SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Thursday, 29 August 2019
9.00 am

Board Room, Level 2, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

A G E N D A

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

Item

1. 9.00 am
   Public Forum

2. 9.30 am
   Presentation: Primary & Community Strategy Next Steps - Mary Cleary Lyons (GM Primary Care & Population Health)

3. **Apologies**

4. **Interests Register**

5. **Minutes of Previous Meeting**

6. **Matters Arising**

7. **Review of Action Sheet**

8. **Strategy, Primary & Community Report**

9. **Quarter Four 2018/19 Southern DHB Annual Plan Progress Report**

10. **Community Health Council Report**

11. **Financial Report**

12. **Resolution to Exclude Public**

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

PUBLIC FORUM

At the time of going to print, no applications had been received to speak at the public forum.

9.30 am

Presentation: Primary and Community Strategy Next Steps

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

APOLOGIES

Apologies have been received from Mrs Jean O'Callaghan, Deputy Commissioner, and Ms Justine Camp, Committee Member.

SOUTHERN DISTRICT HEALTH BOARD

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

- Nicola Mutch - Father, Mayoral candidate for Waitaki District

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 15/08/2019

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	Deputy Chair, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Deputy Chair, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
	21.09.2018	Deputy Chair, Dunedin Stadium Property Ltd (from 1 July 2018, updated 24/04/2019)		
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	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 and 29.06.2019)	Past 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.

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	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust (24.06.2019 Acting CEO)	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	24.06.2019	Chair, Hawkesbury Property Trust	Owns the properties that Hawkesbury Trust residents live in.	
	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	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
	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

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
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.	
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	
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
Kaye CHEETHAM	08.07.2019	Ministry of Health Appointed Member of the Occupational Therapy Board	
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
	01.07.2019	Capable NZ Assessor	Asked from time to time to assess students, bachelor and masters students final presentation for Capable NZ.
Matapura ELLISON	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 (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki Ltd - 100% share).	Nil.
	12.02.2018	Otago Museum Māori Advisory Committee	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	

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
	25.09.2016	Deputy Chair, InterRAI NZ	
	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.
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.

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
	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.
	07.08.2019	Father, Mayoral candidate for Waitaki District	
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. 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

5

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 29 May 2019, commencing at 9.30 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant	Commissioner
	Mrs Jean O'Callaghan	Deputy Commissioner
	Dr David Perez	Deputy Commissioner
	Mr Richard Thomson	Deputy Commissioner
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary & Community
	Dr Nigel Millar	Chief Medical Officer
	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 (by videoconference)

1.0 APOLOGIES

An apology was received from Ms Justine Camp, Committee Member.

2.0 PRESENTATION: PUBLIC HEALTH - A NEW WAY OF WORKING

Mary Cleary Lyons, General Manager, Primary Care and Population Health, and Lynette Finnie, Service Manager, Public Health, joined the meeting and gave a presentation on the *Health in All Policies* way of working across sectors and with communities "to improve societal goals, population health and equity" (tab 2). This included an outline of how Public Health was working with other key stakeholders to improve air quality and make homes warmer and drier. In conclusion, they noted that if changes weren't made to the current approach, the hospital would consume more and more resources as a "provider of last resort".

Ms Lyons and Ms Finnie were thanked for their presentation and the Committees noted that progress would be included in future reporting.

3.0 DECLARATION OF INTERESTS

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

The Commissioner 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 27 March 2019 be approved and adopted as a true and correct record."

Agreed

5.0 REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 6) and:

- Requested a timeframe for the Invercargill Emergency Department building work;
- Received advice from the Executive Director Strategy Primary and Community (EDSP&C) that she was comfortable with the outcome of discussions with residential psychogeriatric providers.

6.0 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* - There had been a continuation of the positive outcomes from the work undertaken by the Older Person's Health team.
- *Allied Health Review* - The review report had been received in draft and the recommendations made were in the process of being prioritised as part of the 2019/20 budget setting process.
- *Aged Residential Care* - Rest Home bed numbers continued to track favourably and were predictably offset by demand for home based support.
- *Public Health - A New Way of Working* - A workshop of Public Health and WellSouth staff was due to take place on 30 May 2019 in Balclutha.
- *Primary and Community Strategy Implementation* - The first year of Health Care Homes was near completion and discussion was being held on what would be rolled out in the next phase.
- *Pharmacy* - The opening of the School of Pharmacy clinic had been delayed due to the resignation of the Clinic Manager. This had now been handed over to a clinical pharmacist seconded from WellSouth and the clinic was on track to commence in June 2019.
- *Rural Hospital Alliance* - Southern's rural hospitals had formed an alliance to enhance regional health outcomes and an initial work plan had been agreed.
- *Lakes Hospital Refurbishment* - Good progress was being made on the Lakes District Hospital project, with staff moving into the new Emergency Department the previous day. The CT scanner would be installed on 7 June 2019.

Primary Maternity

The CEO informed the Committees that:

- He had asked for a review of the events surrounding the birth in an ambulance en route from Lumsden to Southland Hospital on Sunday, 2 June 2019. This would include input from an independent midwife.
- He had also requested an assessment of the implementation of the Primary and Maternity Strategy to date, particularly around the issues raised as to the transition of the Lumsden facility.
- Southern DHB had some concerns about the aging resuscitaire in the Lumsden hub but it had since been assessed as being fit for use.

The EDSP&C answered questions on the obstetric and gynaecology telemedicine options in Central Otago. She advised that a paper on telemedicine would be considered by the Clinical Council in June. The Committees requested progress reports on this issue.

In response to concerns about the shortage of Lead Maternity Carer (LMC) Midwives in Dunedin, the Chief Nursing and Midwifery Officer advised that the Maternity Unit was considering providing community midwifery support as an interim solution.

The Committees requested that midwifery coverage over the Christmas period be included in strategic risk reporting.

Recommendation:

"That the report be noted."

Agreed

7.0 ANNUAL PLAN PROGRESS REPORT - QUARTER THREE 2018/19

The Committees considered a progress report on delivering the 2018/19 Annual Plan actions and commitments (tab 8).

Recommendation:

"That the Committees note the Southern DHB Annual Plan Progress Report for quarter three 2018/19."

Agreed

8.0 DISABILITY STRATEGY - DONALD BEASLEY PRELIMINARY PROGRESS REPORT

A progress report on the development of Southern DHB's Disability Strategy (tab 9) was taken as read.

The EDSP&C reported that the first draft of the Disability Strategy should be available in a few weeks' time.

Recommendation:

"That the Committees note the report."

Agreed

9.0 FINANCIAL REPORT

The EDSP&C presented the Strategy, Primary and Community financial results for April 2019 (tab 10), then took questions.

Recommendation:

"That the report be received."

Agreed

CONFIDENTIAL SESSION

At 10.45 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the Hospital Advisory Committee meeting and 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 August 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	Appended to the August DSAC-CPHAC main report.	Completed
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).	
May 2019	(Minute item 5.0)	Timeframe to be provided for the building work.	EDFP&F	Still awaiting consent from the Invercargill City Council to proceed with this work.	
March 2019	**Whāngaia Ngā Pā Harakeke** (Minute item 2.0)	Progress report to be provided in six months.	EDSP&C		September 2019
March 2019	**MRI - Utilisation of Private Facility at Frankton** (Minute item 5.0)	To be followed up.	CEO	Emailed the CEO Pacific Radiology (in August 19) seeking to pursue the option. Previously local management have only offered a slightly discounted fee for service arrangement.	October 2019

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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	Appended to the August DSAC-CPHAC main report.	Completed
March 2019	**Waitaki District Health Services Ltd** (Minute item 7.0)	Committees to be advised of impact on whānau of any hospital transfers resulting from WDHSL's proposal for change.	EDSP&C	Under way. Impact of implementing the proposal for change is being assessed as part of our business as usual work with WDHSL.	October 2019
May 2019	**Telemedicine** (Minute item 6.0)	Progress report to be provided, particularly on O&G clinics in Central Otago.	EDSP&C	Responded to on Commissioner's action sheet.	Completed
May 2019	**Primary Maternity** (Minute item 6.0)	Midwifery coverage over the Christmas period to be included in strategic risk reporting.	CEO/ EDSP&C	Added to Strategic Risk Report.	October 2019

SOUTHERN DISTRICT HEALTH BOARD

8

Title:	**Strategy, Primary & Community Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	29 August 2019		
Summary: Monthly report on the Strategy, Primary & Community Directorate activity.			
Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:	N/A	**DATE:**	
Approved by Chief Executive Officer:	N/A	**DATE:**	
Prepared by: Strategy, Primary & Community Team **DATE:** 12th August 2019		**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Committees note the content of this paper.**			

STRATEGY AND PLANNING

Annual Plan

The MoH posted an update with additional Annual Plan guidance, along with Frequently Asked Questions, on the Nationwide Service Framework Library NSFL on Friday 28 June, and again on 8 July. In response to MoH feedback and guidance, Southern DHB has submitted new/revised Government Planning Priority templates through an iterative process, for review and feedback by MoH. The final draft of the Annual Plan was submitted to the MoH on 26 July, incorporating updated financials, the updated Public Health Plan and the System Level Measures Improvement Plan.

PRIMARY CARE

Implementation of the Primary and Community Strategy

Community Hubs

Preparation for the August 2019 workshops

a. The next workshop will be held in Invercargill and in Dunedin, on the 22nd and 23rd August 2019 respectively. These are planned to invite many more participants than the first one, and with good representation from rural, primary and community based providers, health professionals and other representatives. It is anticipated that 100-150 invitations will be sent out.

b. The first workshop explored the elements for developing models of care and the factors we need to consider. The workshop supported lively debate and discussion, culminating in an agreed list of priorities for action. The high level themes of these areas for action included: Health Pathways, understanding our business (IT and data), patient information management, telemedicine, health needs assessments, and health professional interfaces.

c. The key messages from the first workshop on the approach to designing the model of care and steps to implement included: keep the focus on redesigning the system (albeit close alignment with the new Dunedin Hospital project), there is a sense of urgency to get things moving, and we are building on a wealth of improvements which have been done and also underway right now and adopting the new concept of "community hub".

ci. There have been 29 replies in response to the Community Health Hub RFI to approach the market for potential investors/developers. A review of respondents is underway.

Health Care Homes

Tranche two was confirmed as able to commence on 1 July and has now gotten underway.
This means we have now 15 practices implementing HCH covering a total of 120,000 enrolled patients. (See table below) Discussions at Alliance Leadership Team have identified that implementing a third tranche would limit opportunities for investment in other areas of the Primary and Community Strategy such as Locality Networks and Community Health Hubs. The ALT have requested that SDHB and PHO work up in greater detail what the other options for investment are and what evaluation criteria will be used to determine if HCH should continue to be the priority area for new investment. Following this, a decision will be taken on scope and timing of a third tranche.

Tranche 1a (1 November 2018)	Tranche 1b (22 March 2019)	Tranche 2 (1 July 2019)
Amity (Dunedin) Gore Health Gore Medical Queenstown Medical Centre 32,000 patients	Aspiring (Wanaka) Broadway (Dunedin) Junction (Cromwell) Waihopai (Invercargill) Wanaka Medical 32,000 patients	Health Central (Alexandra) Clutha Health First Invercargill Medical Centre North End (Oamaru) Te Kaika Caversham (Dunedin) Mornington Health Centre 56,000 patients

Pharmacy

Pharmaceutical Management and Utilisation

School of Pharmacy Clinic

The clinic is now up and running and recently saw is first patients. Significant work has gone into to development of service protocols, marketing and patient information material and engagement with health professionals. Clinic information and how to refer patients to it has recently been sent to all GP practices Clinic/university staff are presenting to GP practices and groups including the HCSS Alliance Service Development Group. The service is to be included in Health pathways.

The clinic has seen an initial cohort of around twenty patients and the number of active referrals is increasing as systems are being bedding in and awareness increases. It was initially thought that patients recently discharged from the 7th floor may provide a good source of 'passive' referral into the clinic, however early indications are that only approximately 5% of those discharged meet the clinic access criteria (eg are physically able to attend, complexity of drug regime, appropriate age group and appropriate health condition). Active referrals via ERMS and the Allied Health App, however, are increasing steadily and are identifying suitable patients. New sources of patient referrals such as the VLCA practices and ED are imminent. Data is being gathered to capture health status and patient satisfaction.

SDHB community pharmaceutical outliers.

Analysis is now underway on community pharmacy dispensing data after significant issues with the previous data extract caused further delays. Overall, the data is now within 1% of TAS figures and we have a better understanding of the sources of variation. Dispensing frequency analysis remains the priority with more detailed data requested for the top twelve outlier pharmacies. Additional datasets have been requested from the Ministry to take into account patient LTC and PHO enrolment status on dispensing patterns.

Within the next two weeks, the Pharmacy Advisor will meet with the outlier pharmacies to discuss the findings from the data with them and to discuss change where appropriate.

Work has commenced to bring forward plans to hold data extracts in-house with appropriate arrangements being made to expedite this. It is recommended that data for

- WellSouth primary care dashboard and quality use of medicines initiative is provided to WellSouth directly by SDHB as soon as it has the data is delayed until the objectives of the data-sharing relationship between WellSouth and SDHB are agreed and SDHB has the capacity to provide the data to WellSouth directly rather than from the contractor Airmed.

Community Pharmacy Services Agreement

Long Term Conditions services in the ICPSA is now under review. It has been generally agreed by the Community Pharmacists Advisory Group that the current model is not achieving the best outcomes for patients and pharmacy integration into primary care. The aim is to connect the LTC service delivered by community pharmacists with the CLIC programme in General practice. Next steps;

A small group to form including Gore Pharmacists, GP practices, PHO and SDHB

Clinically led design of the community pharmacy LTC service

Infrastructure aspects to be determined. E.g. IT connectivity

Volumes and scope of service to be planned within SDHB funding envelope to DHB

Work plan to be developed.

Service change obligations within the ICPSA to be managed throughout this process.

