| | 3. Work with WellSouth and Family Planning to improve access to sexual and reproductive health services across Southern (EOA)<br>▪ Finalise and implement Southern Sexual and Reproductive Health Strategy<br>▪ Identify service redesign, using equity tools to assess and identify disparities in current service provision<br>▪ Identify actions for specific groups with higher needs or who are less likely to use other health and social services | Southern Sexual and Reproductive Health Strategy finalised | Q1 | 🔵 | Completed |
| | | Implementation plan developed | Q3 | 🟡 | Following the resignation of the chair of the Sexual Reproductive Health Steering group and capacity issues due to Measles outbreak this work has not been completed this quarter. |

🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚫ Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 5 Child Health: Immunisation

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Immunisation | 1. Continue Immunisation target work to ensure services are 'Reaching Every Child' on time every time (EOA)<br>▪ Readjust service delivery models to align with community needs and to support One Team Approach<br>- Realign services to support families in a more integrated way, i.e. wraparound service<br>- Focus on vulnerable families (including Māori) , e.g. those not currently engaged with GPs, to improve equity of care<br>- Share administration between child health services such as dental services, immunisation, B4 School Check and Public Health Nursing to identify and follow up children missing out on services<br>▪ Undertake work to understand the volatility of Māori coverage rates<br>▪ Undertake a review of declines, delays and DNAs (did not attend) | Increase in coverage rates of Māori children at 6 months of age | Q1-4 | ● | On target |
| | | More consistent coverage rates for Māori children is achieved by end of Q4, across all milestones ages | Q4 | ● | On target |
| | | NIR data merge completed | Q2 | ● | With the resignation of one of the NIR Coordinators this work is now scheduled to be merged in May 2019. |
| | | Report on outcome of review of declines, delays and DNAs | Q2 | ● | Completed |
| | 2. Continue to work with the Ministry of Health (MoH), Immunisation Advisory Centre (IMAC) and WellSouth on the feasibility of an 'Online Catch Up Calculator' (EOA) | Feasibility report produced | Q2 | ● | Completed |
| | | Implementation plan completed and signed off by end of Q4 (subject to outcome of feasibility study) | Q4 | | |
| | 3. Increase number of workforce providing opportunistic vaccinations (EOA)<br>▪ Change DHB vaccinator training update and authorisation criteria from age specific to site specific<br>▪ Explore the feasibility of combining the Vaccine Preventable Disease (VPD), Human Papillomavirus (HPV) and Influenza steering groups, to adopt and lead the One team approach | Change DHB vaccinator authorisation criteria from age specific to site specific | Q3 | ● | The changes have been agreed, documentation is now being formalised |
| | | Report on Feasibility of combining the VPD, HPV and Influenza steering groups | Q2 | ● | Due to changes in key staff and capacity issues created by vacancies this work has not been completed. There is agreeance to combine the VPD and HPV steering group and initial conversations have been held with the chair of the influenza steering group, further work has been held up by the Influenza and Measles outbreaks. |
| | 4. Promote the benefits of vaccination in pregnancy<br>▪ Work with Midwifery sector on identifying education needs and roll out promotion of key National messages<br>▪ Work with WellSouth to deliver opportunistic vaccinations through Outreach services | Denominator and numerator identified | Q1 | ● | We have identified there is no denominator for this so unable to measure |
| | | increased coverage of vaccination in pregnancy | Q2-Q4 | ● | Engagement continues with the Midwifery sector though traction is challenging whilst industrial action is a focus |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 6 Child Health: Responding to Childhood Obesity

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Responding to Childhood Obesity | 1. Continue to achieve health target for Raising Healthy Kids<br>▪ Review and monitor Ministry of Health monthly report and quality report templates for target volumes inclusive of priority population targets including high deprivation Māori and Pacific<br>▪ Continually make quality improvements to the B4 School Checks Healthy Kids Clinical Pathways and action service model of care to achieve targets in all population groups<br>▪ Maintain focus on removing barriers to access to B4 School Checks for priority population groups (including Māori), e.g. Clinic appointments out of hours, home visits, Te Reo speaking nurse, Whanau Ora services (EOA)<br>▪ Continue to monitor and reduce decline rate for healthy weight referrals | B4 School Check 95% target for raising healthy kids including high deprivation, Māori and Pacific achieved | Q4 | ● | |
| | | Report on outcomes of quality improvements to Healthy Kids Clinical Pathway at end of each quarter | Q1-Q4 | ● | On target |
| | | 80% of Children identified in B4 School Check with a height and weight ≥ 98 centile are referred | Q4 | ● | |
| | | Focus on removing barriers to access to B4 School Checks for priority population groups is maintained | Q1-Q4 | ● | On target |
| | | Decline rate for healthy weight referrals is monitored and reduced | Q1-Q4 | ● | |
| | 2. Workforce development and education<br>▪ Continue with a whole of life approach to healthy kids through regular education and training on healthy lifestyles conversational interventions and resources | All Southern DHB B4 School Check trained nurses have completed training in healthy weight interventions for children | Q4 | ● | |
| | 3. Continue to promote key health messaging and brief healthy weight interventions to parents and child health sector<br>▪ Engage and liaise with parents through Early childhood sector and Well Child services on Healthy Weight key messages and brief interventions | Report on sector engagement | Q1-Q4 | ● | On target |
| | | Report on B4 School Check parent feedback Survey | Q1-Q4 | ● | On target |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 7 Mental Health: Population Mental Health

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Population Mental Health | 1. Work across the Southern district to enable more people with mental illness, mental health problems and addiction issues to experience better physical health (EOA):<br>▪ Include as outcome in refreshed Raise Hope – Hāpai Tūmanako mental health and addiction strategic plan<br>▪ Increase primary health participation in Southern Mental Health and Addiction Network and support development of health pathways<br>▪ Establish operational links with stop smoking campaigns/services<br>▪ Prioritise management of long term conditions with GPs through CLIC programme (refer Primary Care)<br>▪ Phase 1 Primary and Community Care Action Plan has aspects to integrate mental health and addiction services into Primary Care<br>▪ Provide accessible activity focused services (day activity)<br>▪ Establish links and pathways with government agencies for access to healthy housing<br>▪ Promote and support use of low cost primary practices especially for Māori to reduce over-representation in inpatient services (EOA) | Operational links established with smoking campaigns/service links | Q2 | ● | The DHB hosted training by Mark Wallace-Bell – Increasing Skills in Supporting Mental Health Patients to become Smoke Free in Invercargill and Dunedin in October 2018 which supported the MHAID Smoke free group to reenergise its focus during Quarter 2. Use of the nicotine mouth spray is showing promise providing immediate relief for people. This is supported by lozenges or gum for the more medium effect. |
| | | Number of consumers registered with and accessing PHO increased | Q4 | ● | Connection established with WellSouth and plan in place to progress. |
| | | Mental health pathways developed and implemented for primary care to support appropriate onward referral and service access for treatment and support | Q3 | ● | Link established with Clinical Pathways team who have attended NLG meetings. Link also with Connecting Care – supporting transition (discharge) HQSC programme. |
| | | Pathway established for access to healthy housing | Q4 | ● | Links established with local community groups, for example, councils, NGOs. |
| | | Report on progress for the promotion and support of low cost primary practices in Q2 and Q4, highlighting number of Māori enrolled | Q2 and Q4 | ● | CSC scheme has been taken up by all GP practices. VLCA Mataora GP practice has been supported in South Dunedin to expand its business coverage, significantly increasing their enrolled population having access to VLCA. |
| | 2. Enable whānau to better support and care for each other<br>▪ Undertake pilot re access to psychological therapies, including evaluation and plan for full roll out<br>▪ Establish pathways for appropriate access to Māori healing (EOA)<br>▪ Work with Oranga Tamariki to provide support for relationships and attachments<br>▪ Deliver three Single Session Family Consultation Workshops Supporting Parents (Healthy Children)<br>▪ Work to improve connections to community resources – including existing social networks through networks such as hapu, faith-based, Lesbian, Gay, Bisexual, Trans, Intersex (Takatapui) EOA | Psychological therapy pilot is undertaken | Q2 | ● | The service continues slow but steady progress with the Increasing Access to Psychological Therapies project. Preparatory work with the pilot site has commenced with staff participating in a workshop where the model for delivery of psychological therapies specialist and highly specialised levels of intervention was presented in Quarter 2. The project team are currently focusing on securing an internal trainer and finalising the training to ensure that this is well defined and specific to our service. |
| | | Evaluation of pilot is completed | Q3 | ● | Progress in this project slower than anticipated related to demand driven pressure on service. |
| | | Plan for full roll out is completed | Q4 | | |
| | | Three Supporting Parents sessions are delivered | Q1 | ● | A district wide workshop for clinical team SPHC advisors was held in Balclutha in Quarter 2 to review progress and identify the next steps to move towards embedding phase two of this programme over the next two years. The agenda included: Review of Phase One of Guidelines (i.e. progress & achievements here at Southern), Discussion about the elements in Phase Two & ways forward for Phase Two, Support for newly appointed SPHC Advisors, Review of Educational Power-point that is presented to teams, Resources for SPHC – clinicians & families, Issues with audit. |
| | | Report on number accessing Māori healing | Q4 | ● | |
| | 3. Facilitate the participation of staff and community members in the Government inquiry into mental health and addiction<br>▪ Promote and publicise public forums<br>▪ Provide space for NGO and community group presentations to panel<br>▪ Hold staff specific meetings<br>▪ Participate as requested by the Inquiry Panel | Promotion and publicity is undertaken to facilitate public participation | Q1-Q4 | ● | The DHB MHAID and wider mental health and addiction sector supported and actively participated in the National Mental Health Inquiry. Events for the community and staff were well attended in Invercargill, Dunedin and Oamaru. There is strong interest and motivation to now move towards implementation of He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. |
| | | Specific meetings are held for staff | Q1-Q4 | | |
| | | Panels include NGOs and community groups | Q1-Q4 | | |