Laboratory Service

SCL through COAG has developed a work plan that supports the new two DHB Laboratory contract. Initial activity includes;

Review of Venesection services across both DHBs

Review of collection centres across the two DHBS

KPI and Data collection and use

New test requesting

Management of the imminent retirement of the Anatomical Pathologist in Invercargill. This will trigger a series of meetings between SCL and Invercargill staff around what the new pathology service will look like supporting Invercargill Hospital

POCT trial into Wanaka and Fiordland. SCL about to appoint a POCT coordinator

Electronic ordering of lab tests. A coordinator to be appointed by SCL. This is currently rolling out into the community, and planned to speed up progress with the new resource.

Supporting the New Build FiT process for Pathology services. It is significant to note- at this stage health planners have allocated 450m2 to pathology in the current New Build Design. This is a reduction from their current space of 1500m2. This will result in SCL having to run a three site operation and will introduce some significant operational inefficiencies and increased costs for Pathology Services. SCLs preferred new service design is a single integrated site (3000m2) close to the Acute Services Building. The result would be operational efficiencies and the potential for the service to be delivered at a lower cost to the DHBs.

A letter from SCL to Chris Fleming, New Hospital Build Programme Team, Hon Pete Hodgson and the Ministry of Health is being drafted to describe the concerns of SCL around the allocation of space in the New Dunedin Hospital. It is expected that this will open dialogue to develop a solution for pathology services supporting the New Hospital. This letter is expected to be sent from SCL by 1 September 2019.

RURAL HEALTH

Waitaki District Health Services Ltd (WDHSL)

We have commenced negotiations with WDHSL for their next substantive contract for service. Their current contract was due to expire on 30 June 2019, we have put contractual arrangements in place which will allow for an extension of the current contract out to 30 September 2019.

To date, we have had three meetings with the Chief Executive and senior staff. The focus to date has been on understanding how the recent restructure at WDHSL will deliver a more robust organisation where we can have confidence that the services we fund will be delivered to the required specification and quality. We have also been reviewing the level of service outputs provided and discussing a draft operational budget that has been prepared by WDHSL for the 2019/20 financial year.

Key Points – Other Rural Highlights

Southern Rural Hospitals Alliance
The Rural Hospital's Alliance is presently working on two specific areas:

A) Inclusion of the southern rural hospitals within the proposed South Island wide contract for Patient Transport Services (PTS). Progress has been made in terms of agreement in principle to the inclusion of the Southern rural hospitals in the South Island wide agreement. We are working our way through the potential composition of resources required by the Order of St John to deliver the services required.

B) Renegotiating the sub contractual agreements for the provision of clinic services between the Specialist Services Directorate of the SDHB and each relevant rural hospital.

A further area of work has been proposed, namely, exploring options for shared services arrangements between the rural hospitals. Presently, each rural hospital makes its own arrangements for securing these services. This could include service arrangements for HR, accounting services, procurement. However, the potential for extending this into other areas will be explored.

Proposed High Level Operational Analysis of Lakes District Hospital

The refurbishment programme at Lakes District Hospital will be completed in the coming months, recent internal discussions within the Strategy, Primary and Community Directorate have indicated it would be timely to undertake a time limited high level operational analysis of activity and effectiveness of Lakes District Hospital. The nature of the work would be similar to the "critical friend" review undertaken by Karl Metzler (CEO Gore Health) at Waitaki District Health Services Ltd.

Purpose of analysis:

- To undertake a rapid analysis of Queenstown's demographic make-up, and the analysis of 2017-18 patient volumes, and data for all departments.
- Actual Operating Budget for Salaries and Wages, primary focus Medical, Nursing and MRT staff.
- To understand all Outpatient Services, Patient Flow and benchmark to COHSL
- To understand Primary Care, After-Hours and Aged Care service provision.
- To consider current leadership and management structures and reporting functions
- To provide a snapshot of the current organisational culture and perceived pressure points.
- To provide a report giving an objective assessment of the above and making high-level recommendations for next steps and future actions.

General principles applied to this work:

- CEO sign off in
- Lakes staff and DHB Management undertake to engage fully with the work, listen carefully to the feedback and be prepared to act on it.
- SDHB will provide all information requested and this information will be shared with staff involved, i.e. 'no secrets'.
- SDHB will provide all information requested by the reviewers and will understand that the reviewers will share whatever information they feel is relevant with both parties i.e. 'no secrets'.

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 July period are:

- The building programme is still slightly ahead of schedule. The staff at Lakes District hospital continue to provide the usual range of services whilst the building continues around them. This is a very challenging environment for our staff particularly as volumes of attendances to the Emergency Department continue to rise compared to the same winter period for last year.

- CT installed and commissioned. Service has commenced albeit in a limited way whilst staff become familiar with the machine and increase their CT examination skills. 156 CT examinations had been performed since commissioning.

- Work is continuing on commissioning activity for the CT with respect to securing clinical reads of scans and operational policies for referral and management. Presently our DHB radiology service is providing the necessary support for referral and clinical reads, but we do require a long term sustainable solution to this situation.

Primary Maternity Project

The clinical case reviews are also underway, with delays incurred due the difficulty to connect with two of the four mothers involved.

There has also been a significant amount of additional activity in the last month, with Hamish Walker tabling an additional motion to the Health Select Committee requesting an independent review of our decision to downgrade Lumsden, the reason cited being that we had used incorrect information to inform the decision. This motion was declined by all HSC members except the National Party members.
More recently the HSC has released its report into the Lumsden facility petition, which does require the DHB to overturn its decision, but does require significant additional work to be undertaken to provide assurance to the committee that our implementation issues have been resolved, and that clinical risk is minimised.

Two Gore meetings have now taken place to try and work through the midwifery issues in Northern Southland, with significant sub group activity being undertaken in between meetings by a sub group led by Glenda Maxwell of Gore Health. The third of these meetings was scheduled for the 13th of August but this has been deferred for a week given unavailability of some attendees.

Finally, there has been ongoing issues with the staffing of both Lakes Maternity Unit and Charlotte Jean, which has led to gaps in service. Both units remain open but for a woman to birth at either, she is required to bring both her LMC and a second LMC. Discussions are ongoing on a number of fronts to resolve this.

COMMUNITY SERVICES

Health of Older People

6ATR/Older Person's Health

The focus for July has been the trial of the Older Person Assessment Liaison (OPAL) unit. The purpose of this unit is to provide an acute geriatric service that minimises or eliminates the visit to ED, and admission to other wards, before they are admitted to 6ATR. The OPAL unit admits patients directly from ED and the community, and have four dedicated beds used for stays of up to 48 hours.

Following the second trial the team decided to continue the OPAL unit. The trial proved the concept and was an opportunity to try various processes and learn, but was too short to quantify the benefits. A review is scheduled in early October to look at the data.

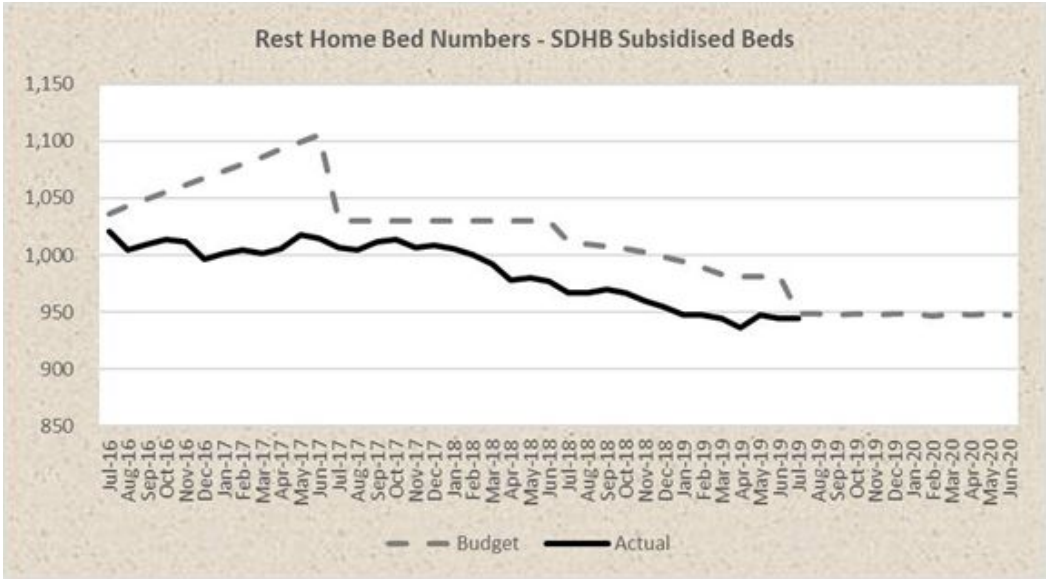
Patients, ATR staff, and ED are pleased with OPAL so far. A presentation was given to ELT on 1 August, which was well received and plans are underway for a presentation to other teams at the next VPT Hui, which is currently being scheduled.

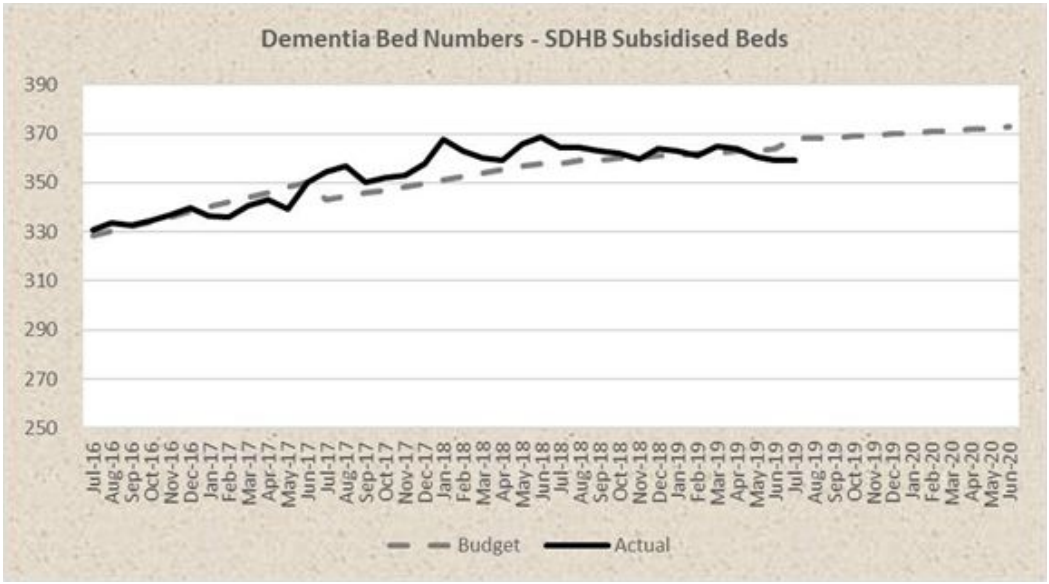
Allied Health

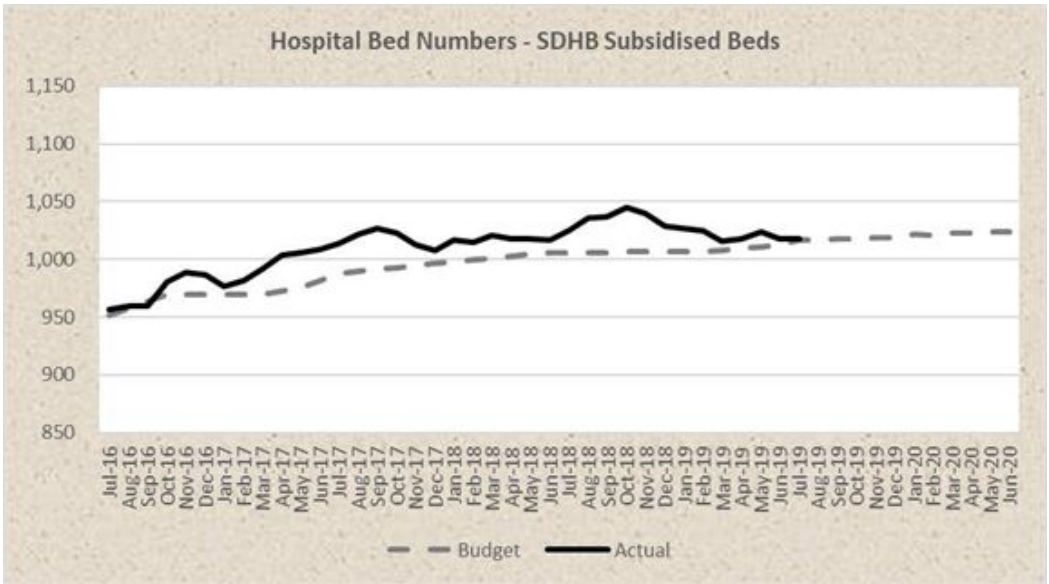
There has also been a meeting with Information Systems (IS), and operational and professional leaders on developing options to commence AH data capture. IS are currently working through the feasibility of the options, while being cognisant of the current constraints/limitations of existing systems, and a clear view on future IT systems.

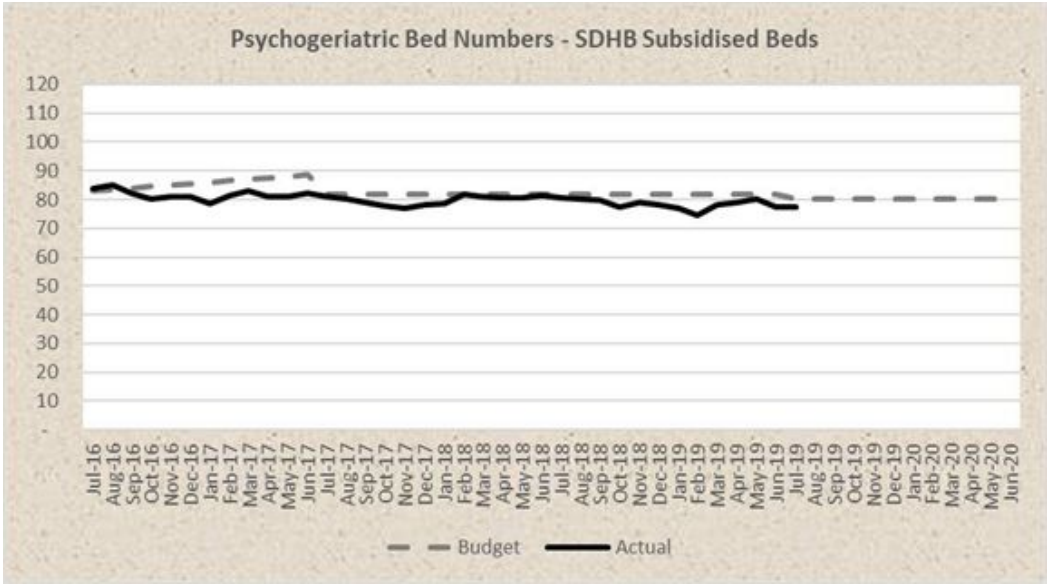
Aged Residential Care

All bed categories are within the expected level for the month of July.


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 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20
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 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20
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 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20
Budget
Actual



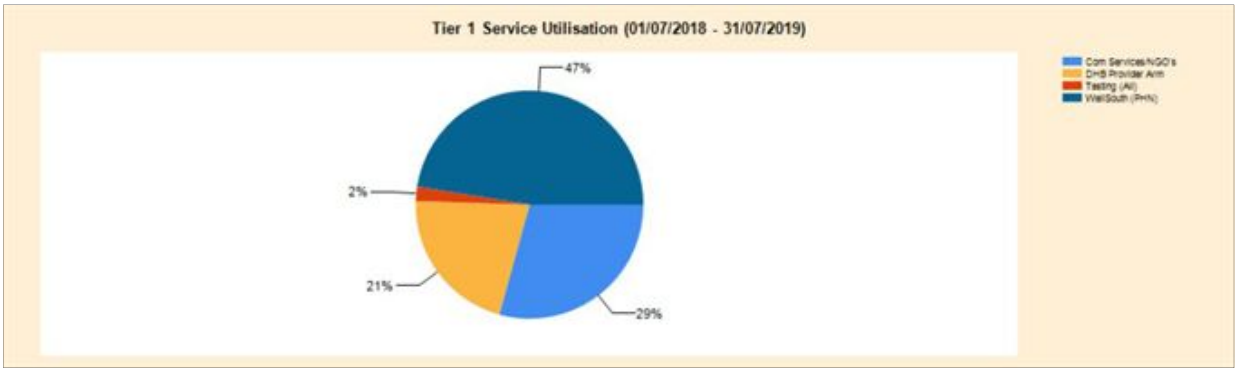
Refugee Health

Former refugee engagement with health services was extraordinarily high in July. Using the interpreter database as a proxy, July 2019 was by far the busiest month on record. There was a 63% increase in total appointments across resettlement cities, Dunedin and Invercargill, for July 2018 vs July 2017:

Healthcare Appointments for Former Refugees - July

July	2016	2017	2018	2019
Dunedin	132	418	467	738
Invercargill – resettlement commenced in 2018	0	0	87	141
TOTAL Appointments	132	418	554	879

Despite increases in care, there are no significant variations in service utilisations, favourable engagement with PHO, while secondary and tertiary ("DHB Provider Arm") are reasonably low for this population:



Mental Health services for Refugees

There is a significant disparity between Colombian (Invercargill) and Middle-Eastern (Dunedin) engagement with mental health services. Currently, a Colombian former refugee in Invercargill is five times more likely to access mental health services than a Middle Eastern former refugee in Dunedin. This could just reflect fewer mental health issues for former refugees resettling in Dunedin. However, anecdotal information provided by Red Cross, VIP, Police and the Dunedin Multi-Ethnic Council suggests

otherwise. Rather, there is the view that mental health for the Middle Eastern culture is taboo, stigmatising, and traditional Western modalities are also not being received favourably.

The Programme Lead has begun meeting with the Dunedin Multi-Ethnic Council, while also meeting with WellSouth to encourage exploring alternative approaches to address the situation in Dunedin.

Language Assistance Services (Interpreter Programme)

As noted above, July 2019 was by far the busiest month for refugee healthcare to date. MoH, via SPC, currently funds Patient Affairs (Quality and Clinical Governance Solutions) 2.5 FTE to deliver interpreter services. The Programme Lead of Refugee Health supports this service with its over-all development. In many ways, the interpreter service is the linchpin for SDHB's rights-based refugee health strategy. Without effective interpreter services, SDHB and the PHO will either require unique pathways for former refugees (equity issues) or the need for procurement of interpreter services that are costlier, more time consuming and perhaps less effective (telephone) will arise.

Ministry of Business, Innovation and Employment (MBIE) are in the process of finalising a whole of government procurement project of language assistance services. SDHB will have the option of utilising this service, which is for telephone interpreting, with some possibility of video interpreting. There will be no face-to-face (F2F) interpreting within this new service. SDHB currently provides almost entirely F2F interpreting, as this is frankly the expectation of clinicians. The MBIE service will be 24/7 and its anticipated roll-out is in September 2019. The Programme Lead will be exploring this option, when it becomes available, with possibilities of augmenting SDHB's current interpreter service.

In summary, the interpreter service is a crucial component of healthcare for former refugees and many migrants living within the SDHB catchment. Demands on this service continue to rise and there is no anticipated abatement to this trend. A BAU approach will not meet future demands on the service, especially in Invercargill. Therefore, changes to the service via its contractor model, possible procurement and technology are strongly suggested.

Public Health

Public Health – A new way of working – Update

Work is now underway looking at the functions model and how this relates to a service structure to support working in that way. A proposal for change document is being prepared to be tabled to ELT in September. While this is occurring we have started to review our existing work to see where it aligns to the priorities of the service and the draft 19/20 Public Health Annual Plan. A session was held with the service leadership team on planning and how to develop meaningful indicators that support our work. Over the next two months we are asking team leaders to work with teams to identify outcomes and output indicators for the current projects being undertaken, where the projects/business as usual fits in the annual plan and what projects currently don't fit into the annual plan. The aim is for this to be completed by the end of quarter one so that we will be able to review the indicators and our progress against them.

Allied Health, Scientific and Technical Scholarship Fund Win

The Public Health Service won $5000 from the recent Allied Health, Scientific and Technical scholarship funding round in order to hold Common Cause workshops with staff. This tailored training introduces people to the fundamentals of the science of story, including a large focus on using values to help open pathways for constructive understanding of the evidence in our area of work. The presenters work with an organisation to identify key priority areas and areas of 'stickiness' with people in terms of motivating action along the lines of the evidence. Content then relates specifically to identified areas of concern, for example, social determinants of health, or child poverty. Currently we are exploring a new way of working to transition to an overarching Health in All Policies approach to achieving improved population health. Many organisations outside the health sector, including local government, influence health and wellbeing. The Common Cause workshop will empower participants to frame evidence-based key messages to motivate action among these organisations for considering wellbeing in decision making. This workforce

development was identified to assist staff in enhancing communication skills in transitioning to our new way of working.

Communicable Disease

This month has been generally steady in terms of notifiable disease rates when compared to last year, similar to historical levels. There were a number of sporadic cases of disease that Health Protection Officers and Communicable Disease Nurses investigated including single cases of overseas acquired illness including Cholera, Typhoid Fever and Dengue Fever. There was also a notification of Listeriosis (a foodborne bacterial illness) that presented in a case with meningitis. Fortunately all of these cases recovered from their illnesses and no further secondary spread of disease occurred, due in part to prompt PHS follow up and health education. Influenza-like illness activity in the Southern district this month (as across New Zealand) continues to be within the low seasonal activity range.

A confirmed case of meningococcal disease was investigated. In total ten close contacts were identified and provided with antibiotic prophylaxis treatment. Two suspected measles cases were notified to PHS in July. The first was notified on 13 July in a University of Otago student who lives in a residential hall – this result came back as negative. The second measles case was notified on 17 July in an adult male on holiday in Queenstown after travelling down from Auckland – this result is still pending, but appears very likely to be measles based on clinical symptoms and the fact he travelled from Auckland where a large measles outbreak has been occurring for months. Preparation for contact tracing for this suspected case is underway and is likely to take a significant effort by PHS staff to ensure the disease is controlled, as the case travelled significantly during his infectious period.

Public Health South staff continue to make improvements to our disease management processes and communications with stakeholders/cases including improved processes for influenza-like-illness outbreak notifications, Shigellosis investigations and developing PHS protocols for key vaccine preventable diseases (e.g. for measles, mumps, pertussis and tuberculosis). There has also been a weekly communicable disease briefing meeting initiated at the start of each week to facilitate better communication between the on-call staff, Communicable Disease Nurses, Public Health Physicians and Team Leader to ensure smooth handover of any issues from week to week.

Border Health

The Border Health team met with the Ministry of Health Senior Advisor for Border Health Protection at the beginning of the month to discuss our progress with working with our designated Port of Entry partners under the International Health Regulations (2005) (IHR). Each year, Public Health South is required to provide an annual report called the 'Border Health Return for IHR' to the Ministry to ensure that core capacities (which are criteria that the Port is required to maintain up to standard) are functional and in place (e.g. quarantine facilities/access to medical services for ill passengers). Feedback was generally very favourable and the Ministry stated they could see that Health Protection Officers were working with Port agencies to ensure response planning is in place and increased engagement with the port agencies was occurring. These actions help ensure that we would be able to respond effectively and coordinate a health-led response to incidents such as an exotic mosquito incursion or the arrival of an ill passenger.

Additionally this month work is being undertaken by a Health Protection Officer to organise a desk-top exercise at South Port in Bluff to practice the health-led response to the arrival of a passenger with a non-seasonal influenza infection. These exercises are a requirement of the IHR core capacity assessment for the ports to maintain their designation as a Port of Entry. The intended outcome of the exercise is to test the functionality of the Public Health emergency contingency plan and to identify areas that can be improved (e.g. communication pathways). A planning meeting for the exercise is being held on 23 July with stakeholders, and the official exercise is planned to run in September. Public Health South is utilising the expertise of a border health consultant specialist working for the Ministry of Health to assist with the facilitation of this exercise.

Drinking Water

The Drinking Water Assessors (DWAs) have been busy preparing for the Ministry of Health Annual Survey for 2018/19 which involves collecting and validating data from drinking water suppliers across the district to provide information for the Ministry of Health Annual Report on Drinking Water Quality. This process

results in DWAs writing compliance reports for each drinking water supplier and will provide us with the information we use to undertake regulatory non-compliance work under the Health Act 1956.

This month the DWAs have started assessing the adequacy of Water Safety Plans (five yearly plans which document public health risk-based assessment and management processes for a water supply) under the new framework (New Zealand Drinking-water Safety Plan Framework – released Dec 2018). The requirements of the new framework have been strengthened following recommendations from the Government Inquiry into Havelock North Drinking Water, however the guidance around how suppliers are to apply the framework was only provided in May 2019, so both DWAs and suppliers are finding it challenging to adapt to the new methodology. In order to help DWAs to better understand how to assess a water safety plan under the new framework, Public Health South has organised through the Ministry of Health to have a training day in Dunedin on 8 August with experts from 'Wai Comply' (a drinking-water sector compliance advisory company).

Additionally on 24 July, Public Health South hosted the fourth Joint Working Group for Drinking-Water meeting, which is a district wide meeting that brings together members from the eight Territorial Authorities to share knowledge and work through issues facing the district related to drinking water. The meeting provided a useful forum to share information about what is going on in each area and progress toward actions in the work programme. Actions from the meeting included developing some initial joint communications, inviting representation from Aukaha and Te Ao Marama to the group, developing a communications plan and sharing of surveys for private and rural supplies.

Game On!

Game On! is a programme designed to help support our rugby clubs to stay healthy, reduce alcohol-related harm and continue to attract young people into sport by focusing on performance. Six workshops were delivered this season; four in Dunedin on injury prevention, recovery and concussion and the detrimental effect of alcohol, and two in Waitaki on club legislative requirements, including the development of an alcohol policy. Clubs are accredited based on the number of alcohol harm reduction strategies they implement. There are four levels that can be achieved and this is only rewarded on receipt of an alcohol policy. Level one requires clubs to be complying with their alcohol licence conditions and each level up requires the club to implement further harm reduction strategies. This season has seen one club develop an alcohol policy, bringing our total to 9 out of 11 Dunedin clubs having developed a policy. This club has now been rewarded with level one accreditation. Two policies have been developed in Central Otago. Furthermore, we have had our second Dunedin club achieve level three and another has moved up to level two. Another Dunedin club that is yet to be reassessed for its accreditation level has no alcohol related sponsorship at their club. This is a positive step from the club and shows that clubs don't need to be reliant on alcohol sponsorship. A three month social media campaign was developed using both Facebook and Instagram. Video content was shared from local club captains about their tips on how to perform at their best.

Physical Activity

In response to Ministry of Health interest in increasing physical activity in children our team is developing a 'Walking time zone mapping project' for schools to be piloted in Dunedin. This is to support active transport and encourage those within 15 minutes of school to walk to and from school. Staff have met with Dunedin City Council to work together and identify 2-3 low decile pilot schools to engage in this project.

Support for Cromwell Families

Cromwell has a large number of young families and alongside our partners Plunket, WellSouth and the Breastfeeding peer support programme we have developed a new interagency group called 'Support for Cromwell Families'. The aim of the group is to identify the needs of the Cromwell community identified by the young parents and the group is conducting a survey to achieve this.

Advocacy Course for Licensing Hearings

Three staff attended an advocacy course for preparing and presenting at hearings before the District Licensing Committee or Alcohol Regulatory and Licensing Authority. This was organised by the New

Zealand Police, one of our partner agencies in the Sale and Supply of Alcohol work, and taking a health in all policies approach, regulatory staff from local councils were also invited to participate. Staff found the workshop was excellent and it clearly outlined the complexities of compiling an opposition and delivering it succinctly before a committee or Judge. The learnings will be useful in discussions with our partners at local network meetings.