● On Target ● Caution ● Critical ● Completed ● Not started



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## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 8 Mental Health: Mental Health and Addiction Improvement Activities

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Mental Health and Addiction Improvement Activities | 1. Engage with the HQSC co-design process for reducing use of seclusion, follow up after discharge (transition) and advanced directives work<br>▪ Participate in National HQSC projects<br>▪ Meet timelines of the National HQSC projects<br>▪ Undertake analysis for seclusion project<br>▪ Recruit project team members (inter disciplinary, NGOs)<br>▪ Support programme roll out through co-design workshops | Completion of National HQSC projects | Q1-3 | ● | The service is remains on track and fully engaged with strong participation in the HQSC projects Zero Seclusion and Connecting Care. Connecting Care is focussing on improving care/transitions across the Specialist and NGO sectors. Co-design is core to both the data gathering, planning and testing of PDSA cycles. A number of PDSA cycles are in progress for zero seclusion – these include the use of early and rapid delivery of NRT prior to admission, improving the experience and reducing distress prior to admission by working with ED and the police to included trauma informed care principles and sensory modulation packs. The connecting Care project is underway, the co-design consultation phase will be completed in May, the first phase of the project will look at transition plans and documentation. |
| | | Analysis and gaps analysis for seclusion project | Q1-3 | ● | The analysis aspect of the zero seclusion is compete and we are now in implementation phase - PDSA cycles – testing for change. On track with 10% reduction in seclusion in Q3. |
| | | Recruitment of project team members | Q1 | ● | Project team members have been recruited with plans underway for an advisory group. |
| | | Co-design workshops support programme roll out | Q3 | ● | Co design workshops are complete for zero seclusion and in progress with transitions. |
| | 2. Enable more people with mental illness, mental health problems and addiction issues to experience better physical health (Refer to Population Mental Health Action Number 1 (EOA)<br>▪ Link to Southern Primary and Community Care Strategy and integrate mental health into community hubs<br>▪ There are anticipated benefits for Māori with integrated health care, including hinengaro, wairua and tinana | Reported in Population Mental Health Action Number 1 | | ● | Initial work commenced by MHAID with Primary and Community Strategy implementation group developing Service Level Measures (SLM) for reporting to the Alliance.<br><br>The DHB hosted training by Mark Wallace-Bell – Increasing Skills in Supporting Mental Health Patients to become Smoke Free in Invercargill and Dunedin in October 2018 which supported the MHAID Smoke free group to reenergise its focus during Quarter 2. Use of the nicotine mouth spray is showing promise providing immediate relief for people. This is supported by lozenges or gum for the more medium effect.<br><br>User testing trial for Personal Care Plans in planning stage with Well South and Dunedin CMHT. |
| | 3. Learn from adverse events & consumer experience<br>▪ Co-design consumer reference groups support improvement programmes of work<br>▪ Hold six listening (focus) groups for consumers and families | Implement Marama real time feedback (RTF) | Q2 | ● | 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 (RTF) 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 Inquiry.<br>Total number of surveys collected in SDHB to 31/12/18 (includes partial and complete surveys): 283 |
| | | Hold six focus groups for consumers and families | Q1-Q4 | ● | Service Consumer Advisors and Family advisors have convened a number of listening (focus groups in Gore, Balclutha, Alexandra, Queenstown, Invercargill and Dunedin. |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 9 Mental Health: Addictions

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Addictions | 1. Evaluate the repatriation of regional addiction services to ensure they meet local needs including: (EOA)<br>▪ Sufficient levels of culturally appropriate services for Māori and Pacifica, especially community options<br>▪ Sufficient levels of rural and remote access to AOD (alcohol and other drug) services | Engage with South Island (SI) Regional Services | Q1 | 🟡 | The service engaged with the South Island Regional services in 2018 and continues to await the next steps for this work. |
| | | Co-design processes organised to gather data on need, including gaps for Māori | Q4 | 🟡 | Some initial conversations have taken place in Waitaki and Balclutha as a starting point but likely that this work will take significantly longer to progress due to complexity & resources. |
| | | Progress report | Q2 and Q4 | 🟢 | Links established to support a robust working relationship between MHAID and the Maori Health. |
| | 2. Co-design mental health and addiction system and identify opportunities for integrated working with greater consumer and whanau centric support and services (physical health, addiction, mental health:<br>▪ Increase assessments undertaken in mental health for addiction issues<br>▪ Addiction services undertake treatment work for mental health issues<br>▪ Refresh Specialist Services for Co-Existing Problems systems | Report on progress re number of assessments completed, treatment work undertaken for mental health issues and Specialist Services work undertaken | Q4 | 🟢 | System in place requires assessments to be undertaken. Screening in place for consumers for mental health and addiction problems. |

### 10 Primary Care: Pharmacy Action Plan

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Pharmacy Action Plan | 1. When finalised, make the new Integrated Community Pharmacy Services Agreement (ICPSA) contract available for local community pharmacists from 1st October 2018 | Implement the ICPSA contract from Q2 | Q2 | 🔵 | Complete 100% |
| | | Community pharmacists sign the new ICPSA | Q2 | 🔵 | Complete 100% |
| | 2. Develop local services in consultation with community pharmacists (Aligned to the Community Pharmacy Action Plan and the Primary & Community Care Action Plan) | Community pharmacist consultation group established | Q2 | 🔵 | Group formed and now having regular meetings. |
| | | Service development with community Pharmacy through ICPSA (schedule 3) | Q4 | 🟢 | Service planning is underway, focus on LTC schedule |
| | 3. Integrate community pharmacists into GP practices and the wider health team. (WellSouth to develop)<br>▪ Roll out of pharmacy portal Q2 | 80% of community pharmacists are using the pharmacist portal | Q4 | 🟢 | Portal is available to all pharmacies |
| | 4. Continue to target high need populations including Māori in service delivery through WellSouth clinical pharmacist services (EOA) | Increased Māori utilisation of WellSouth clinical pharmacist services | Q4 | 🟡 | Subject to ongoing funding |

🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚫ Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 11 Primary Care: CVD and Diabetes Risk Assessment

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| CVD and Diabetes Risk Assessment | 1. Roll out of Consumer Led Integrated Care (CLIC) programme of activity. This includes risk stratification for CVD and Diabetes patients (Aligned to the Primary and Community Care Strategy). Stratification will ensure that service delivery is aligned to patient need. | 100% of GP practices are enrolled to use CLIC | Q4 | ● | On track to have 100% of GPs enrolled by Q4 |
| | 2. Implement quality improvements in diabetes care<br>▪ Integrate Diabetes Annual Review into CLIC programme (it will become part of LTC programme)<br>▪ Stratify level 2-3 diabetic patients, enabling care plans to be developed within 12 months<br>▪ Integrate Type II diabetics programme of insulin initiation support into the CLIC LTC management of diabetes | 100% of patients with diabetes registered in CLIC have an LTC diabetes care plan within 12 months of enrolment. This includes stratification of level 2-3 diabetic patients | Q1-Q4 | ● | CLIC continues to roll out; the target of having 100% enrolment by Q4 is on track. Diabetes review of the service at a system wide level is underway to support integration. |
| | 3. Promote the use of WellSouth Portal to capture CVD and Diabetes data accurately<br>▪ Increase patient portal usage, using the WellSouth practice support network and through education | WellSouth promote portal uptake and achieve 15% target | Q4 | ● | Consumer portal uptake is increasing, especially in HCH practices |
| | 4. Continue with WellSouth Long Term Conditions (LTC) programme of support for GP practices Cardiovascular Disease (CVD) and Diabetes patients<br>▪ Develop the one team strategy for Multidisciplinary Team (MDT) primary care support (Aligned to the Primary and Community Care Action Plan)<br>▪ MDT involvement is subject to risk stratification embedded in CLIC; this will ensure appropriate levels of care | 100% of GP practices are utilising CLIC | Q3 | ● | CLIC is on track |
| | 5. Increase uptake of Incentive programme for CVD and Diabetes risk assessment (SLM amenable mortality), targeting Māori and high needs populations with incentive (EOA). The incentive programme will support equity of access for those who cannot afford a GP consultation fee. | Uptake of the incentive programme has increased | Q4 | ● | CVD and Diabetes actions are continuing. |
| | | Māori usage of CVD and diabetes assessment and management services has increased | Q4 | ● | CVD and Diabetes actions are continuing. |

● On Target ● Caution ● Critical ● Completed ● Not started

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## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 12 Primary Health Care: Access

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Access | 1. Implement the HCH model of care with telephone triage occurring in all HCHs- (Aligned to the Primary and Community Care Action Plan) | Tranche 1a practices start using GP telephone triage | Q1 | ● | Well underway and use is increasing |
| | | Tranche 1b practices start using GP telephone triage | Q4 | ● | Well underway and use is increasing |
| | 2. WellSouth to work with GP practices to increase uptake of patient portals (current patient registration is 5.9%) and GP portal enrolment (currently 37%) (Aligned to the Primary and Community Care Action Plan) | Portal usage by patients reaches 15% | Q4 | ● | Portal activity is progressing, however slowly |
| | | Portal GP enrolment to 42% Q2 | Q2 | ● | Portal uptake by GPs is very slow. Plan is to review how this is being promoted to GPs and how they are supported to use the portals. This will improve along with an increase in Health Care Homes programme. |
| | | Portal GP enrolment to 50% Q4 | Q4 | ● | Portal activity is progressing, however slowly |
| | 3. Increase access for Māori populations through education programmes, outreach teams and utilisation of the voucher incentive programme for Māori. Increase enrolment into GP practices and pharmacy medication usage through WellSouth outreach teams and education (EOA) | Increased enrolment of Māori into GP practice | Q4 | ● | Ongoing activity with WellSouth |
| | 4. Deliver on optimisation of primary and urgent care services in Invercargill (aligned to the Primary and Community Care Action Plan):<br>▪ Promote utilisation of primary care to reduce presentations to ED<br>▪ Reinforce pathway of care between primary care and Invercargill ED<br>▪ WellSouth to develop and implement after hours model of care in Invercargill<br>▪ Publish information on DHB websites re GPs providing zero fee daytime access and zero fee urgent after hours<br>▪ Review of winter performance (operation between 1 June and 31 August 2018) | Implement recommended pathway of care between Primary Care and Invercargill ED | Q2 | ● | Next steps based upon the winter clinic trial in Invercargill are underway. A final solution is expected by April 2019. |
| | | Review demand and capacity to address gaps and opportunities | Q4 | ● | Winter Clinic review is ongoing |
| | | Create an approved business plan for afterhours care in Invercargill | Q2 | ● | Next steps based upon the winter clinic trial in Invercargill are underway. A final solution is expected by April 2019. |
| | | Model of after hours care implemented in Invercargill | Q4 | ● | After hours review in Invercargill is ongoing |
| | | Winter clinic operation reviewed | Q2 | ● | Complete, now looking at next steps for a permanent solution |
| | 5. Southern DHB to support WellSouth to implement the Government's announcement to increase accessibility to funded GP visits for CSC (Community Service Card) card holders and others who meet expanded eligibility criteria | Support provided to WellSouth | Q1-Q4 | ● | 100% uptake in SDHB |
| | 6. Undertake activities that continue to support delivery of smoking ABC in primary care<br>▪ Develop 2018/19 Tobacco Control Plan<br>▪ Contract with Southern Stop Smoking Service (SSS) for incentive voucher scheme to increase uptake of vouchers by priority populations. Voucher providers are required to facilitate support from whanau/hapu, kuia/kaumatua, Maori staff and others as appropriate, for Māori accessing the service.<br>▪ WellSouth GP champion to continue to work with practices providing ABC | Tobacco control plan developed | Q2 | ● | Tobacco steering group has agreed the action plan and is now progressing actions |
| | | SSS voucher scheme in place | Q3 | ● | Complete |
| | | WellSouth achieves 90% target | Q1-Q4 | ● | WellSouth continue to promote brief advice through their portal to GPs. |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 13 Primary Health Care: Integration

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Integration | 1. Implement integration through the Primary and Community Care Strategy<br>▪ Support newly appointed independent chairperson to establish the Alliance Leadership Team inclusive of a wide range of community providers | Establish Alliance Leadership Team | Q1 | ● | Complete |
| | 2. Initiate the agreed SLM integration plan focusing on 0-4 ASH and smoke free homes for babies with a focus on high needs Māori populations (EOA) (aligned to the Primary and Community Care Action Plan and Government Planning Priorities) | SLM leadership group initiated | Q1 | ● | Complete |
| | 3. Agree on the data sharing framework between SDHB and WellSouth | Data sharing framework completed | Q2 | ● | SDHB/WellSouth data sharing agreement is now very close to completion |
| | 4. Implement the HCH model of care with a focus on the workforce working at their top of scope (aligned to the Primary and Community Care Action Plan) | Tranche 1a starts | Q1 | ● | Complete |
| | | Tranche 1b starts | Q4 | ● | |
| | 5. Develop the 'Home Team' strategy for LTC and Acute demand management (aligned to the Primary and Community Care Action Plan) | Establish' 'home team' Q4 | Q4 | ● | |
| | 6. Initiate Locality Networks to analyse and prioritise health needs for each network<br>▪ Undertake a stocktake to ensure best use of existing services and the entire workforce | Undertake stocktake and establish locality networks | Q4 | ● | Locality Networks are on track, Initially to be rolled out in Central Lakes |
| | 7. WellSouth to increase utilisation of electronic Newborn Enrolment form in order to increase the number of babies who are enrolled with a GP practice by 6 weeks (EOA) - included in the joint SLM implementation plan | Ongoing action to increase utilisation of electronic Newborn Enrolment | Q1-Q4 | ● | NIR informs general practice when a baby is born to a mother enrolled at that practice and requests that the baby is enrolled. WellSouth has communicated to practices our agreed preference that practices will enrol newborns when this happens. WellSouth continue to push that message at meetings with practice managers, at practice manager forums and in other communications. |
| | 8. Implementation of System Level Measures (SLM) Improvement Plan | Quarterly reporting to Alliance Leadership Team and MoH on the SLMS | Q1-Q4 | ● | On target |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 14 System Settings: Healthy Ageing

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Healthy Ageing | 1. Continue to work with ACC, the Health Quality and Safety Commission (HQSC) and the MoH to promote and increase enrolment in our integrated falls and fracture prevention services as reflected in the associated "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy<br>▪ Deliver an education programme that continues focus on primary care providers but also meets the training and support needs of other health care professionals such as contracted home based providers, Age Related Residential Care (ARRC) and community group providers | Establish the non-urgent falls prevention referral pathway and single point of contact | Q4 | ● | In progress |
| | | Deliver an education programme | Q4 | ● | In progress |
| | | Roll out the In Home Strength and Balance Programme across the district | Q4 | ● | |
| | 2. Participate in the DHB and Ministry led development of Future Models of Care for home and community support services | SDHB participation | Q1-Q4 | ● | In progress |
| | 3. Continue the "Home as my first choice" campaign aimed at conversations to prevent unnecessary hospital admissions and support people to remain in their own environments for as long as possible<br>▪ Expand "Home as my first choice" resources to include comprehensive information on dementia Q2<br>▪ Set-up regular "Home as my first choice" presentations to in-service education in teams/areas Q2<br>▪ Set-up regular "Home as my first choice" presentations to service providers and the wider community Q4 | "Home as my first choice" resources expanded to include comprehensive information on dementia | Q2 | ● | Completed |
| | | Regular "Home as my first choice" presentations to in-service education in teams/areas | Q2 | ● | In progress |
| | | Regular "Home as my first choice" presentations to service providers and the wider community | Q4 | ● | In progress |
| | 4. Establish "Home Team" in Dunedin and Invercargill which includes rapid response and supported discharge to reduce rates of admission or readmission to hospital for the more vulnerable people in the population (EOA) | Commence implementation including recruitment | Q1 | ● | Dunedin Home Team established and recruited. "Launched" early December. Invercargill is still recruiting and aiming to launch late February. |
| | | Establish KPI framework, including ethnicity data collection | Q2 | ● | KPI framework has been drafted and is currently being tested. Some reliance on IT and reporting changes, which are in progress. |
| | | Review Home Team functionality and activity and commence PDSA cycles where appropriate | Q3 | ● | In progress |
| | 5. Work alongside ARRC facilities who have higher rates of ED attendances with quality improvement plans | Review data and meet with facilities to establish issues | Q1 | ● | Completed |
| | | Meet quarterly on progress | Q1-Q2 | ● | Quarterly meeting have been set up since Q1. Next round is February. |
| | 6. Support Hospice and ARRC facilities in the implementation of Te Ara Whakapiri: Principles and guidance for the last days of life | Implement Te Ara Whakapiri (TAW) in all ARRC facilities | Q4 | ● | Hospices are supporting ARRC facilities with education and training. |