Review of Submissions Committee and Processes

A review of the submissions committee has been completed. The review supported the retention of the committee and provided a number of recommendations for improvement. This includes reviewing committee membership, a process for evaluating the effectiveness of submissions, as well as more effective screening of opportunities to ensure alignment with SDHB and public health priorities. One recommendation relates to reviewing the utility of the current SDHB risk assessment matrix to look at a better way to determine risk especially in terms of organisational risk. PHS is currently in the process of evaluating the recommendations to consider how best to progress them.

Submissions

The submissions lodged in July included:

- Two submissions were lodged on legislation that was before Government. Our views on the Climate Change (Zero Carbon) Amendment Bill was that it was generally supported but it could be strengthened and in particular the accountability mechanisms within it. The other submission was lodged with regard to enabling legislation for Kāianga Ora or the new government entity charged with housing. We took the opportunity to articulate the high level housing issues in New Zealand that the Bill must be able to address.
- We lodged a formal submission with the Dunedin City Council supporting the pedestrianisation of the front of the Railway Station. This is the culmination of several less formal consultative processes that we have been part of over the course of this calendar year.
- A request that an application to take water from Luggate Creek at a rate that was in excess of its dry weather flow should be treated as non-notified was not supported given there would be risks to downstream water supplies that are being used for human consumption. This will mean that the application will have to be notified and that we will be obliged to lodge a submission.
- We submitted on Silver Fern Farm's Mossburn deer processing unit. Our concerns related to the application of effluent containing a high concentration of nitrogen to land at a rate that was outside that permitted in Southland.
- We submitted on a dairy farm treatment pond that had not been properly consented. Our concern related to the potential for the pond to leak and contaminate an aquifer in a part of Southland that already has high nitrate levels.
- A submission was lodged to the Invercargill City Council on their TAB and Class 4 gaming machine policy. While we commended Council on its current policy that has seen a reduction in Class 4 Gaming machines in Invercargill, we suggested ways it could still be strengthened including the adoption of a sinking lid policy.
- We submitted on the Queenstown-Lakes District Council's Frankton Master Plan. While we were able to support a number of components of the plan that would improve and protect public health, QLDC were very keen to find out what plans Southern DHB had with regard to Lakes District Hospital. Our submission sought input from the Service Manager Rural Health who made it clear that in the short to medium term it is business as usual for the hospital given that we are currently investing in upgrading the Emergency Department.
- High-level Public Health advice was provided to the Trust who were charged with developing a subdivision on the Kew Bowl site in South Invercargill. Our advice included building performance standards and healthy streets.

Safe in the South

Public Health South co-facilitated the Safe in the South review hui at Murihiku Marae on 9 July. Police, ACC, Council, Health, Fire and representatives from social services were in attendance as were representatives from Cromwell who were considering a Safer Communities approach in their area. The hui identified four core topics to move forward. These included a safe central business district, safe travel, safe at home (emergency preparedness) and stronger connections. These will be taken forward to the governance planning group for the 2019/2020 work plan.

Plan Change 13 Update

Our input into the Hearings on Plan Change 13 that were being held in Cromwell concluded with our planning evidence and the overall (contextual) submission from Public Health South on 2 July. At issue was the applicant's intention to establish a residential subdivision adjacent to the Highlands Motor Sport Park and the Cromwell Speedway on one side and the Freeway Orchard on the other side. Evidence that followed came from Central Otago District Council who argued strongly that their spatial plan for Cromwell should be heavily weighted in the Commissioner's decision-making process. Further lay evidence was provided by Cromwell and neighbouring residents as well. At the conclusion of the hearing the applicant was to provide their overall summary to the Commissioners electronically and it was expected that a decision would be unlikely before October-November.

Population Health Service

Service Highlights

- The majority of this month has been taken up with finalising operations for year-end, quarterly reporting and orientating new staff.
- The new drop in clinic at Dunedin Sexual Health clinic has been working very well for turning over a larger number of uncomplicated situations quickly. This will be continued long term and consideration given to other days as staffing allows.
- Medtech Evolution (Electronic Patient Management System) IT project is coming to an end, with the final connected services being activated. At this point the service is writing a project plan for the transition from paper based to electronic records across all areas of the Population Health Service.
- Oranga Tamariki have confirmed support of a new model of care agreeing to place children for an 8 week stabilisation and assessment period (as opposed to the 4-6 weeks). With treatment plans to be put in place for children whom it is clinically deemed a longer placement would be beneficial. A co-design workshop is scheduled for the 8th August 2019. This workshop is an opportunity for Iwi, Health, Education, Tamariki (Voyce Whakarongo Mai) and Oranga Tamariki senior leadership locally to scope our future around what our region's tamariki can expect when being placed in the residential or group home service in the lower south region. Although this is a small cohort (approx. 20 tamariki per year), these tamariki have the highest and most complex needs in Aotearoa. The "All about me" Plan, changes to the Oranga Tamariki Act, specifically the 7AA principles and changes to how we share information provide an opportunity for us to co-design how this could look moving forward.
- IT upgrade - in preparation for the roll out of Medtech computers have needed to be upgraded, and connectivity in many of our sites improved as well as the ability to access the PMS system from wherever the nurse is working. New laptops and set up have been trialled in Te Anau, Winton, Lumsden, Gore and Maniototo with positive feedback. The upgrades are planned for Dunstan and Queenstown in early August.
- The operational issues that were causing rework and frustrations for the management team appear to have been addressed.

Oral Health

In Otago we are working with Red Cross to get the Former Refugees enrolled in our service. We have given the Red Cross our enrolment forms and they are getting these filled in when visiting the families. This is working well and we have a number of dental appointments booked for the children.

Our Health Promotion Administration Officer has been updating our information for the new SDHB website. This is now complete and he has access to change edit changes.

We have been busy enrolling new babies born in Southern. This is part of the 'Baby is entitled to free new born services' and we enrol these children at 3 months of age. A letter of congratulations is sent along with information about the free services they are entitled to, a magnet and dental information. Our letter advises that they can expect to receive an appointment within 6 – 12 months.

Mobiles

All the mobiles have completed their six monthly maintenance checks and are back on the road. Currently in Otago we have mobiles in Abbotsford, Wakari and Kaitangata and in Southland Donovan, Te Anau and Southland Hospital. They are still being well received in our rural communities with minimal Do Not Attends (DNA).

Although we have vacancies in Otago our commitment is to visit all our mobile sites this year.

Dental Unit

Maxillo-facial clinics were held 16th, 17th, 18th, July 2019. Surgery was not required this month as there were not enough patients so a full day clinics were run at the Dental Unit doing minor surgeries.

Surgery has to be undertaken for rest of the year at the Southern Cross Private Hospital which has the potential to present problems if patient requires inpatient care. It has also presented transport difficulties for the service due to their need for specialised equipment and instruments.

Children's Health

Well Child Tamariki Ora (WCTO)

WCTO contracts have been renewed for 12 months following advice from the MoH re revenue funding. The CFA is yet to be received.

A WCTO Steering Group meeting was held on the 5 July with sessions on two key issues – how to increase support for breast feeding mothers and how to increase referrals of pregnant women to stop smoking services and the stop smoking incentive scheme. At the meeting the South Island Alliance SUDI Co-ordinator also updated on interviews of young mothers at the Murihiku Teen Parent Centre. There were a number of suggestions for consideration from these young mothers. The WCTO group made one recommendation – "that Southern DHB undertake an "opt off pilot project based on the Counties Manukau pilot to increase the number of referrals of pregnant women who smoke to the Southern Stop Smoking Incentive Scheme". Suggestions will now be considered and the recommendation discussed and actioned.

SUDI

The 2019/20 SUDI plan is in the final stages of being updated.

Safe sleep devices - Pepi pods and wahakura

There has been an increase in the numbers of pepi pods being distributed due to a couple of changes recently introduced. Despite this we are still not distributing the number of safe sleep devices required by the MoH contract. An order has been placed for the purchase of 120 wahakura from a Hawkes Bay weaver as a way of ensuring these are provided expediently to whanau most in need. Criteria for distribution needs to be agreed at the next Wānanga Wahakura Advisory Group meeting, along with a protocol about what should happen if a Nga Tahu whanau need a wahakura.

We are waiting for advice from the community about holding a consultation process with local weavers regarding the feasibility of holding wānanga wahakura for pregnant women and whanau and the local provision and distribution of wahakura within Southern. We require advice on the local weaver's capacity to produce wahakura; their thoughts about holding wānanga with whanau; and about the most appropriate process for distributing wahakura.

Safe sleep messaging is also being developed using the PEPE messaging endorsed by the MoH. We also need to include care for both pepi pods and wahakura, provenance of the wahakura and a karakia to bless baby and the wahakura.

Southern DHB has also been asked to provide feedback on a new South Island wide safe sleep policy.

Breast feeding

We continue to focus on how best to support the continuation of breast feeding. Discussion at the WCTO Steering Group meeting supported a focus on:

- How we can better support partners and whanau to help breast feeding mothers via our pregnancy and parenting sessions;
- Continuing to support the South Island Alliance WCTO regional project to increase access to breast pumps for mothers returning to work;
- Following up on what information women get about baby's changing needs i.e. feeding, sleeping, behaviour to help parents understand and respond appropriately;
- Promoting joint visits with LMCs and WCTO providers so that those most needing support transition from maternity care into WCTO nurses care without being lost to the system;
- Working with WellSouth to support the Breast Feeding Peer Support programme – increase the number of co-ordinators across the district and get more Maori and Pacific women trained as peer supporters;
- Considering how WCTO providers can support maintenance of breast feeding given that these nurses see women from six weeks, which is often the time breast feeding drops off;
- Working with Plunket about what information women are given about breast feeding at pregnancy and parenting sessions;
- Working with Plunket to get breast feeding peer supporters to link up with women at the pregnancy and parenting sessions so women have a connection before baby is born;
- Considering and establish how we have a joined up sector of those working on breast feeding to get more supportive communities;
- Promoting the one on one pregnancy and parenting sessions for women who may otherwise miss out on support;

Stop Smoking in Pregnancy

Following a Tobacco Steering Group meeting stop smoking in pregnancy has come under SUDI work. The focus of this work is how to increase pregnant women's attempts to stop smoking by working with the Southern Stop Smoking service and increasing uptake of the incentive scheme. Discussion at the WCTO Steering Group meeting supported a focus on:

- Considering how we can increase utilisation of the community oral health team who already promote stop smoking to whanau;
- Discussing how we can raise awareness of stop smoking services via Plunket's pregnancy and parenting classes;
- Increase the incentive scheme for a longer post-natal period to ensure women don't just stop smoking while pregnant;
- Introduce the opt off stop smoking approach piloted in Counties Manukau – possibly in Balclutha, Oamaru and the Dunedin community clinic.

Appendices:

8.1 Action – Report on Public Health Submission Outcomes
8.2 Action – "Home as My First Choice" Programme – ED Presentations

SOUTHERN DISTRICT HEALTH BOARD

8.1

Title:	**Public Health Submissions**		
Report to:	CPHAC/DSAC Meeting		
Date of Meeting:	29 August 2019		
Summary: Response to Action: Follow-up reports to be provided on the decisions made following the making of submissions.			
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: Lynette Finnie Service Manager Public Health South **Date: 9 August 2019**		**Presented by:** Lisa Gestro Executive Director, Strategy, Primary and Community	
RECOMMENDATIONS: **That DSAC/CPHAC note the Public Health Service submissions outcomes report.**			

Report on Public Health Service Submission Outcomes

Public Health South has been active in lodging submissions as part of its core public health advocacy activity for a large number of years. The current process for managing opportunities for Public Health advocacy through submissions is outlined in the current Southern DHB Submissions Policy[1].

From 2014 Public Health has maintained a submissions register to provide an internal tracking system of the submissions lodged and the outcomes where known. Details on submissions that are lodged are reported monthly as part of Public Health South's internal reporting.

Given the resource that goes into lodging submissions, it is important to understand the outcomes from this work. For the purposes of this report we have confined our analysis to submissions that were lodged between 1 July and 31 December 2018. At this point in time a high proportion of the submissions lodged in the 2019 did not yet have results.

During the period July to December 2018 sixteen submissions were lodged. These are listed in the table in Appendix 1. Outcomes are known in 75% of our submissions, with 56% supporting the content of our submissions and 19% partially supported.

Under the Health in All Policies framework, we are increasingly involved in development of policies and proposals prior to public consultation. Under this scenario our submissions are usually supportive and reflected in the final outcomes.

Outcomes are not known for 25% of our submissions. One key reason is that for some submissions (often in national fora) the outcome may never be known or it may be part of a multi-faceted consultation process which may take a long time to reach the end point.

A locum Public Health Physician, Dr Greg Simmons, has recently undertaken a review of the submissions work completed by the service. The final report includes recommendations to systematically evaluate the outcomes of its submission process and that there was a need to improve this. We are currently exploring how to address this and other recommendations in his report.

We will complete a similar report on submissions outcomes for the January – June 2019 period at the end of 2019.

[1] 2019 Southern DHB MIDAS 66839 Submissions Policy (District)

Appendix 1 – Results of submissions July to December 2018

Submission	Decision Maker	Date	Reason	Outcome Summary	Result
Infant Nutrition Council proposal to restrict the marketing of infant formula products	The Infant Council of New Zealand	25 July 2018	A submission on this is particularly important given our role in promoting breastfeeding and on the first 1000 days.	Unknown	No result yet. There may be a number of consultation rounds before the code is produced.
Nelson Petroleum Distributors - establish a service station and land use consent - McNulty Rd, Cromwell	Central Otago District Council	9 Aug 2018	Permission to establish a self-service service station adjacent to a residential area – we raised concerns about fuel vapour risks to the health of nearby residents.	Supported	Application was put on hold. Planner's report supports our recommendations. Hearing has been scheduled for 28 August.
Draft National Planning Standards	Ministry for the Environment	17 Aug 2018	Standardisation of terminology of district plans making them easier to interpret. We also provided a recommendation on a definition of a hospital.	Supported	Most of the recommendations of the draft document that we supported were subsequently adopted.
Proposed changes to air noise boundaries for Queenstown airport	Queenstown Airport Corporation	20 Aug 2019	Proposed expansion of air noise boundaries for Queenstown airport. Impacts on a number of residents and the working environment at Lakes District Hospital.	Supported	The decision to expand Frankton Airport was abandoned in favour of a dual airport option. This decision was consistent with what we advocated.