● On Target ● Caution ● Critical ● Completed ● Not started



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## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 15 System Settings: Disability Support Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Disability Support Services | 1. 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 | Continue developing Patient Stories on people with disabilities for staff learning | Q2-Q3 | ● | Working with Comms team to identify some people who are willing to tell their stories and experiences in the health system. These stories will help to raise awareness of problems people with disabilities encounter when accessing our health system. |
| | | Promote stories | Q3-Q4 | ● | Promotion of stories will happen once a pool of stories are collected and can lead onto the launch of the Disability Strategy/Action Plan |
| | | Finalise strategy | Q4 | ● | Due to the contract being signed later than expected, the final strategy/ Action Plan may not be completed until the end of Q1 2019/20.<br>The Donald Beasley Institute (DBI) who is leading this work on behalf of the DHB and have held public forums across the district. A session is planned with key staff members at the DHB and WellSouth on the 29 April and there is also to be scheduled meetings with Māori, Pacific and Refugee groups.<br>The DBI will be presenting a draft document to ELT, IGC and CHC in May and it will then be made available in various accessible formats for community consultation. This consultation process will take approximately 6 weeks. A final document should be available at the end of August. |
| | | Agree implementation strategy | Q4 | ● | Until approval of the final document in Q1 2019/20, implementation of agreed actions could begin Q2 2019/20 if these are supported and accepted by ELT. |
| | 2. 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 member raise awareness with administration staff at symposium | Q1-Q4 | ● | Completed. This was completed in Southland on 20/11 and Otago 16/11 |
| | | Incorporate disability awareness into staff training | Q4 | ● | |
| | | Create e-Learning module | Q4 | ● | Has been created and am awaiting a CHC member to test |
| | 3. 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 | Q4 | ● | |
| | | Follow up with staff how have not completed the training | Q4 | ● | |
| | | Report on gaps in cultural competency as demonstrated in e-learning | Q4 | ● | |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 16 System Settings: Cancer Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Cancer Services | 1. Faster Cancer Treatment (FCT)- Enable equity of access to timely diagnosis & treatment for all patients on the FCT pathway (EOA):<br>▪ Undertake system/service improvements to deliver the FCT target including systematic approach to monitoring and acting on 62 day pathway breaches<br>▪ Support clinical staff to gain visibility of cancer patients on both 62-day and 31-day FCT pathways<br>▪ Enhance cultural pathways through the FCT journey (EOA)<br>▪ Accurate collection and reporting of ethnicity data for FCT to assist in the development of an electronic flag to the SDHB Māori Health Units for patients that are newly diagnosed that identify as Māori | Undertake work with SCN on implementation of FCT indicator on patient's records | Q4 | ● | Initial roll out had errors so retracted. Being worked on across the South Island by SCN & DHB IT personnel. |
| | | Implement service improvement initiatives | Q1-Q4 | ● | Looking at electronic flagging of patients in iPM by service/tumour stream. Being discussed with administration staff in different services.<br>Currently doing analysis of impact of bowel screening within medical & surgical services. |
| | | Develop an electronic flag to the SDHB Māori Health Units for patients that are newly diagnosed that identify as Māori | Q2 | ● | Maori, Pacific and high risk patients are flagged in the system as a group to be seen as a priority. |
| | 2. Cancer Pathways<br>▪ Undertake quality improvement initiatives that align with national cancer strategies to achieve health gain for Māori & equitable and timely access to cancer services (EOA)<br>▪ Work with the MoH, Southern Cancer Network (SCN) & Radiation Oncology Work Group (ROWG) to investigate & reduce unwanted variation in radiation oncology treatment as set out in the Radiation Oncology National Plan 2017-2021<br>▪ Collaborate with the SDHB Māori Health Units to ensure equitable access for Māori and enhance the cultural competency of the health workforce<br>▪ DHB to engage in bowel screening implementation | Implement service & quality improvement initiatives | Q1-Q4 | ● | Continue to review models of care. SCN is providing information on all Maori patients breaching 62 day FCT targets and mapping their pathway to identify areas of improvement. |
| | | Implement the Improving the Cancer Pathway for Māori Plan | Q1-Q4 | ● | SCN initiative, in progress. |
| | | Liaison with the SDHB Māori Health Units to ensure equitable access for Māori and enhance the cultural competency of the health workforce | Q1-Q4 | ● | Māori Health Unit Cultural Advisors work with health teams to ensure cultural competency (ongoing) |
| | | Monitor and navigate Māori newly diagnosed with cancer | Q1-Q4 | | Maori & Pacific and high risk patients are flagged in the system as a group to be seen as a priority. |
| | | Implement strategies to reduce variation and maximise use of the available capacity for early stage breast cancer | Q1-Q4 | ● | Early Stage Breast Cancer implemented. Stage 2 & 3 breast cancer now being looked at. |
| | | Implement national bowel screening programme including services to support the delivery of additional cancer cases | Q1-Q4 | ● | Bowel screening has been successfully implemented in Southern DHB and the DHB have achieved over the required 62% participation rate overall and in the Maori population. With no more South Island DHBs due to go live until 2020, careful planning with regards to ongoing promotion will be required to ensure the Programme continues to be actively promoted. Participation rates tracking at 71% overall has placed pressure on the system to deliver the number of colonoscopies required, though we are currently managing demand. Initial dialogue has been had with the Ministry of Health with regard to the unanticipated demand on our services that has been generated by a high participation rate coupled with a high polyp burden. |
| | 3. Cancer Information Strategy<br>▪ Participate in SI alignment of digital systems to collect and report consistent, accessible and accurate cancer data<br>▪ Work with SCN to develop a plan to support and implement the NZ Cancer Health Information Strategy across the South Island (waiting on MoH guidelines) | Further develop and report into South Island Multidisciplinary Meeting (MDM) system (SIMMS) Q1-Q4 | Q1-Q4 | ● | SIMMS Implementation: plan to move the SDHB MDMs across to the HCS version during Q3. Delayed.<br>SDHB has participated in preparing a document on the regional business and system requirements for the use of Mosaiq across the south island and the alignment of processes and development of electronic interfaces. Regularly reporting into ROMDS database. |
| | | Local reporting into Radiation Oncology Minimum Dataset (ROMDS) Q1-Q4 | Q1-Q4 | | |
| | | Input into SI Cancer Dashboard being developed by SCN | | ● | A new version is being circulated February 2019 for FCT. In progress. |

● On Target ● Caution ● Critical ● Completed ● Not started



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## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Cancer Services (continued) | 4. Survivorship<br>▪ Work with SCN to explore an end of treatment regional service initiative to improve quality of life for people who have recently completed cancer treatment, such as end of treatment meetings or clinic offered; development of follow-up care plans for both secondary and primary health care; referrals to appropriate service providers for self-care supports such as nutrition, physical therapy and psychosocial support<br>▪ Assist SCN in the development of a pilot initiative to address needs of people who have recently completed cancer treatment that aligns to developing survivorship guidance | Develop and complete pilot project | Q4 | ● | SDHB recently provided feedback on the draft national survivorship consensus statement. No further update. |
| | 5. Participate in SI Cancer Service Reducing Inequities Equitable Access & Outcomes Cancer Services<br>▪ Work with SCN to explore evidence based equity tools/processes to identify disparities for Māori & vulnerable population groups, the causes of disparities and the impacts (intended and unintended) of initiatives (EOA)<br>▪ Participate in an SCN pilot as required and implement equity assessment framework that aligns with national and regional guidance<br>▪ Utilise the findings from the 2017/18 Routes to Diagnosis FCT project to target improved access to detection, diagnosis and treatment for high needs and high risk patient groups (EOA) | Confirm high needs/high risk populations | Q1-Q4 | ● | As above (1. Cancer Services) |
| | | Confirm service improvement initiatives | Q1-Q4 | ● | As above (1. Cancer Services) |
| | | Participate in an SCN pilot as required and implement equity assessment framework that aligns with national and regional guidance | Q4 | ● | Pilot has not yet commenced. |
| | | Use findings from the 2017/18 Routes to Diagnosis FCT project to target improved access to detection, diagnosis and treatment for high needs and high risk patient groups | Q1-Q4 | ● | Findings being presented nationally at the end of January 2019 to inform where access improvements can be made. No further work on outcomes. |
| | 6. Apply and integrate the prostate cancer decision support tool<br>▪ WellSouth to provide (Continuing Medical Education) CME for GPs to support tool as business as usual<br>▪ Integrate prostate cancer decision support tool into Health Pathways. Review Health Pathways to ensure links to the tool are included and content is aligned<br>▪ Provide CME re prostate cancer decision support tool to urologists and oncologists | Integrate prostate cancer decision support tool into Health Pathways | Q4 | ● | |
| | | WellSouth to provide CME for GPs to support tool as business as usual | Q4 | ● | |
| | | Provide CME re prostate cancer decision support tool delivered to urologists and oncologists | Q4 | ● | |
| | 7. Implement the Cancer Pathway for Māori Plan<br>▪ Enhance cultural pathways through the development of an electronic flag to the SDHB Māori Health Units for the patients that are newly diagnosed that identify as Māori (EOA)<br>▪ Build cultural competency within cancer services<br>▪ Enhance knowledge and health literacy within Māori whānau and communities through facilitating two Kia Ora e te Iwi training workshops (cancer education and support programme for Māori) within the community (EOA) | Monitor and navigate Māori newly diagnosed with cancer | Q1-Q4 | ● | As above (1. Cancer Services) |
| | | SDHB cultural competency training includes the MoH Health Literacy Framework and incorporates components of Kia Ora e te Iwi | Q4 | ● | |
| | | SDHB to provide support to the delivery of the Kia Ora e te Iwi programme in the community | Q3 | ● | |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Cancer Services (continued) | 8. DHB to engage in bowel screening implementation to include focus on enhancing participation rates for Māori and Pacifica (EOA)<br>▪ WellSouth to support Māori and Pacifica providers to promote awareness of the programme and its benefits among Māori and Pacifica whānau and encourage whānau to participate<br>▪ SDHB programme team to work with respected champions within the Māori community to promote the programme and the advantages of early detection<br>▪ SDHB to deliver a campaign with the working title "Lives Touched, Lives Saved" to communicate the importance of the screening programme as a way of supporting the longevity of health for an individual as part of their wider family and whānau health<br>▪ Follow up with Māori and Pacifica participants who fail to return kits after 6 weeks; WellSouth's outreach team to provide further follow up after a further 4 weeks | Develop and deliver SDHB 'Lives Touched, Lives Saved' campaign | Q2-Q4 | **N/A** | The campaign was to be developed in conjunction with the Māori Health Provider Leaders' Forum, but this was delayed by lack of opportunity to attend the meetings. As participation among Māori was above the 62% target, it was decided that the campaign was not needed at the present time. Discussions were held with Pacifica providers as to whether the approach might be effective for their communities, but their feedback suggested that the strategies that were already in place would be more successful.<br>Current participation rates for Māori and Pacifica in Southern are above the national average |
| | | Monitor and evaluate active follow up by SDHB and WellSouth in relation to Māori and Pacifica participants who fail to return kits | Q1-Q4 | ● | Early data show that the 'conversion rate' among those undergoing outreach has varied between 0 and 32% (numbers entering outreach ranging from 3 - 43). Data to compare this against other DHBs has been requested from the MoH but is not available. |

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● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 17 System Settings: Climate Change

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Climate Change | 1. Develop DHB Environmental Sustainability Strategy to guide longer term actions, planning and carbon footprint reduction | Develop strategy and implement and finalise plan | Q2 | ● | The strategy has been developed and is in draft. Further consultation will take place during the next quarter to strengthen the actions linked to the strategy. |
| | 2. Undertake stocktake of activity/actions being delivered and planned that are expected to positively mitigate or adapt to the effects of climate change | Stocktake complete by December 2018 | Q2 | ● | A stocktake was completed during Sept-Oct specific to environmental sustainability initiatives |
| | 3. Assess and benchmark the carbon footprint of SDHB to act as a baseline for measurement of future emission reductions | Complete baseline carbon footprint report | Q4 | ● | Baseline Carbon footprint was completed during Jul-Oct 2018 and is being externally evaluated |
| | | Source third party verification of results | Q4 | ● | Third party evaluation is currently taking place (Jan/Feb 2019) |

### 18 System Settings: Waste Disposal

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Waste Disposal | 1. Ensure that all community pharmacies are aware of the disposal service for waste product through a community pharmacist consultation group and promotion/education around waste disposal | Establish community pharmacist consultation group | Q2 | ● | Complete |
| | | Promote/educate around waste disposal | Q3 | | |
| | | Community pharmacists sign the new ICPSA | Q1 | ● | Complete |
| | 2. Complete stocktake to identify activity/actions to support the environmental disposal of hospital and community waste products (including cytotoxic waste) | Complete and report stock take of waste disposal | Q2 | ● | A stocktake was completed during Sept-Oct specific to environmental sustainability initiatives; this included the disposal of hospital waste products. |

● On Target ● Caution ● Critical ● Completed ● Not started

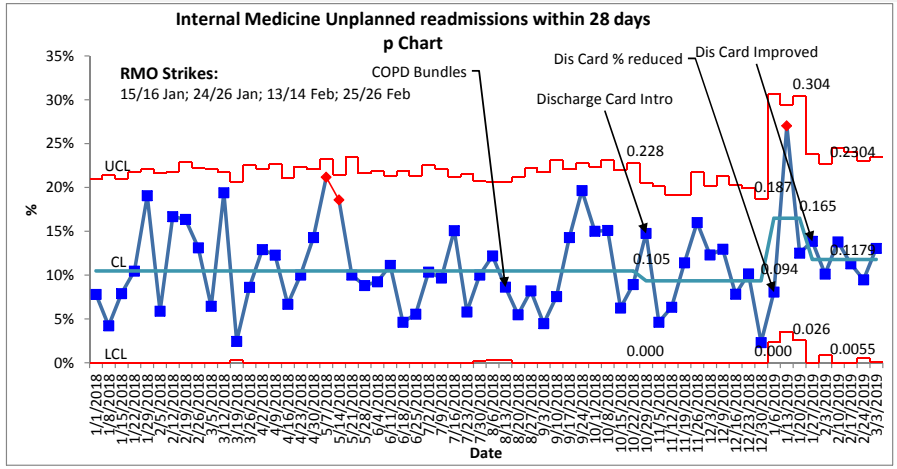
## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 19 System Settings: Improving Quality

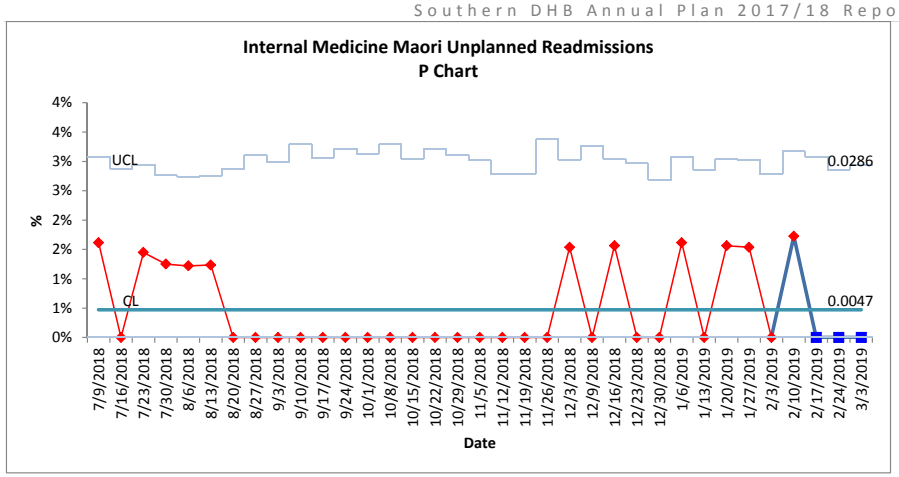
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Improving Quality | 1. Improve access and equity in outcomes for asthma patients in the community, including Māori (aligned to the Primary and Community Care Action Plan)<br>▪ Establishment of SLM governance group out of the Alliance, focus on 0-4 ASH and smoke free homes for babies.<br>▪ Formation of Locality Networks as part of the Primary and Community Strategy, prioritising asthma as an initial review of service<br>▪ Increase incentive programme uptake for smoke free mums. Focus population of Māori Mums, through Southern DHB smoking cessation incentive programme (EOA) | Alliance SLM governance group completes review of SLM 0-4 ASH and babies living in a smoke free home | Q4 | ● | Complete |
| | | All localities have a working locality network group | Q4 | ● | This will only occur in Central Lakes in 2018-19 |
| | | 100% utilisation of funding for smoke free Mums | Q4 | ● | Incentive values have been increased. |
| | 2. 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?" In the last survey 42% of respondents from SDHB answered Always, as compared to a national average of 58%.<br>▪ 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<br>▪ 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.<br>▪ Improve engagement with families/whanau to reduce the percentage of Māori emergency readmissions within 28 days (awaiting current data for baseline) | Improve the percentage of patients answering *Always* by 10% | Q4 | ● | On target in Q3 – Increase to 67% against the national average of 59%; full review in Q4. |
| | | Action undertaken to improve this measure into the Releasing Time to Care Ward Round Module, My Care Plan and Bedside handover across Dunedin and Southland sites | Q4 | ● | On target in Q3; full review in Q4. My care plan has been rolled out in all clinical areas across Dunedin, Southland and Lakes District hospital, this will be continued to be promoted through nursing leadership.<br>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, this will be continued to be promoted through nursing leadership.<br>The ward round modules has been delayed due to medical staff engagement. Plan to roll out in 1 or 2 keen areas in early-mid 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 | Q4 | ● | On Target in Q3; full review in Q4. 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 88% of the time.<br>From 6 March 2019, the team have started to make patients GP follow up appointments for those patients going home. This should occur within 7 days of discharge. We are also close to agreeing a routine follow up visit from the Home team.<br>The main area of delay has been around pharmacy input. Currently the pharmacy resource focuses only at the admission end of the process while discharge counselling and reconciliation is limited.<br>We are conscious of the PHO work on CLIC, risk stratification and community pharmacy conversations. We will at all times try to ensure we are connecting the dots.<br>These proposed interventions are part of the formation of 'discharge bundles' for patients identified as at risk of readmission. We will continue with the work focused on unplanned readmissions within the medical area at Dunedin. Once we have established our 'discharge bundles' and demonstrate improvement, we will look at spread. |

● On Target ● Caution ● Critical ● Completed ● Not started

| | | | | |
|---|---|---|---|---|
| | | | | We are tracking a group of measure for this work and have been seeing improvement in our >7 day readmission. However, improvement will only be possible when all of the discharge bundle is in place and tested. |
| | | Reduction in emergency readmissions within 28 days for Māori | Q4 | On target Q3; full review in Q4.<br>We are tracking unplanned readmissions within 28 days as part of the project (see updated data table below).<br>As this project is only within the medical ward in Dunedin at the moment, the Maori data (see below) includes very small numbers. As the project grows, we would hope to see the impact on Maori readmissions across the whole Southern DHB. |




On Target | Caution | Critical | Completed | Not started




## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 20 System Settings: Strengthen Public Delivery of Health Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Strengthen Public Delivery of Health Services | 1. Lakes Hospital (Queenstown) refurbishment programme<br>▪ Commission a CT machine to be operational in Q4 of 2018/19 to reduce the need for patients to travel to other sites such as Dunstan and Invercargill for CT examination | Commission CT machine to be operational in Lakes Hospital (in Queenstown) Q4 | Q4 | ● | Installation is expected to be complete by early June. |
| | 2. Expand the number of telehealth clinics as enabling steps (both technology and funding) are put in place (EOA) | Expand the number of telehealth clinics | Q4 | ● | As at June 2018 there were 9 clinics awaiting pilot and 24 clinics that were operational.<br>As at 31 December 2018 there were10 clinics awaiting pilot and 28 clinics that were operational.<br>Virtual health options being explored for Oncology and Respiratory clinics. |
| | 3. Develop the HCH model to increase the integration of providers and develop holistic care service networks | HCH established in Tranche 1 | Q1 | ● | Complete |
| | 4. Advance specialist models of care and pathways between primary, community and secondary:<br>▪ Refocus the integrated rapid response and enablement team, with a focus on the frail elderly | Commence work to refocus | Q1 | ● | Home Team is being implemented in Dunedin and Invercargill. |
| | | Further develop models | Q4 | ● | Scheduled to meet with Rural Hospitals in February.<br>Valuing patient time also has a workstream on frail elderly pathway; Home Team is participating in this work. |

● On Target ● Caution ● Critical ● Completed ● Not started



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## 21 System Settings: Access to Elective Services

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Access to Elective Services | 1. An improved production planning process has highlighted constraints to increasing the number of Elective discharges. The below actions will assist in increasing the number of Elective discharges.<br>▪ Increase the number of surgical inpatient beds at Dunedin Hospital<br>▪ Leasing of external operating facilities for outplacing and outsourcing of surgery<br>▪ Increase the level of throughput immediately before key holiday periods of Christmas and Easter<br>▪ Acuity Index Tool rolled out to general surgery service and orthopaedic surgery service for booking patients from the waitlist | Additional four beds opened at Dunedin Hospital | Q1 | ● | |
| | | Agreement with external providers | Q2 | ● | |
| | | Increased throughput (compared to the same period for FY 17/18) to be recorded in Q3 for the Christmas/New Year period and Q4 for the Easter period | Q3 and Q4 | ● | On target |
| | | Acuity Index tool to be implemented | Q4 | ● | Working through implementation of the acuity index tool in Q3 and Q4 as part of the ESPI improvement programme. Unclear what can be achieved however this action and measure remains part of the solution.<br>Acuity index tool being used for outpatients in Urology and Ophthalmology. |
| | 2. Complete detailed analysis for ENT, Paediatric Surgery and Plastic surgery to better understand apparent variation in levels of Elective surgery between Māori and Non- Māori | Analysis completed | Q2 | ● | Not completed to date. Intervention rates to be reviewed with stakeholders prior to end of Q4. |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 22 System Settings: Shorter Stays in Emergency Departments