Submission	Decision Maker	Date	Reason	Outcome Summary	Result
Alcohol Bylaw Proposed Changes	Queenstown-Lakes District Council	26 Aug 2018	Our submission on the alcohol bylaw was supported by evidence including Emergency Department and St Johns data. Dr Marion Poore also attended the hearing.	Supported	The outcome included a reduction in the number of hours in a day alcohol licences can be applied for.
Gore District Council (Otama rural water supply) Bill.	NZ Parliament	3 Sept 2018	We supported a requirement that the Medical Officer of Health be part of the process and advocated the addition of provisions for maintaining the quality of the water to the satisfaction of the Medical Officer of Health.	Supported	This was supported by Parliament.
Labelling of Sugars on Packaged Foods and Drinks	Food Regulations Standing Committee of the Food Standards Australia and New Zealand (FSANZ)	5 Sept 2018	Our submission advocated for transparency of labelling of sugars on packaged food and drinks.	Unknown	FSANZ have not reported the outcome of their consultative processes.
Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22	Ministry of Health	21 Sept 2018	Advocated for a focus on on-line gambling, treatment services for gambling addiction to be culturally appropriate, moving Class 4 machines out of low socio economic areas and a	Partially Supported	Our submission was supported with the exception of moving Class 4 machines out of low socio economic areas.

Submission	Decision Maker	Date	Reason	Outcome Summary	Result
			sinking lid policy for Class 4 Gaming machines.		
Residential Tenancies Act Reform	Ministry of Housing and Urban Development	21 Oct 2018	We supported changes to the Residential Tenancies Act to improve tenant rights.	Unknown	Recent communication with the Ministry of Housing and Urban Development has indicated the outcome of this consultation is pending.
Healthy Homes Standards	Ministry of Housing and Urban Development	22 Oct 2018	We supported effective insulation and heating standards for rental accommodation.	Supported	This came into effect in July 2019. The heating standard was not as good as what we had advocated for.
Peninsula Bay Reserve Public Feedback	Queenstown-Lakes District Council	31 Oct 2018	We provided feedback on the accessibility, facilities (e.g. toilets, drinking fountains) and provisions that promote active transport.	Supported	Most of our recommendations were incorporated into the final reserve management plan.
Dangerous and Insanitary Buildings Policies	Invercargill City Council	16 Nov 2018	Our submission advocated that consideration needs to be given to the welfare of any persons who may be living in dangerous and insanitary buildings.	Unknown	Notification not received about the outcome of this consultation.
Speed Limits Bylaw Review - Amendment 9	Dunedin City Council (DCC)	20 Nov 2018	At a hearing we supported DCC's proposal but advocated lower speeds (30 km/h) in school zones to reduce injury.	Partially supported	Council stated that they did not have a mandate from NZTA to reduce speed limits below 40km/h.

Submission	Decision Maker	Date	Reason	Outcome Summary	Result
Review of the smokefree areas policy.	Invercargill City Council	7 Dec 2018	Our submission was the culmination of several years of concerted work with the Council, retailers, Healthy Families Invercargill and Non-Government Organisations.	Supported	Invercargill City Council now has a smokefree central business district.
Review of the smokefree areas policy.	Dunedin City Council	7 Dec 2018	We pointed out risks of approving a subdivision on Watts Road that was on the dark side of the valley, needed on-site sewage and had poor road access.	Supported	The consent was not granted for this application.
Health (Drinking water) Amendment Bill	NZ Parliament	21 Dec 2018	The Ministry of Health's proposed amendments to the Health (Drinking water) Amendment Bill was largely supported.	Partially Supported	Some of the components we recommended were not supported (e.g. retention of a quality system).

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Analysis of Southern District Frequent ED Attenders 1 January 2018 – 30 June 2018**
Report to:	DSAC/CPHAC
Date of Meeting:	29 August 2019

Summary:

This paper was previously submitted to the Commissioner team at their meeting in September 2018. At the time, the commissioners received the paper but enquired as to next steps in respect of what was being done to support the frequent attenders, and the high risk families.

In the last few months we have worked with other teams to understand what forms of support are available for these teams, and more detail of this will be provided at the meeting.

Ethnicity data has been added to existing ED presentation report from September 2018.

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

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

Document previously submitted to:	DSAC/CPHAC	**Date:** 09/18
Approved by Chief Executive Officer:	N/A	**Date:**

Prepared by: Strategy, Primary & Community Team **Date:** 19/08/2019	**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATION:

That DSAC/CPHAC note the content of this paper.

Analysis of Southern District Frequent ED Attenders 1 January 2018 – 30 June 2018

1. Summary of data

Number of ED visits

- Over the six month time period from 1 January 2018 to 30 June 2018, 59 people in the Southern district made 10 and over visits to ED, with a total number of 872 visits by 35 frequent attenders in Dunedin and 24 frequent attenders in Invercargill.
- Of these 59 frequent attenders, 16 (27.1%) identified as NZ Māori, two identified as Other European, one identified as Samoan and one identified as Asian. The remainder (n=39) identified as NZ European/Pakeha. Māori frequent attenders accounted for 215 visits (24.7%), Other Europeans accounted for 20 visits (2.3%), Samoan attenders accounted for 16 visits (1.8%) and Asians accounted for 12 visits (1.4%). NZ Europeans accounted for 69.8% of the visits to the EDs in Dunedin and Invercargill.
- Eight General Practices in Dunedin and five practices in Invercargill accounted for the majority of ED attendances by frequent attenders in these locations. Two practices in Dunedin and Invercargill accounted for 28.6 percent and 37.5 percent of the frequent attenders in these locations, respectively.

Non-ED admissions[1]

- The majority of ED frequent attenders had multiple non-ED admissions to Dunedin Hospital and Southland Hospital, with several admissions to Oamaru Hospital. Dunedin ED frequent attenders were admitted (non ED) most commonly to Dunedin hospital mental health services, followed by surgical services and medical services. In contrast, the majority of those admitted (non ED) in Invercargill were admitted to surgical services and medical services. The number of non ED admissions in Dunedin was twice the number of admissions in Invercargill.

Outpatient appointments

- A total of 386 outpatient appointments were made for frequent ED attenders in Dunedin and Invercargill, with more outpatient appointments made for those in Dunedin (n=268, 69.4%) compared to Invercargill (n=118, 30.6%). This total includes DNAs and Not Yet Attended. There were 42 DNAs in Dunedin compared to five in Invercargill.
- Many people attended multiple clinics with numerous attendances at some clinics. In Dunedin, there were 179 outpatient attendances, with the greatest number for mental health services (16 people, 99 attendances), followed by nurse led clinics (six people, 21 attendances) and Fracture Clinic/Orthopaedics (six people, ten attendances). Of the 80 outpatient appointment attendances in Invercargill, the greatest number related to surgery (seven people, 11 attendances), diagnostic services (5 people, seven attendances) and mental health (4 people, eleven attendances).

Community services

- Frequent ED attenders used numerous community services, with the great majority of attendances for mental health services (n=1353) and significantly higher use of services in Dunedin than in Invercargill. The next largest number of community service appointments were for district nursing, with greater numbers attending these services in Invercargill (n=183) compared to Dunedin (n=56). Other services with multiple appointments included Maori health (n=57), psychogeriatric (n=69), physiotherapy (n=33), and diabetes educator (n=20). There were 68 DNAs for community services, with 55 of these for Dunedin based services and 13 for Invercargill based services.
- There were 11 frequent ED attenders (45.8%) in Invercargill who did not use mental health community services. Ten of these people had non ED admissions (medical, surgical or both), and also attended multiple community services with District Nursing featuring highly.

[1] A Non ED Admission is an admission to hospital that is not a "technical admission to ED". Based on the counting rules a patient may have to be admitted to hospital (and never actually leave ED) when their stay is greater than three hours.

- Some frequent attenders made quite intensive use of services; six frequent attenders made over 100 visits to community mental health services in this time period (all but one were enrolled with Dunedin GPs).

Community mental health services

- The greatest number of community mental health attendances in Dunedin was for South CMHT Dunedin (10 people, 431 visits), followed by Emergency Psychiatric Services (25 people, 230 visits), North CMHT Dunedin (5 people, 179 visits) and MH Day/Groups (4 people, 96 visits). One Dunedin frequent attender used the Early Intervention Service 86 times. The greatest number of attendances in Invercargill was for Southland MHS Emergency Team (10 people, 63 visits). One person made 53 visits to the Day Activity Centre - 494D) and one person visited the Adult Community Mental Health Service 39 times.

2. Number of frequent attender visits to Dunedin and Invercargill ED

Over this 6 month time period, 59 people made 10 and over visits to ED, with a total number of 872 visits. For the purpose of this analysis, those making 10 and over visits to ED are identified as frequent attenders.

- 35 frequent attenders visited Dunedin ED a total of 568 times (65% of SDHB total) over this time period
- 24 frequent attenders visited Invercargill ED a total of 304 times over this period (34.8% of SDHB total)
- Eleven people made 18 and over visits to Dunedin ED; this is 31.4% of the number of frequent attenders at Dunedin ED.
- Two people made over 18 attendances at Invercargill ED (8.3% of the frequent attenders at Invercargill ED).
- One of those identifying as Māori made 28 visits, one made 19 visits, 3 made 16 visits, 1 made 13

Number of frequent attender visits to Dunedin and Invercargill ED

Number of ED visits	Dunedin		Invercargill		Total # of people	Total # of visits
	Number of people	Total number of visits	Number of people	Total number of visits		
10	6	60	7	70	13	130
11	7	77	5	55	12	132
12	2	24	4	48	6	72
13	3	39	2	26	5	65
14	1	14	1	14	2	28
15	3	45	2	30	5	75
16	2	32	1	16	3	48
18	1	18	-	-	1	18
19	2	38	-	-	2	38
21	1	21	-	-	1	21
22	-	-	1	22	1	22
23	1	23	1	23	2	46
24	1	24	-	-	1	24
25	1	25	-	-	1	25
26	1	26	-	-	1	26
28	1	28	-	-	1	28
30	1	30	-	-	1	30
44	1	44	-	-	1	44
Total	**35**	**568**	**24**	**304**	**59**	**872**

2.1 Number of frequent attender visits to Dunedin and Invercargill ED, by Māori ethnicity

Of the 59 frequent attenders, 16 (27.1%) identified as Māori, with seven of these frequent attenders making 108 visits in in Dunedin and nine making 107 visits in Invercargill, for a total of 215 visits (24.7% of the total frequent attender visits). Frequent attender visits by Maori represented 19.0 percent of the frequent attender visits in Dunedin and 35.2 percent of the frequent attender visits in Invercargill.

Number of Māori frequent attender visits to Dunedin and Invercargill ED

Number of ED visits	Dunedin		Invercargill		Total # of people	Total # of visits
	Number of people	Total number of visits	Number of people	Total number of visits		
10	1	10	3	30	4	40
11	2	22	2	22	4	44
12	-	-	1	12	1	12
13	1	13	1	13	2	26
14	-	-	1	14	1	14
15	-	-	-	-	-	-
16	1	16	1	16	2	32
18	-	-	-	-	-	-
19	1	19	-	-	1	19
21	-	-	-	-	-	-
22	-	-	-	-	-	
23	-	-	-	-	-	-
24	-	-	-	-	-	-
25	-	-	-	-	-	-
26	-	-	-	-	-	-
28	1	28	-	-	1	28
30	-	-	-	-	-	-
44	-	-	-	-	-	-
Total	**7**	**108**	**9**	**107**	**16**	**215**

2.2 Number of Frequent Attenders by General Practice

Frequent attenders at Dunedin ED were enrolled in multiple General Practices. Domicile of the frequent attender was not included in the dataset.

- Two practices (Servants and Mornington) accounted for ten frequent attenders (28.6 percent) and 169 visits (29.8 percent of the total number of visits by frequent attenders in Dunedin).
- Eight practices accounted for 23 frequent attenders and 386 visits (67.9% percent of the total number of visits by frequent attenders in Dunedin).
- Three of the five frequent attenders enrolled at Servants Health Centre identified as Māori. Two of the five frequent attenders enrolled at Mornington Health Centre identified as Māori.

Most frequent attenders in Dunedin by General Practice

General Practice (DN)	Number of people	Number of ED ATT	Total number of visits
Servants Health Centre	5	10	71
		11	
		11	
		11	
		28	
Mornington Health Centre	5	13	98
		13	
		16	
		26	
		30	
Forbury Corner Family Health	2	16	35
		19	

4

General Practice (DN)	Number of people	Number of ED ATT	Total number of visits
Dunedin South Medical Centre	3	10	45
		11	
		24	
Dunedin North	2	15	26
		11	
Broadway Medical Centre	2	11	34
		23	
Green Island Medical Centre	2	25	40
		15	
Mataora Medical Centre	2	18	37
		19	
Total	**23**	**386**	**386**

In Invercargill, frequent attenders to ED were enrolled in multiple General Practices. One frequent attender was enrolled in a Queenstown practice.

- Two practices (He Puna Waiora and Invercargill Medical Centre) accounted for 9 frequent attenders and 108 visits (35.5 percent of the total number of visits by frequent attenders in Invercargill).
- Five practices accounted for 17 frequent attenders and 216 visits (71.1 percent of the frequent attendances in Invercargill).
- Three of the five frequent attenders enrolled at He Puna Waiora identified as Māori. Two of the four frequent attenders enrolled at Invercargill Medical Centre identified as Māori.

Most frequent attenders In Invercargill by General Practice

General Practice (INV)	Number of people	Number of ED ATT	Total number of ED ATT
He Puna Waiora	5	11	60
		13	
		10	
		11	
		15	
Vercoe Brown	3	10	38
		16	
		12	
Queenspark Medical Centre	3	11	33
		12	
		10	
Invercargill Medical Centre	4	15	48
		10	
		12	
		11	
Alan, Adam and Cleveland	2	14	37
		23	
Total	**17**	**216**	**216**

5

2.3 Summary of frequent attender non ED admissions, outpatient appointments and community contacts

Frequent attenders made intensive use of outpatient appointments and community contacts, with the greatest use of these resources evident in Dunedin.