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Shorter Stays in Emergency Departments | 1. ED Performance Improvement Steering Group established to provide guidance, leadership and coordination of current and new initiatives to improve Dunedin ED Shorter Waiting times Target | Establish project group and develop work plan Q1 | Q1 | ● | Project group established, work plan developed. |
| | 2. Invest in Allied Health in ED Southern DHB to support patients to remain at home or, if an ED presentation or hospital admission is necessary, to return home as soon as possible<br>▪ Evaluate impact of additional allied health workforce | Invest in Allied Health in ED | Q1 | ● | Expanded Primary, Community and Secondary Care HOME (allied health team). |
| | | Evaluate impact of additional allied health workforce | Q2 | ● | Reduction in patient delays. |
| | | | | | |
| | | | | | |
| | 3. Review feasibility for extended scope of practices for experienced ED nurses | Complete feasibility report | Q3 | ● | ED has employed its first Nurse Practitioner on 18 December 2019 and one Registered Nurse is enrolled in the Nurse Practitioner training course for 2019. |
| | 4. Reduction in siloed thinking and move to generalist approach with aim to change model of care at Dunedin hospital<br>▪ Commence work/discussions having all adult medical admissions admitted to the General Medicine service<br>▪ Complete review of generalist approach | Complete review | Q4 | ● | Internal Medicine absorbed Endocrinology call and take some OPH acute patients. Ongoing discussions with other sub specialities.<br>Six month trial to admit some acute Rheumatology patients and reduce call. |
| | 5. Work with mental health services to ensure the ED is responsive to the needs of those suffering acute or chronic mental health conditions (EOA) | Complete review | Q4 | ● | Underway. Southland ED have been working with Mental Health services and have come to an agreement that patients can be assessed by Mental Health prior to their medical clearance therefore not delaying treatment outcomes. |

● On Target ● Caution ● Critical ● Completed ● Not started

## PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

### 23 Delivery of Regional Service Plan

| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
|---|---|---|---|---|---|
| Delivery of Regional Service Plan | DHBs are asked to identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan. In particular, for Elective Services, DHBs are asked to identify local actions to support planned Elective activity in the Regional Service Plan across Workforce, Clinical Leadership, Quality and Pathways. There is a strong focus on regional collaboration in 2018/19 for Orthopaedics, Ophthalmology, Vascular and Breast Reconstruction. | | | | |
| | 1. Work is anticipated in 2018/19 relating to improving access, and consistency of access, to plastics and reconstructive services, including breast reconstruction<br>▪ SDHB to engage with the national service improvement programme as actions are developed and support regional implementation as required | Report on actions undertaken | Q2 and Q4 | 🟡 | No specific work undertaken with the rest of the South Island. Undertaking reconstructive work as per the planned intervention rate for Southern DHB. |
| | 2. Collaborate to achieve consistent ophthalmology pathways for Age-Related Macular Degeneration and Glaucoma across South Island DHBs, reducing variations in patterns of care and improving health equity | Report on actions undertaken | Q2 and Q4 | 🟡 | Work undertaken locally to implement the national guidelines however there is no planned work to assess similarity across the South Island at this stage. |
| | 3. Review current orthopaedic workforce resources, including subspecialty capability, future requirements to meet demand, gap analysis | Review undertaken | Q1 | 🔴 | Without full staffing (2 FTE short over last year) it has not been possible to undertake this assessment of Southland Orthopaedic capability. Surgeons will be in place at Q4. Sharing of resources between Dunedin and Southland for highly specialised surgery is occurring more frequently. This action will likely need to be carried over into 19/20. |

🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚫ Not started

## SOUTHERN DISTRICT HEALTH BOARD

| | |
|---|---|
| **Title:** | **DONALD BEASLEY PRELIMINARY PROGRESS REPORT TO THE SDHB: DISABILITY STRATEGY** |
| **Report to:** | Commissioner Team |
| **Date of Meeting:** | 29 May 2019 |

**Summary:**

This issues considered in this paper are:

- A brief to the Executive Leadership Team of the progress on the development of the SDHB Disability Strategy.
- Gives an outline of the consultation that has happened to date.
- Preliminary suggestions are presented regarding aspects that could be developed or further integrated into the work of the SDHB in a responsive Disability Strategy.
- The draft strategy will be reproduced in various accessible formats for community consultation in the coming weeks, which is anticipated to take approximately six weeks.
- A final document will be presented at the end of August/early September.

| | |
|---|---|
| **Financial:** | |
| **Workforce:** | |
| **Other:** | |

| | | |
|---|---|---|
| **Document previously submitted to:** | | **Date:** |
| **Approved by Chief Executive Officer:** | N/A | **Date:** |

| | |
|---|---|
| **Prepared by:**<br>Donald Beasley Institute<br>University of Otago<br><br>**Date: April 2019** | **Presented by:**<br>Gail Thomson<br>Executive Director<br>Quality & Clinical Governance Solutions |

**RECOMMENDATION:**

1. To note progress around the development of the Disability Strategy

# PRELIMINARY PROGRESS REPORT TO THE SOUTHERN DISTRICT HEALTH BOARD EXECUTIVE LEADERSHIP TEAM: SDHB DISABILITY STRATEGY: APRIL 2019

## Introduction

The purpose of this brief report is to update the Executive Leadership Team (ELT) with progress on the development of a SDHB Disability Strategy. It provides an outline of the consultation completed to date, including key messages that the Donald Beasley Institute (DBI) team have identified as important to the diverse range of community members who attended these meetings. From the information collected, preliminary suggestions are presented here regarding aspects that could be developed or further integrated into the work of the SDHB in a responsive Disability Strategy.

## Consultation process

Consultation meetings have followed an open process whereby people were asked to respond to two main questions.

1. “What do you think the SDHB should include in their Disability Strategy/Action Plan?”
2. “How can the SDHB best be responsive to disabled people and their families?”

Responses were recorded on a white board, with general themes being identified at the time. At each meeting, a member of the research team documented the majority of what was being said in the form of notes, and a roll of attendees was also collected. At the end of each consutlation meeting the key themes, ideas and concepts were summarised and verbally relayed back to the community participants. This approach served two functions. First, it ensured that all participants could access the information, some of which had been captured visually. Second, it demonstrated to participants that their ideas had been listened to and captured. A number of particpants photographed whiteboard content or requested photographs (or meeting notes) be sent to them following meetings. We committed to providing these visual or written records as a further demonstration of our commitment to an open and transparent consultation process.

The exceptions to the above approach included an adaptation of the above questions and process to be more accessible for people with learning disabilities at the People First Aotearoa meeting, and the online survey. The latter collected demographic information on the respondents as well as asking three questions:

1. What do you think the SDHB needs to include in a disability strategy?
2. What things does the SDHB need to do to make sure its services are responsive to disabled people and their family and whānau?
3. It is important for the SDHB to make sure its services are meeting the needs of disabled people and their family and whānau. How do you think they might best do this?

People were also able to provide further qualitative comments at the conclusion of the survey.

The following consultation meetings have been held:

- 6 November 2018 People First Aotearoa NZ (50 members)
- 9 November 2018 Blind Citizens Dunedin (5 members)
- 30 November 2018 Community consultation Dunedin (25 attendees)
- 7 February 2019 Community consultation Invercargill (20 attendees)
- 7 February 2019 Blind Citizens Invercargill (5 attendees)
- 11 February 2019 Community consultation Oamaru (10 attendees)
- 18 February 2019 Community consultation Cromwell (6 attendees)
- 1-28 February online survey (63 respondents with 43 completing the full survey)
- 18 March 2019 Parent group with Conductive Education Southland (6 attendees)
- 28 March 2019 Senior Nursing Staff at the SDHB

Meetings yet to be held include with Nga Kete Matauranga Pounamu in Invercargill (an arranged meeting was postponed due to a bereavement); Arai Te Uru Whare Hauroa.

We have also contacted Pacific groups and Refugee groups to seek their input and a meeting has been confirmed with the Pacific Island Advisory and Cultural Trust in Invercargill for the 8th of April.

In addition to the consultation that has already been undertaken or planned, further consultation is planned with specific groups and individuals prior to wider circulation of the draft strategy.

**Meetings of the Disability Strategy Steering Committee (DSSC)**

The DSSC fulfil an important role in the development of the Strategy and have met twice.

- 18 October 2018 met with the main focus being on the consultation process.
- 25 January 2019 with a guest presenter, Paul Gibson, a previous Disability Rights Commissioner and a contributor to the development of the combined Capital and Coast, Wairarapa and Hutt Valley Disability Strategy.

The DSSC have been central to shaping our aproach to consultation meetings, advising us to take as open a process as possible in order to communicate to the community that we had no preconceived ideas about what the Disablity Strategy should contain.

## Messages from the consultation process

*"It's not an optional extra to understand someone entering the health system has a condition or impairment. I think acknowledging vulnerability needs to start from management down. It needs to be shown in how management speak to it, the language we use and the language we don't use. People with disabilities – we are all people. This is our community."*

The consultation process has generated detailed information about the aspirations of people in the Southern region for a Disability Strategy, including actions, that would make a significant difference to the lives of disabled people, their family/whanau and carers. In summary, the people aspire to a Disability Strategy that:

1. Incorporates the community, recognises the support that currently exists within the community, has strategies for strengthening relationships, ensures that disabled people are able to live within their community with reasonable accommodations and principles of universal design facilitating an equitable standard of living.
2. Provides equitable access to services across the region, recognising the character of the different regions, and take reasonable steps to ensure that there is consistent access to services commensurate across the regions.
3. Is visionary and demonstrates a committment to improving the lives of tāngata whaikaha (disabled children and adults) and whanau.
4. Demonstrates a willingness at Board level to ensure the integration of national policy and the UNCRPD into all local services, and to lobby for strengthening of policy and law at a national level so that the intentions of the UNCRPD can be realised.

Suggestions for how these broad goals might be achieved can be broken into key areas to target for future action. The stated values of the SDHB (kind; open; positive; community), when followed, would provide a strong and appropriate base for engagement with disabled people and their families and whanau. In addition, components of the current SDHB and WellSouth PHO initiative focused on integrating services across the region holds promise for disabled people to receive better integrated care. The consultation process has highlighted the importance of this earlier work and also provided information that can be used to improve services, better plan for the future and monitor progress towards a more inclusive and responsive health service for disabled people and their families and whanau.

### *Service*

1. Address systems that impact on the flow of information at all levels to enable smooth transition of disabled people through services, inclusive of the hospitals, NGOs, Primary health services. New or revised systems or processes should recognise the multiple ways that disabled people access information and should not therefore rely on any one approach.
2. Aim for responsive, person/family/whanau-centred services that include:
    a. Consideration of the person/family/whanau and their specific needs.

   b. Incorporating the family / whanau throughout the contact where agreed with the person. For some (all children and some adults) this might mean being family-centred rather than individual person-centred.
   c. Flexibility in pathways of care are responsive to individual needs.
   d. Disability support available to help people navigate services[1].
   e. Well thought through systems in place on discharge, including an action plan where appropriate to enable prompt referral back into the service. (Many consultation participants identified themselves or their disabled family or whanau member as high users of services and that current systems were failing to recognise this).
   f. Processes for accessing equipment and allowances that are easy for people to complete and quick to provide what is required.
   g. Being available as close to home as possible or, if travel is required, the service they require is able to be negotiated to minimise personal costs.
3. Recognise that SDHB services (along with other community based health and disability services) enable disabled people to fully participate in their community, and, as such, have an important role in resourcing that participation. For example, this might include opportunities for employment or provision of equipment that is necessary to enjoy an activity.
4. Services that are available and can support a disabled person to access health care will be well-advertised in multiple formats (for example, website, print, easy read, audio-visual). Principles of universal design should be applied to all technology, for example portals such as “manage my health” must be able to be delivered in formats that enable disabled people to adapt to and make full use of new technology.
5. Physical and built environments must also adhere to the principles of universal design, requiring the SDHB to work with responsible councils (and the NZ Transport Agency where necessary) to ensure access to their buildings is maintained.
6. Staff have the necessary skills to communicate clearly with people with a range of disabilities, understand the rights of disabled people and their family/whanau and know how to get advice and equipment that the person needs to access the service. Disabled people see themselves as important contributors to staff education.

[1] Navigator or similar word was used widely by people with whom we consulted. Multiple interpretations are possible, including at a most simple level someone to help people to access the benefits etc that are available to them, through to a more comprehensive role as someone who walks alongside the disabled person and their family/whanau, who identifies the full range of services available, assists them to access the services and advocates for them when necessary. There was also the suggestion that there might be a navigation service (as a physical space or hub) within the hospitals in Dunedin and Invercargill, whereby people could, on admission, present for assessment of their needs, including such things as travel and accommodation grants as well as reviewing their likely pathway to ensure that they will have the supports they need on discharge, or simply to assist some people to get where they need to be within the hospital itself. Most people were not aware that this assistance could already be offered to them.

## DISABILITY STRATEGY PROGRESS REPORT – DONALD BEASLEY INSTITUTE, APRIL 2019,

### *Planning*

1. The SDHB will have reliable data from which to plan future service need for the whole of region with an emphasis on being proactive and innovative in relation to disabled people and their family/whanau.
2. There will be contingency funding to enable prompt service response to knowledge development, for example new assessments, treatments or equipment.
3. Workforce planning will be inclusive of strategies designed to increase the employment of disabled people into a range of occupations and ensuring that they are appropriately supported to become fully integrated within the staff. There will also be strategies for identifying and supporting all staff who have shown the skills to promote good practice when interacting with disabled people and their family/whanau, and for building these capabilities across all staff.
4. The SDHB will work with local councils to ensure regional development (including permits for housing) considers future disability/health care needs and the infrastructure is available to meet these needs.
5. The SDHB will engage with central Government to address gaps in the provision of support for disabled people and the relevant legislation, policy and codes that have an impact on them living well and accessing their community.

### *Monitoring/ Auditing*

1. Appointment of a senior manager who identifies as disabled and who is responsible for the implementation and monitoring of the Disability Strategy alongside the Senior Leadership Team.
2. Regular review of provider and funded services to ensure that they are aligned with the SDHB Disability Strategy, the UNCRPD and national disability strategies, including Māori and Pacific strategies (both broad and disability specific).
3. Establish a range of monitoring/auditing tools that seek both quantitative and qualitative data. For example, suggestions included regular patient surveys; case studies to explore individual experiences from first referral through to follow-up from discharge to identify any additional disability impact exacerbated by long waits for health interventions or supports through waiting, implications on employment and quality of life, impact on family/whanau, discharge planning, return to community.
4. Include disabled people and their family / whanau, and representative groups in monitoring. This includes as responders about their experience, as enquirers to the experience of others, and/or in service audit activities.
5. Monitoring to be inclusive of quality improvement (i.e. positive gains in service provision – identifying, celebrating and learning from services that have been responsive) as well as opportunities for improvement.

## Next Steps

A third meeting of the DSSC, at which we will workshop a draft strategy, is planned for 30 April. Following this meeting the DBI team will complete the draft strategy and circulate it to the ELT and the Iwi Governance Group for approval to circulate for community consultation. We would anticipate having the draft document for approval at a May meeting of the ELT.

The draft strategy will then be reproduced in various accessible formats for community consultation. This consultation will include face-to-face meetings with selected groups and an online process to ensure wide participation. It is anticipated that it will take approximately six weeks to complete this consultation phase. We will work with the SDHB Communications Team to publicise the consultation process.

Evaluation and integration of the feedback from the draft consultation process will lead to a final version of the Disability Strategy being delivered to the ELT. As per the proposal submitted by the DBI, we will work with the SDHB Design Team when producing the final document.

The final document should be available end of August/early September dependant on the the date that the draft is approved for consultation.

# SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|---|---|---|---|
| **TITLE:** | **FINANCIAL REPORT** | | |
| **REPORT TO:** | Commissioner Team | | |
| **DATE OF MEETING:** | 29 May 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:**<br>Strategy, Primary & Community Team<br>**DATE:** 13 May 2019 | | **PRESENTED BY:**<br>Lisa Gestro<br>Executive Director Strategy, Primary & Community | |
| **RECOMMENDATION:**<br>**1. That this report be received.** | | | |