Dunedin Non ED admissions, Outpatient Appointments and Community Contacts

- There were 134 non ED admissions to Dunedin Hospital, with the number of visits by frequent attenders ranging from 0 to 15. Of these, 28 (20.9%) non ED admissions to Dunedin Hospital were for Māori. There were four non ED admissions to Oamaru Hospital.
- The number of outpatient appointments made for frequent attenders in Dunedin totalled 268, with a range from 0 to 22. There were 179 outpatient attendances, 42 DNAs and 47 NYA[2]s. Of these, 47 outpatient appointments were for Māori, with an additional 10 DNAs and 13 NYAs.
- The number of community contact attendances by frequent attenders totalled 1420 in Dunedin with a range from 2 to 182. There were 55 DNAs and 48 NYAs, for a total of 1523 appointments made for community contacts. There were 315 community contacts for Māori in Dunedin, with an additional 11 DNAs and 43 NYAs.
- Refer to Appendix 1 for additional detail.

Non ED admissions, Outpatient Appointments and Community Contacts in Invercargill

- There were 65 non ED admissions in Invercargill, with the number of visits by frequent attenders ranging from 0 to 15. Of these, 27 (41.5%) admissions to Southland Hospital were for Māori.
- The number of outpatient appointments made for frequent attenders ranged from 0 to 12, with a total of 118, including 80 attendances, 5 DNAs and 33 NYAs. There were 30 outpatient appointments for Māori, and an additional 2 DNAs and 12 NYAs.
- The number of community contact attendances in Invercargill ranged from 0 to 101, with a total of 461. There were 385 attendances, 13 DNAs and 63 NYAs. There were 88 community contacts for Māori in Invercargill, with an additional 4 DNAs and 12 NYAs.
- Refer to Appendix 2 for additional detail.

Total non ED admission/outpatient appointments and community contacts by frequent attenders

	Total Non ED admissions	Outpatient Appointment				Community contacts			
		ATT	DNA	NYA	Total	ATT	DNA	NYA	Total
DN	134	179	42	47	268	1420	55	48	1523
INV	65	80	5	33	118	385	13	63	461
Grand total	**199**	**259**	**47**	**80**	**386**	**1805**	**68**	**111**	**1984**

*includes four admissions to Oamaru Hospital

2.4 Analysis of Non ED admissions by number of ED attendances and hospital service

The majority of ED frequent attenders had multiple non-ED admissions to Dunedin Hospital and Southland Hospital, with several admissions to Oamaru Hospital. A total of 45 frequent attenders had 199 non ED admissions. Most frequent attenders were admitted (Non ED) at least once in this time period, with many admitted multiple times.

- 29 of the 35 (82.9%) frequent attenders at Dunedin ED had non ED admissions, with the number of non-ED admissions ranging from 1 to 15. Of these, 28 (21.5%) admissions to Dunedin Hospital were for Māori.

[2] NYA - "Not Yet Actualised". These are events that have occurred but there is not yet an indication if the event was attended or was a DNA.

- 14 of the 24 (58.3%) frequent attenders at Invercargill ED had non ED admissions with the number of non-ED admissions ranging from 1 to 12.
- There were four Non ED admissions to Oamaru Hospital; three of these admissions were for one Māori attender who was also admitted to Dunedin Hospital (non ED).

Non ED Admissions by number of ED attendances

Number of ED ATT	Non ED admissions Dunedin Hospital			Non ED admissions Oamaru Hospital		Non ED Admissions Southland Hospital		Total Non ED Admissions
	# of people	# of admissions		# of people	# of admissions	# of people	# of admissions	
10	4	14		-	-	4	17	31
11	7	26		-	-	2	6	32
12	2	8		-	-	3	22	30
13	3	8		1	3	1	2	13
14	1	15		-	-	-	-	15
15	2	8		-	-	1	4	12
16	2	7		-	-	1	5	12
18	-	-		1	1	-	-	1
19	1	8		-	-	-	-	8
21	-	-		-	-	-	-	-
22	-	-		-	-	1	1	1
23	2	11		-	-	1	1	12
24	1	11		-	-	-	-	11
25	1	12		-	-	-	-	12
26	1	1		-	-	-	-	1
28	1	2		-	-	-	-	2
30	-	-		-	-	-	-	-
44	1	6		-	-	-	-	6
Total	**29**	**137**		**2**	**4**	**14**	**58**	**199**

There was a different pattern of non ED admissions by hospital service in Dunedin and Invercargill.

- Sixteen ED frequent attenders (45.7%) were admitted (non ED) to Dunedin Hospital mental health services. Fourteen frequent attenders at Dunedin ED had non ED admissions to surgical services (40%) and another ten (28.6%) had admissions to medical services. Fewer had admissions to dental services (n=1), paediatrics (n=1) and psychogeriatrics (n=3).
- Nine ED frequent attenders in Invercargill (37.5%) were admitted (non ED) to Southland Hospital surgical services and eight (33.3%) were admitted (non ED) to Southland hospital medical services. Fewer were admitted to dental services (n=1), psychogeriatric services (n=1) and mental health services (n=1).

Non ED admissions by hospital service

Non ED admissions	Dunedin		Invercargill		Total	
	# people	# of non ED admissions	# people	# of non ED admission	Total People	Total Non ED admissions
Dental	1	1	1	1	2	2
Medical	10	24	8	32	18	42
Mental health	16	72	1	1	17	73
Paediatrics	1	6	-	-	1	6
Psychogeriatric	2	3	1	1	3	4
Surgical	14	31	9	23	23	54
Totals		**137**		**58**		**195**

NB: Data do not include 2 people hospitalised for a total of four times at Oamaru hospital for medical reasons. One of those hospitalised at Dunedin Hospital for medical reasons was enrolled with an Invercargill based GP.

2.5 Outpatient Appointments

A total of 386 outpatient appointments were made for frequent ED attenders in Dunedin and Invercargill. This includes DNAs and Not Yet Attended (NYA).

- There were 42 DNAs in Dunedin compared to 5 in Invercargill.
- A number of appointments had not yet been attended, with 47 in Dunedin and 33 in Invercargill.
- There were 268 outpatient appointments (including attendance, DNAs and Not Yet Attended) associated with attendance at Dunedin ED; this represents 69.4 percent of the total.
- There were 118 outpatient appointments (including attendance, DNAs and Not Yet Attended) associated with attendance at Invercargill ED; this represents 30.6 percent of the total.
- There were 179 outpatient attendances in Dunedin. Of these, 47 outpatient appointments were for Māori, with an additional 10 DNAs and 13 NYAs.

Number of Outpatient Appointments by Dunedin and Invercargill Frequent Attenders

Number of ED visits	Dunedin ATT at Outpt Appt	DNAs	NYA	Total DN Outpt Appt	INV ATT at Outpt Appt	DNAs	NYA	Total INV Outpt Appt	Total Outpt Appts
10	12	6	3	21	19	0	7	26	47
11	25	5	10	40	9	1	5	15	55
12	16	13	3	32	18	1	6	25	57
13	13	1	3	17	8	0	4	12	29
14	19	1	2	22	8	0	4	12	34
15	4	3	4	11	8	0	4	12	23
16	7	4	5	16	2	1	0	3	19
18	1	0	0	1	-	-	-	-	1
19	26	1	3	30	-	-	-	-	30
21	1	0	1	2	-	-	-	-	2
22	-	-	-	-	-	-	-	-	-
23	5	0	2	7	8	2	3	13	20
24	6	4	3	13	-	-	-	-	13
25	12	1	2	15	-	-	-	-	15
26	11	0	2	13	-	-	-	-	13
28	3	3	2	8	-	-	-	-	8
30	2	0	1	3	-	-	-	-	3
44	16	0	1	17	-	-	-	-	17
Total	**179**	**42**	**47**	**268**	**80**	**5**	**33**	**118**	**386**

There was a total of 259 attendances at outpatient clinics, with many people attended multiple clinics, with numerous attendances at some clinics.

- In Dunedin, there were 179 outpatient clinic attendances. Of these, 47 were by Māori. The greatest number of outpatient attendances were for mental health services (16 people, 99 attendances), followed by nurse led clinics (six people, 21 attendances) and Fracture Clinic/Orthopaedics (six people, ten attendances). In Dunedin, Māori attended multiple clinics; the greatest number of outpatient attendances for Māori were for mental health services (31 attendances).
- There were 80 outpatient appointment attendances in Invercargill, with the greatest number of presentations related to surgery (seven people, 11 attendances), diagnostic services (5 people, seven attendances) and mental health (4 people, eleven attendances). Thirty outpatient appointments were for Māori, with attendance at multiple clinics.

Attendance at Outpatient Appointments by type of clinic

Outpatient Appointments	Dunedin		Invercargill		Total	
	# people	Total # of ATT	# people	Total # of ATT	Total People	Total ATT
Diabetes	1	7	-	-	1	7
Diagnostic Testing	3	4	5	7	8	11
Endoscopy	2	2	-	-	2	2
ENT/Audiology	2	3	3	6	5	9
Fracture Clinic/Orthopaedics	6	10	1	6	7	16
Gynae and Obstetrics	3	6	2	2	5	8
Mental Health	16	99	4	11	20	110
Nurse Led	6	21	1	4	7	25
Oamaru ED	2	6	-	-	2	6
Ophthalmology incl Retinal Screening	2	3	3	12	5	15
Pain Clinic	1	1	1	6	2	7
Plastic Surgery	1	6	-	-	1	6
Podiatry	1	2	3	4	4	6
Preop	4	6	2	2	6	8
Respiratory incl Bronchoscopy	-	-	2	3	2	3
Scoliosis	1	1	-	-	1	1
Surgery incl Breast	-	-	7	11	7	11
Urology	-	-	1	1	1	1
Neurology/Neurosurgery	2	2	2	2	4	4
Cardiology/Cardiovascular	-	-	2	2	2	2
Medicine	-	-	1	1	1	1
Totals	**53**	**179**	**40**	**80**	**93**	**259**

2.6 Attendance at Community Services

In addition to hospital outpatient appointments, numerous frequent ED attenders used community services.

- The great majority of attendances at community services were for mental health services (n=1353). There were especially large numbers attending mental health services in Dunedin (27 people, 1199 visits), compared to Invercargill (10 people, 154 visits). NB: data are missing re attendance at community services for five people in Dunedin and 3 people in Invercargill.
- In Dunedin and Invercargill, Māori attended multiple community services; the greatest number of outpatient attendances for Māori were for mental health services (186 attendances), District Nursing (68 attendances and Māori health (47 attendances). In Invercargill, the greatest number of outpatient attendances for Māori were for mental health services (28 attendances), District Nursing (38 attendances and Māori health (9 attendances).
- Some frequent ED attenders made numerous visits to mental health services; six frequent attenders made over 100 visits to community mental health services in this time period (all but one were enrolled with Dunedin GPs). This is further outlined in the section following.
- The next largest number of appointments were for district nursing, with greater numbers attending these services in Invercargill (n=183) compared to Dunedin (n=56). Other services with multiple attendances included Maori health (n=57), psychogeriatric (n=69), physiotherapy (n=33), and diabetes educator (n=20).
- There were 11 frequent attenders in Invercargill who did not use mental health community services. Ten of these people had non ED admissions (medical, surgical or both), and also attended multiple community services with District Nursing featuring highly.
- There were 68 DNAs in total, with 55 of these for Dunedin based services and 13 for Invercargill based services.
- There were also a number of NYAs for community services (n=111), with 47 of these for services in Dunedin and the remainder for services in Invercargill (n=64). The majority of NYAs were for mental health services.

9

Attendance at community health services in Dunedin and Invercargill, by service

Attendance at community services	Dunedin					Invercargill				Total			
	# people	# of ATT	DNAs	NYA	Total appt DN	# people	# of ATT	DNAs	NYA	Total appt INV	Total ATT	DNAs	NYA
Allied health	1	8	1	-	9	2	2	2	2	6	10	3	2
Clinical needs assessor	1	1	-	-	1	-	-	-	-	-	1	-	-
Continence	1	1	-	-	1	1	1	-	-	1	2	-	-
Diabetes educator	1	13	-	-	13	2	7	-	-	7	20	-	-
District nursing	5	56	4	22	82	10	183	8	61	252	239	12	83
ERAS	-	-	-	-	-	1	4	-	-	4	4	-	-
Gastro	-	-	-	-	-	2	2	-	-	2	2	-	-
Maori health	6	40	-	-	40	3	17	-	-	17	57	-	-
Mental health	27	1199	46	22	1267	10	154	1	1	156	1353	47	23
Nurse led	1	2	-	-	2	-	-	-	-	-	2	-	-
orthotics	-	-	-	-	-	1	1	-	-	1	1	-	-
Palliative care	-	-	-	-	-	3	4	-	-	4	4	-	-
Physiotherapy	5	26	3	2	31	4	7	1	-	8	33	4	2
Psychogeriatric	3	69	1	1	71	-	-	-	-	-	69	1	1
Public Health Nurse	1	4	-	-	4	-	-	-	-	-	4	-	-
Respiratory Educator	2	2	-	-	2	2	2	1	-	3	4	1	-
Totals		**1421**	**55**	**47**	**1523**		**384**	**13**	**64**	**461**	**1805**	**68**	**111**

2.7 Attendance at Community Mental Health Services

Frequent attenders used a wide variety of community mental health services in Dunedin and Invercargill. Some frequent attenders made quite intensive use of services.

- The greatest number of attendances in Dunedin was for South CMHT Dunedin (10 people, n=431), followed by Emergency Psychiatric Services (25 people, n=230). MH Day/Groups (4 people, n=96).
- One Dunedin frequent attender using Early Intervention Service 86 times, four people used the MH Day/Groups for a total of 96 times, and five people used North CMHT Dunedin for a total of 179 times.
- The greatest number of attendances in Invercargill was for Southland MHS Emergency Team (10 people, n=63), Invercargill Adult Community Mental Health (1 person, n=39) and Day Activity Centre - 494D (1 person, n=53).