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# STRATEGY, PRIMARY & COMMUNITY REPORT
# April 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 | 73,333 | 71,767 | 1,566 | 728,865 | 717,669 | 11,196 | 861,203 |
| IDF Revenue | 1,997 | 1,815 | 182 | 17,529 | 18,152 | -623 | 21,783 |
| Other Government | 631 | 508 | 123 | 5,048 | 4,984 | 64 | 6,057 |
| **Total Government & Crown** | **75,961** | **74,090** | **1,871** | **751,442** | **740,805** | **10,637** | **889,042** |
| **Non Government & Crown Agency Revenue** | | | | | | | |
| Patient related | 17 | 20 | -3 | 189 | 199 | -10 | 239 |
| Other Income | 18 | 24 | -6 | 175 | 245 | -70 | 294 |
| **Total Non Government** | **35** | **44** | **-9** | **364** | **444** | **-80** | **533** |
| **Internal Revenue** | | | | | | | |
| Internal Revenue | | | | | | | |
| **Total Internal Revenue** | **2,328** | **2,218** | **110** | **23,258** | **22,296** | **962** | **26,732** |
| **TOTAL REVENUE** | **78,324** | **76,352** | **1,972** | **775,064** | **763,545** | **11,519** | **916,306** |
| **EXPENSES** | | | | | | | |
| Workforce | | | | | | | |
| Senior Medical Officers (SMO's) | | | | | | | |
| SMO - Direct | 587 | 573 | -14 | 6,249 | 5,695 | -554 | 6,839 |
| SMO - Indirect | 57 | 39 | -18 | 314 | 383 | 69 | 461 |
| SMO - Outsourced | 16 | 14 | -2 | 3 | 287 | 284 | 318 |
| Total SMO's | 659 | 627 | -32 | 6,566 | 6,365 | -201 | 7,618 |
| Registrars / House Officers (RMOs) | | | | | | | |
| RMO - Direct | 38 | 33 | -5 | 292 | 287 | -5 | 353 |
| RMO - Indirect | 12 | 2 | -10 | 19 | 16 | -3 | 19 |
| RMO - Outsourced | | 1 | 1 | | 15 | 15 | 18 |
| Total RMOs | 50 | 37 | -13 | 312 | 318 | 6 | 390 |
| Total Medical costs (incl outsourcing) | 709 | 664 | -45 | 6,877 | 6,682 | -195 | 8,009 |
| Nursing | | | | | | | |
| Nursing - Direct | 1,784 | 1,588 | -196 | 16,008 | 15,436 | -572 | 19,107 |
| Nursing - Indirect | | | | | | | |
| Nursing - Outsourced | | | | | | | |
| Total Nursing | 1,784 | 1,588 | -196 | 16,008 | 15,436 | -572 | 19,107 |
| Allied Health | | | | | | | |
| Allied Health - Direct | 1,619 | 1,678 | 59 | 16,254 | 16,595 | 341 | 20,201 |
| Allied Health - Indirect | 48 | 16 | -32 | 311 | 270 | -41 | 301 |
| Allied Health - Outsourced | 17 | 31 | 14 | 161 | 313 | 152 | 375 |
| Total Allied Health | 1,684 | 1,724 | 40 | 16,726 | 17,178 | 452 | 20,878 |
| Support | | | | | | | |
| Support - Direct | 10 | 11 | 1 | 117 | 114 | -3 | 141 |
| Support - Indirect | | | | | 1 | 1 | 1 |
| Support - Outsourced | | | | | | | |
| Total Support | 10 | 11 | 1 | 117 | 115 | -2 | 142 |
| Management / Admin | | | | | | | |
| Management & Administration - Direct | 600 | 565 | -35 | 6,124 | 6,013 | -111 | 7,185 |
| Management & Administration - Indirect | 5 | 5 | | 30 | 45 | 15 | 54 |
| Management & Administration - Outsourced | | 1 | 1 | 12 | 11 | -1 | 13 |
| Total Management / Admin | 605 | 570 | -35 | 6,165 | 6,069 | -96 | 7,252 |
| **Total Workforce Expenses** | **4,791** | **4,557** | **-234** | **45,893** | **45,480** | **-413** | **55,387** |
| **Non Personnel** | | | | | | | |
| **Outsourced Clinical Services** | **-10** | **80** | **90** | **769** | **883** | **114** | **1,067** |
| **Outsourced Corporate / Governance Services** | | | | | | | |
| **Outsourced Funder Services** | **1,006** | **1,008** | **2** | **10,100** | **10,078** | **-22** | **12,094** |
| **Clinical Supplies** | **1,089** | **652** | **-437** | **9,278** | **6,556** | **-2,722** | **7,876** |
| **Infrastructure & Non-Clinical Supplies** | **363** | **400** | **37** | **3,656** | **3,948** | **292** | **4,754** |
| **Provider Payments** | | | | | | | |
| Personal Health | 58,010 | 56,375 | -1,635 | 574,165 | 563,318 | -10,847 | 676,233 |
| Change Initiative Fund | 212 | 212 | | 2,116 | 2,116 | | 2,539 |
| Mental Health | | | | | | | |
| Public Health | 86 | 99 | 13 | 867 | 992 | 125 | 1,190 |
| Disability Support | 14,517 | 14,466 | -51 | 146,981 | 146,910 | -71 | 176,654 |
| Maori Health | 171 | 127 | -44 | 1,280 | 1,270 | -10 | 1,524 |
| **Non Operating Expenses** | | | | | | | |
| Depreciation | | | | | | | |
| Capital charge | | | | | | | |
| Interest | | | | | | | |
| **Total Non Personnel Expenses** | **75,444** | **73,418** | **-2,026** | **749,213** | **736,070** | **-13,143** | **883,932** |
| **TOTAL EXPENSES** | **80,235** | **77,974** | **-2,261** | **795,106** | **781,551** | **-13,555** | **939,319** |
| **Net Surplus / (Deficit)** | **-1,911** | **-1,622** | **-289** | **-20,042** | **-18,006** | **-2,036** | **-23,012** |

## Summary Comment:

Strategy, Primary and Community had a deficit YTD of $20.04m against a budget deficit of $18.01m which is $2.04m unfavourable.

Revenue is favourable YTD by $11.52m, with the main reasons being MECA & PSA settlement funding of $4.37m (expenditure offset), Careplus ($0.34m favourable, offset by expenditure), VLCA and Under 14s ($0.56m favourable, offset with expenditure), capital charge ($1.66m favourable),new CSC funding ($2.84m) offset with expenditure and Refugee's ($0.45m favourable ) and IBT revenue ($0.63m favourable) . These are offset by IDF revenue ($0.62m unfavourable).



Expenditure YTD is unfavourable to budget by $13.55m with the main reasons being pharmaceuticals & PCT ($1.89m unfavourable), Hospital pharmaceuticals ($2.5m unfavourable), MECA & PSA settlement expenditure ($4.37m unfavourable), new CSC expenditure ($2.84m unfavourable) and IDF outflows ($0.19m unfavourable).

## Personnel

### Expenditure

Personnel expenditure is $0.41m unfavourable to budget YTD with the main driver being Nursing which is $0.57m over budget mainly due to statutory and back pays and overtime.
SMO's are $0.20m unfavourable to YTD due to penal and allowances and overtime offset by outsourced services.

### FTE's

| | YTD Actual FTE | YTD Budget FTE | YTD Variance FTE | Annual Budget |
|---|---|---|---|---|
| Personnel FTE's | | | | |
| Medical | 30 | 30 | 0 | 30 |
| Nursing | 234 | 231 | -3 | 231 |
| Allied Health | 280 | 284 | 4 | 321 |
| Support | 3 | 3 | 0 | 3 |
| Management / Admin | 103 | 103 | 0 | 105 |
| **Total Personnel** | **650** | **651** | **1** | **690** |

## Outsourced Services

No Significant variances

## Clinical Supplies

Clinical Supplies are $2.72m unfavourable to budget YTD, with Pharmaceuticals being the main reason for the variance ($2.51m unfavourable to budget YTD) due to the transfer of hospital pharmaceuticals to Primary, Strategy and Community in November and Ostomy supplies ($0.72m unfavourable to budget YTD).

## Infrastructure & Non Clinical Supplies

$0.29m favourable YTD due to domestic travel ($66k favourable) and Consultants ($144k favourable)

## Provider Payments

Personal Health - $10.84m unfavourable YTD.

Main reasons for the variance being:

- Electives expenditure at the end of March is on budget.
- Pharmaceutical and PCT expenditure variances - refer to Pharmaceutical section of this report.
- General Medical Subsidy is unfavourable to budget by $0.38m YTD due to Refugee expenditure and casuals.
- Maternity expenditure $0.59m unfavourable to budget YTD due to unbudgeted expenditure relating to Wanaka midwives shortage and additional maternity projects.
- Primary Practice Services –Capitated $3.01m unfavourable YTD mainly due to new CSC expenditure ($2.84m unfavourable, offset by extra revenue), First Contact services ($0.61m unfavourable) where payments are based on enrolled population, offset by Primary Mental Health expenditure ($0.35m favourable).
- Primary Health Care Strategy – Care Plus $0.34m unfavourable YTD. Offset by a favourable revenue variance.
- Primary Health Care Strategy – Health Promotion/SIA $0.54m 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 $0.44m 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 $0.48m favourable to budget).
- Price adjusters and Premium $4.54m unfavourable to budget YTD due to unbudgeted MECA & PSA settlement expenditure of $4.43m

Disability Support Services - $0.02m favourable YTD

Main reasons for variance being:

- Residential Care Rest Homes & Hospitals $0.28m favourable YTD.
- Home Support $0.64m unfavourable to budget YTD due to LTSCHC FFS and IBT expenditure.
- IDF Outflows $0.21m unfavourable due to Service change ($0.05m) and YTD wash-up estimate ($0.16m)
- Respite (demand driven service) tracking slightly lower than budget (total $0.18m).

## 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.
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 pharmaceutical expenditure.



| | $000 YTD Actual | $000 YTD Budget | $000 Variance YTD | Rebate realigned | Adjusted variance |
|---|---|---|---|---|---|
| Clinical Supplies - Pharmaceuticals | $ 22,991.4 | $ 17,924.2 | -$ 5,067.1 | $ 1,324.5 | -$ 3,742.6 |
| Provider Payments - Pharms | $ 60,076.9 | $ 60,874.4 | $ 797.5 | -$ 1,324.5 | -$ 527.0 |
| **Total** | **$ 83,068.3** | **$ 78,798.6** | **-$ 4,269.6** | **$ -** | **-$ 4,269.6** |

**Variance is made up of the following (estimate)**

| Pharms YTD | $000 YTD Actual | $000 YTD Budget | $000 Variance YTD | Rebate realigned | Adjusted variance |
|---|---|---|---|---|---|
| PCT | $ 8,318.5 | $ 6,038.3 | -$ 2,280.2 | | -$ 2,280.2 |
| Community Pharms (DHB Outpatients) | $ 4,193.6 | $ 3,789.3 | -$ 404.3 | | -$ 404.3 |
| Hospital Inpatients | $ 10,479.3 | $ 8,096.6 | -$ 2,382.7 | $ 1,324.5 | -$ 1,058.2 |
| Community Pharms (excl DHB) | $ 60,076.9 | $ 60,874.4 | $ 797.5 | -$ 1,324.5 | -$ 527.0 |
| **Total** | **$ 83,068.3** | **$ 78,798.6** | **-$ 4,269.6** | **$ -** | **-$ 4,269.6** |
| | | | | | |
| Savings hospital | | | -$ 730.9 | | |
| Expense Management (funder) | | | -$ 1,250.0 | | |
| **Total Savings YTD** | | | **-$ 1,980.9** | | |

The realignment shows that PCT at $2.28m over budget (38%) is the main contributor to the $4.27m YTD deficit across all pharmaceutical expenditure. Hospital Inpatients ($1.06m) contribution is also significant given it is 13% over budget. Community pharmaceuticals (excl DHB) is $0.93m over budget but only equates to a 1.4% overspend.

**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. |