Attendance at community mental health services

Mental health attendances (community)	Dunedin		Invercargill		Total	
	# people	# of ATT	# people	# of ATT	# people	# of ATT
Alcohol & Drug Invercargill	-	-	2	2	2	2
Child Adolescent team Invercargill	-	-	1	3	1	3
Day Activity Centre - 494D	-	-	1	53	1	53
Forensic Community Invercargill	-	-	1	3	1	3
Maternal CMHT Southland	-	-	1	3	1	3
Invercargill Adult Community Mental Health	1	1	1	39	2	40
MH Single Point of Entry Invercargill	-	-	2	3	2	3
Psychogeriatric Service	-	-	2	11	2	11
Southland MHS Emergency Team*	-	-	10	63	10	63
Emergency Psychiatric Services	25	230	1	2	26	232
Alcohol & Drug Team	1	27	-	-	1	27
Consult Liaison Service MH	4	6	-	-	4	6
Dunstan CMHT	1	1	-	-	1	1
Early Intervention Service	1	86	-	-	1	86
Forensic Team	1	10	-	-	1	10
Gore Adult Community Mental Health Team	1	1	-	-	1	1
MH Day/Groups	4	96	-	-	4	96
North CMHT Dunedin	5	179	-	-	5	179
North MH NASC	1	1	-	-	1	1
South CMHT Dunedin	10	431	-	-	10	431
South MH NASC	4	21	-	-	4	21
Te Oranga Tonu Tanga Maori MH	3	18	-	-	3	18
TOTT NASC Te Oranga Tonu Tanga MH	2	12	-	-	2	12
Waitaki CMHT	1	12	-	-	1	12
Ward 11 Clinical Rehab	2	6	-	-	2	6
Ward 9B - Intensive	6	20	-	-	6	20
Ward 9C Acute	1	5	-	-	1	5
Youth Specialty Service	1	8	-	-	1	8
Total		**1171**		**182**		**1353**

*two people with Dunedin based GPs presented to this service

3. Conclusions

Over the six month time period from 1 January to 30 June 2018, 59 people made 10 and over visits to ED, with a total number of 872 visits. Of these 59 frequent attenders, 16 (27.1%) identified as NZ Māori, two identified as Other European, one identified as Samoan and one identified as Asian. The remainder identified as NZ European/Pakeha (n=39, 66.15%). Māori frequent attenders accounted for 215 visits (24.7%), Other Europeans accounted for 20 visits (2.3%), Samoan attenders accounted for 16 visits (1.8%) and Asian attenders accounted for 12 visits (1.4%).

Frequent attenders in Dunedin (n=35) averaged more visits to ED over this time period (average of 16.2 visits) than those in Invercargill (n=24), average of 12.6 visits). Eight General Practices in Dunedin and five practices in Invercargill accounted for the majority of ED attendances by frequent attenders in these locations.

Frequent attenders had high and complex needs, many with multiple non-ED admissions to Dunedin Hospital and Southland Hospital. Dunedin ED frequent attenders were admitted (non ED) most commonly to Dunedin hospital mental health services, followed by surgical services and medical services. In contrast, the majority of those admitted (non ED) in Invercargill were admitted to surgical and medical services.

A significant number of outpatient appointments were made for frequent ED attenders in Dunedin and Invercargill, with the majority of appointments made for Dunedin residents. Many people attended multiple clinics with numerous attendances at some clinics. The usage pattern was different in Dunedin and Invercargill, with mental health clinics featuring more highly in Dunedin and surgical/diagnostic services featuring more highly in Invercargill.

These data reinforce the need to continue to undertake actions to promote utilisation of primary care to reduce presentations to ED in Dunedin and Invercargill. This is especially important to ensure that Māori health needs are considered and addresses as appropriate, as Māori are disproportionally represented amongst frequent attenders.

A number of actions are included in the 2019/20 Annual Plan to reduce presentations to ED in Dunedin and Invercargill, including:

- We have engaged an external consulting group, who are working with us to enable new models of care. This work is occurring at both Dunedin & Southland EDs and the initiatives include Fit 2 Sit, Introducing an Early Assessment Zone and scoping out opportunities for facility upgrades to provide a dedicated short stay unit.
- The ED Performance Improvement Steering Group provides guidance, leadership and coordination of current and new initiatives to improve Dunedin ED Shorter Waiting Times Target, ongoing, Q1-Q4
- Invest in Allied Health in ED Southern - The DHB will support patients to remain at home or, if an ED presentation or hospital admission is necessary, to return home as soon as possible by establishing HOME Team (established February 2019 (ongoing Q1-Q4). The impact of additional allied health workforce will be evaluated by December 2019.
- Work closely in an integrated manner with Mental Health services to ensure ED is responsive to the needs of those suffering acute or chronic mental health conditions Q1-Q4
- Undertake work to reduce siloed thinking - Move to all adult medical admissions to be admitted to General Medicine Q1-Q4
- Work with the Māori Health Directorate to ensure that the services that are delivered are culturally appropriate and Maori have the best possible experience within our ED's (EOA). Establish Southern DHB steering group, to include Māori Health Directorate, to identify actions to address needs of Māori patients Q1. Māori Health Directorate to work with ED staff to identify their training needs Q1. Cultural training delivered to ED staff to address training needs by Q4

Management of long term mental health conditions need to be prioritised with GPs through the Consumer Led Integrated Care (CLIC) programme of activity. CLIC is aligned to the Primary and Community Care Strategy and is included in the Southern DHB Annual Plan 2019/20. Primary health involvement and understanding of mental health services may be increased through primary health participation in Southern Mental Health and Addiction Network and development of health pathways. These are also included as activities within the 2019/20 Annual Plan. Additionally, Health Care Homes (HCH) may present a way to provide better support for frequent attenders. The HCH model provides access to urgent and unplanned care, provides more preventative care and better support for people with complex needs. The HCH model reinforces the role of the general practice as the main provider of primary care and enhances capacity and capability through new roles, skills and ways of working.

The Mental Health, Addictions and Intellectual Disability Single Point of Entry service is delivered by RNs and provides a single point of initial contact to streamline the way people are referred to Adult Community Mental Health and Addiction Services in Southland, Gore and Wakatipu. The SPOE may account for some of the variance in mental health presentations to ED in Dunedin and Invercargill and should be considered in Dunedin.

Numbers of DNAs for outpatient services and community services were much higher in Dunedin than Invercargill. Review processes should be undertaken in Dunedin to address the high rates of DNAs for outpatient services and community health services.

Frequent attenders used a wide variety of community mental health services in Dunedin and Invercargill, with quite intensive use of mental health services, especially in Dunedin. The Mental Health, Addictions and Intellectual Disability Directorate should consider this report and advise on recommendations relating to intensive use of community mental health services, especially in Dunedin.

4. Recommendations:

- Include a focus on working with consumers with high levels of mental health needs through HCH.
- Prioritise management of long term mental health conditions with GPs through the Consumer Led Integrated Care (CLIC) programme of activity (Draft Southern DHB Annual Plan 2019/20 action).
- Increase primary health participation in Southern Mental Health and Addiction Network and support development of health pathways (Southern DHB Annual Plan 2019/20 action).
- Implement actions to promote utilisation of primary care to reduce presentations to ED in Dunedin and Invercargill (Southern DHB Annual Plan 2018/19 action).
- Consider establishing a Single Point of Entry Service (SPOE) in Dunedin, similar to the SPOE in place in Invercargill.
- Review processes in Dunedin to address high rates of DNAs for outpatient services and community health services.
- Review of high attenders and refer/enrol with CLIC.
- Review of high attenders with Maori Health Directorate.
- Request Mental Health, Addictions and Intellectual Disability Directorate to review this report and advise on recommendations relating to intensive use of community mental health services, especially in Dunedin.

Appendix 1: Dunedin Non ED admissions, Outpatient Appointments and Community Contacts

Dunedin Non ED admissions, Outpatient Appointments and Community Contacts

Number of ED ATT	Total Non ED admissions	Outpatient Appointment				Community contacts			
		ATT	DNA	NYA	Total	ATT	DNA	NYA	Total
44	6	16	-	1	17	94	5	3	102
30	-	2	-	1	3	*	*	*	*
28	2	3	3	2	8	4	0	0	4
26	1	11	-	2	13	51	0	1	52
25	12	12	1	2	15	147	4	4	155
24	11	6	4	3	13	182	25	0	207
23	5	5	-	2	7	46	3	0	49
21	-	1	-	1	2	28	0	0	28
19	1	4	1	1	6	9	0	4	13
19	7	22	-	2	24	117	2	1	120
18	1	1	-	-	1	9	0	0	9
16	5	5	4	3	12	64	4	4	72
16	2	2	-	2	4	*	*	*	*
15	-	-	-	-	-	2	0	0	2
15	6	4	3	3	10	44	0	1	45
15	2	-	-	1	1	58	1	1	60
14	15	19	1	2	22	69	1	1	71
13	1	1	-	1	2	2	0	0	2
13	4	7	-	2	9	24	0	0	24
13	6	5	1	-	6	21	0	0	21
12	6	11	8	2	21	104	0	1	105
12	2	5	5	1	11	70	0	0	70
11	4	2	2	-	4	*	*	*	*
11	-	-	-	-	-	*	*	*	*
11	3	4	2	3	9	116	2	4	122
11	4	-	-	2	2	15	0	0	15
11	1	5	-	3	8	8	1	1	10
11	7	12	-	2	14	13	0	0	13
11	6	2	1	-	3	15	0	0	15
10	2	-	-	-	-	6	0	0	6
10	1	2	2	-	4	13	1	0	14
10	-	-	-	-	-	24	0	0	24
10	-	-	-	-	-	*	*	*	*
10	8	8	1	3	12	44	2	21	67
10	3	2	3	-	5	21	4	1	26
Total	**134**	**179**	**42**	**47**	**268**	**1420**	**55**	**48**	**1523**

* Missing data

Appendix 2: Invercargill Non ED admissions, Outpatient Appointments and Community Contacts

Invercargill Non ED admissions, Outpatient Appointments and Community Contacts

	Total Non ED admissions	Outpatient Appointment				Community contacts			
		ATT	DNA	NYA	Total	ATT	DNA	NYA	Total
23	7	8	2	3	13	*	*	*	*
22	1	-	-	-	-	3	0	0	3
16	5	2	1	-	3	35	3	17	55
15	-	-	-	2	2	3	0	0	3
15	4	8	-	2	10	13	1	0	14
14	-	8	-	4	12	12	0	0	12
13	2	5	-	2	7	19	0	1	20
13	-	3	-	2	5	16	0	0	16
12	9	9	-	3	12	29	1	12	42
12	12	-	1	-	1	15	1	11	27
12	1	7	-	1	8	100	1	0	101
11	-	-	-	-	-	1	0	0	1
11	-	3	-	2	5	*	*	*	*
11	3	3	1	-	4	0	1	0	1
11	1	2	-	1	3	2	0	0	2
11	3	1	-	2	3	1	-	1	2
10	4	1	-	1	2	27	1	12	40
10	-	-	-	-	-	-	-	-	-
10	4	1	-	1	2	9	2	0	11
10	-	14	-	3	17	35	0	0	35
10	6	3	-	2	5	25	0	0	25
10	3	-	-	-	-	26	2	9	37
10	-	-	-	-	-	12	0	0	12
12#	-	2	-	2	4	2	0	0	2
Total	**65**	**80**	**5**	**33**	**118**	**385**	**13**	**63**	**461**

*missing data; #Queenstown GP

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Quarter four 2018/19 Southern DHB Annual Plan Progress Report**
Report to:	CPHAC/DSAC Meeting
Date of Meeting:	29 August 2019

Summary:

These reports show the progress in Quarter Four 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: Strategy, Primary & Community Date: 6 August 2019	**Presented by:** Lisa Gestro Executive Director, Strategy, Primary and Community

RECOMMENDATIONS:

That DSAC/CPHAC note the Southern DHB Annual Plan Progress Report for Quarter Four 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 4

Quarter 4 - 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.

CONTENTS

9

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

1 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 Māori 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 Māori 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 Māori 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: ▪ Increase awareness of SUDI ▪ Increase understanding of how to safely sleep babies ▪ 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. Discussions with weavers have been ongoing in Q4 and agreement reached on holding a district wide hui with weavers from across the Southern district – we are working on confirming a date.
		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 Māori Health Directorate staff have been engaging with local weavers on how to proceed. We have agreement to purchase wahakura from outside of the district.
		Wahakura are available across the Southern District	Q3	●	We have just identified a weaver in the Hawkes Bay (who also supplies Hawkes Bay DHB with wahakura) who will supply us with wahakura until local weavers have capacity to provide them. Local weavers have confirmed that this is acceptable to ensure supply for whanau who are not Nga Tahu. We have placed an initial order for wahakura and muka pito ties and we are developing safe sleep messaging to be included in the wahakura.
	4. To improve responsiveness to Sudden Unexplained Death in Infants (SUDI), SHHB will: ▪ Review (2017/2018) work plan ▪ 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	●	

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

Child WellBeing (continued)	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: ▪ Produce a Southern Youth Health and Wellbeing Strategy ▪ 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.
	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) ▪ 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 ▪ Identified member in each ECC, kōhanga or school is trained to deliver I-Moko ▪ 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	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. iMoko have advised that they will extend the programme until the end of the year.
		Launch of I-Moko with up to six participating organisations and families	Q3	●	Four participating organisations only.
			Q3	●	Training has been delivered in 4 places, parental consent processes completed and referrals are being made.
		Increase in Māori enrolment in primary care within the Southern district	Q4	●	A set of evaluation measures to assess iMoko have been developed. As the programme has been extended until the end of 2019 we will assess the programme towards the end of the year.

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	●	Proposal being worked up for consideration.
	3. Explore options for a connected up mother and baby mental health model of care, including primary and secondary across the district: ▪ Review current provision (2019) and review other similar reports ▪ Consider alternative models of care	Review is completed and report generated	Q4	●	The review proposal will include the whole of sector ensuring a seamless connection between primary, secondary and other relative service providers. These connections will be reinforced through all stages of the models of care that the review will identify.
	4. Identify the number of women, including Māori women, accessing primary maternal mental health services funded through DHB contracts ▪ 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	●	Review proposal project has MHAID GM and Māori Health Directorate as co-sponsors.

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

9

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) ▪ Support Public Health Nurses to engage in processes within identified areas (Milton, Gore and Maniototo) ▪ Identify number of Māori children who require additional support with transition to schools	Communities of Learning are established in 3 pilot sites	Q4	●	The Milton pilot is now fully operational, we are working with the MoE to establish outcome measures, this remains a work in progress as neither party has the mandate to request reporting or the sharing of data. The MoE pilots in Gore and Maniototo did not proceed, but Communities of Learning in Cromwell and Urban Dunedin have been established and the Public Health Nurses are actively participating in this new way of working to together to help children to meet their full potential.
		Report on number of children starting in the 3 pilot sites during the school year	Q4	●	This information is held by the Communities of Learning we do not have access to this data
		Report on number of Māori children who require additional support with transition to school	Q4	●	This information is held by the Communities of Learning we do not have access to this data
		Report on type of support/intervention provided	Q4	●	This information is held by the Communities of Learning we do not have access to this data
	2. Continue to work with MoE and Oranga Tamariki, to address systemic barriers 3. 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	●	Completed
	4. Partner with Oranga Tamariki and NGOs on the Urban Dunedin Initiative with intent to improve the health outcomes for Māori (EOA) ▪ Develop a pathway for non-critical reports of concern received by Oranga Tamariki Urban Dunedin site ▪ Monitor number of renotifications	Completion of the Urban Initiative	Q1	●	Completed
		Number of renotifications monitored	Q1-Q4	●	This data is held by Oranga Tamariki; we do not have access to it though continue to work collaboratively with them
	5. Identify actions currently underway to support health in schools	Report of actions underway to support health in schools	Q2	●	Completed

● 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 to improve outcomes for youth across the district (EOA) ▪ Complete a stocktake of health services in public secondary schools in the DHB catchment ▪ Use equity tools to assess and identify disparities ▪ Engage established youth and student advisory groups in process ▪ 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	●	
		Implementation plan developed	Q4	●	Still awaiting confirmation from MoH on expansion of service to Decile 5-10 Year 9-13 students
	2. Continue to develop the youth health training programme, to ensure youth friendly service provision (EOA) ▪ 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) ▪ Finalise and implement Southern Sexual and Reproductive Health Strategy ▪ Identify service redesign, using equity tools to assess and identify disparities in current service provision ▪ 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	●	
		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 work will be undertaken by Q2 2019/20.

● 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) ▪ Readjust service delivery models to align with community needs and to support One Team Approach - Realign services to support families in a more integrated way, i.e. wraparound service - Focus on vulnerable families (including Māori) , e.g. those not currently engaged with GPs, to improve equity of care - 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 ▪ Undertake work to understand the volatility of Māori coverage rates ▪ Undertake a review of declines, delays and DNAs (did not attend)	Increase coverage rates of Māori children at six months of age	Q1-Q4	🟡	On target through to Q4 when decline rates increased significantly; the service will continue to focus on this in 2019/20
		More consistent coverage rates for Māori children is achieved by end of Q4, across all milestones ages	Q4	🟡	On target through to Q4 when decline rates increased significantly; the service will continue to focus on this in 2019/20
		NIR data merge completed	Q2	🔵	
		Report on outcome of review of declines, delays and DNAs	Q2	🔵	
	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	🔵	
		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) ▪ Change DHB vaccinator training update and authorisation criteria from age specific to site specific ▪ 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	🔵	
		Report on Feasibility of combining the VPD, HPV and Influenza steering groups	Q2	🔵	
	4. Promote the benefits of vaccination in pregnancy ▪ Work with Midwifery sector on identifying education needs and roll out promotion of key National messages ▪ 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 ▪ 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 ▪ 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 ▪ 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) ▪ Continue to monitor and reduce decline rate for healthy weight referrals	B4School 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	●	
		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	●	
		Decline rate for healthy weight referrals is monitored and reduced	Q1-Q4	●	
	2. Workforce development and education ▪ 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 ▪ 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	●	
		Report on B4 School Check parent feedback Survey	Q1-Q4	●	

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

9

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): ▪ Include as outcome in refreshed Raise Hope – Hāpai Tūmanako mental health and addiction strategic plan ▪ Increase primary health participation in Southern Mental Health and Addiction Network and support development of health pathways ▪ Establish operational links with stop smoking campaigns/services ▪ Prioritise management of long term conditions with GPs through CLIC programme (refer Primary Care) ▪ Phase 1 Primary and Community Care Action Plan has aspects to integrate mental health and addiction services into Primary Care ▪ Provide accessible activity focused services (day activity) ▪ Establish links and pathways with government agencies for access to healthy housing ▪ Promote and support use of low cost primary practices especially for Māori to reduce over-representation in inpatient services (EOA)	Operation 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 Smokefree) in Invercargill and Dunedin in October 2018 which supported the MHAID Smokefree group to reenergise its focus during Q2. 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.. Q4: Organisation NRT has been altered to ensure timely access to Quickmist spray to relieve symptoms of nicotine withdrawal, with nurses now having the ability to prescribe and not just administer. The Ministry of Health support for the use of vaping products to minimise harm is currently being discussed within MHAID and also within the wider DHB with a view to how vaping products are supported within the DHB.
		Number of consumers registered with and accessing PHO increased	Q4	●	Connection established with WellSouth and plan in place to progress. Plan has been delayed due to concerns re sharing information raised by WellSouth. Service representatives have met with the WellSouth Shared Careplan Co-ordinator. Clients who are in WellSouth under the umbrella of CLIC (i.e. those with long term health conditions) are expected to have three Careplans completed, an acute careplan, personal careplan and an advanced careplan. These are completed with the Practice Nurse. WellSouth will identify a small cohort of clients from a Medical Health Centre who are being Case Managed by a Community Mental Health Service . The Case Managers will collaborate with the clients and practice nurses to ensure relevant mental health information is included in these careplans. This work has only recently commenced therefore there is no data currently available to show whether it has contributed to clients experiencing better physical health.
		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.

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

Population Mental Health (continued)	2. Enable whānau to better support and care for each other ▪ Undertake pilot re access to psychological therapies, including evaluation and plan for full roll out ▪ Establish pathways for appropriate access to Māori healing (EOA) ▪ Work with Oranga Tamariki to provide support for relationships and attachments ▪ Deliver three Single Session Family Consultation Workshops Supporting Parents (Healthy Children) ▪ 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	🟡	Q4: The training in basic CBT strategies including comprehensive assessments, formulations and basic CBT strategies has been completed with the pilot group (Southern Rivers CMHT) and ongoing support and supervision has been arranged. The next phase of the project is underway (delivering to an urban CMHT) with dates for the workshop confirmed for mid-July with the plan to include all other CMHT in the training by the end of Q2 2019-20.
		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. Q4: Plan for a full roll out of single session family training has been completed and begun to be implemented, with initial training held the majority of training is scheduled for the second half of 2019 and early 2020 to work in with other key project. Review has occurred of the current documentation and stream lining this for staff. Audit has begun of the phase two implementation stage. To be completed by September 2019. There is a SharePoint site with resources for staff and the NGO ABEL has resources on their website accessible to members of public as well as health professionals. Meeting arranged with Oranga Tamariki and other key agencies to support enhancing relationships.
		Report on number accessing Māori healing	Q4	🟢	Southern DHB Kaupapa Māori Health Services and Māori Health Provider (NGO) are facilitating access to traditional Māori healing for whanau. The use of traditional Māori healing practice happens on a daily basis through the form of karakia, mirimiri, rongoa. The Māori Health Directorate have not collected the numbers yet and are in the process of getting this organised to report for Quarter 4.
	3. Facilitate the participation of staff and community members in the Government inquiry into mental health and addiction ▪ Promote and publicise public forums ▪ Provide space for NGO and community group presentations to panel ▪ Hold staff specific meetings ▪ 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

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 ▪ Participate in National HQSC projects ▪ Meet timelines of the National HQSC projects ▪ Undertake analysis for seclusion project ▪ Recruit project team members (inter disciplinary, NGOs) ▪ 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. Q4: Connecting Care: The focus of the project group is on improving transitions across hospital inpatient services to CMHT/NGO and PHOs. A co-design methodology has been used to collect information from our consumers, whanau, workforce and community providers. A date has been set in July to co-design the theming and prioritisation of the information gathered and to identify key action plans.
		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. Q4: The service continues its commitment to achieving the HQSC aspirational goal of achieving zero seclusion by the end of 2020. A number of approaches have been implemented that target various points in a person's journey before and during an admission in an effort to reduce the distress associated with hospitalisation. Seclusion utilization data in recent months is indicating a reduction while at the same time the service is aware of a number of significant barriers that require to be overcome if we are to achieve our goal. Included here but not limited to are the challenges faced by our clinical teams in relation to our poorly designed facilities and the challenges experienced in the management of aggression from what is often a drug affected presentation.
		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) ▪ Link to Southern Primary and Community Care Strategy and integrate mental health into community hubs ▪ 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. 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. Q4: Organisational NRT policy has been altered to ensure timely access to Quickmist spray to relive symptoms of nicotine withdrawal with nurses now having the ability to prescribe and not just administer. The Ministry of Health support for the use of Vaping products to minimise harm is currently being discussed within MHAID and also within the wider DHB with a view to how vaping products are supported within the DHB. User testing trial for Personal Care Plans in the planning stage with WellSouth and Dunedin CMHT.

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

Mental Health and Addiction Improvement Activities (continued)	3. Learn from adverse events & consumer experience ▪ Co-design consumer reference groups support improvement programmes of work ▪ 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. Total number of surveys collected in SDHB to 31/12/18 (includes partial and complete surveys): 283 Q4: The Marama Real Time Feedback Survey is now well-embedded in our Quality processes, with six tablets available for data collection in both inpatient and community mental health areas. This is expected to be supplemented further with a number of new tablets to be distributed throughout the region in the near future. This will extend our ability to gain feedback across additional areas of our service. We are working within the national Real Time Feedback Reference and Development Group to increase the capacity for using the data in quality improvement work. The data collected from 1/1/19 to 31/3/19 indicates that service user and whanau satisfaction remains fairly consistent compared with results from the previous quarter. No major trends have been noted in the distribution of respondents by age, gender, prioritised ethnicity or role. 70 surveys were collected in this quarter.
		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.

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) ▪ Sufficient levels of culturally appropriate services for Māori and Pacifica, especially community options ▪ 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 Māori 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: ▪ Increase assessments undertaken in mental health for addiction issues ▪ Addiction services undertake treatment work for mental health issues ▪ 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. Southland Mental Health Inpatient Unit trialling weekly groups with a focus on addictions for inpatients with success.

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

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

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	●	A review of the LTC service in Schedule 3 of the ICPSA is underway with a planned Pilot to be undertaken. It is intended that the new service will integrate and align to changes that are occurring in the LTC space within GP primary care (CLIC). This process will take longer than 12 months to complete.
	3. Integrate community pharmacists into GP practices and the wider health team. (WellSouth to develop) ▪ Roll out of pharmacy portal Q2	80% of community pharmacists are using the pharmacist portal	Q4	●	Portal is available to 100% of 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	●	Funding has been approved for the 2019-20 period.

● 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	●	Amended timeline. On track to have 100% of GPs enrolled by Q2 2019-20.
	2. Implement quality improvements in diabetes care ▪ Integrate Diabetes Annual Review into CLIC programme (it will become part of LTC programme) ▪ Stratify level 2-3 diabetic patients, enabling care plans to be developed within 12 months ▪ 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 Q2 2020-21 is on track. Diabetes review of the service at a system wide level is underway to support integration. A new Local Diabetes Team has been formed. The first aspect of Diabetes Care to be reviewed is the diabetic foot.
	3. Promote the use of WellSouth Portal to capture CVD and Diabetes data accurately ▪ 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 ▪ Develop the one team strategy for Multidisciplinary Team (MDT) primary care support (Aligned to the Primary and Community Care Action Plan) ▪ 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 (see above)
	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

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. Currently 11% of enrolled patients are registered for their portal
		Portal GP enrolment to 42% Q2	Q2	🔵	Portal uptake by GPs is progressing.
		Portal GP enrolment to 50% Q4	Q4	🔵	Portal activity is progressing. Currently 54% of GP practices have started with portals.
	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): ▪ Promote utilisation of primary care to reduce presentations to ED ▪ Reinforce pathway of care between primary care and Invercargill ED ▪ WellSouth to develop and implement after hours model of care in Invercargill ▪ Publish information on DHB websites re GPs providing zero fee daytime access and zero fee urgent after hours ▪ 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. This action is currently delayed.
		Review demand and capacity to address gaps and opportunities	Q4	🟡	Invercargill solution for after-hours has not progressed. Still looking at options.
		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. This is now delayed.
		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 ▪ Develop 2018/19 Tobacco Control Plan ▪ 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, Māori staff and others as appropriate, for Māori accessing the service. ▪ 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 ▪ 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	●	Complete
	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	●	Complete
	6. Initiate Locality Networks to analyse and prioritise health needs for each network ▪ 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. Waiting on the confirmation of the Chair.
	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 ▪ 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	●	Completed
		Deliver an education programme	Q4	●	Completed
		Roll out the In Home Strength and Balance Programme across the district	Q4	●	Completed
	2. Participate in the DHB and Ministry led development of Future Models of Care for home and community support services	SDHB participation	Q1-Q4	●	The MOH work has not been completed. We continue to actively participate.
	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 ▪ Expand "Home as my first choice" resources to include comprehensive information on dementia Q2 ▪ Set-up regular "Home as my first choice" presentations to in-service education in teams/areas Q2 ▪ 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	●	This will be ongoing work. Presentations to New graduate programme, 1st and 2nd year student nurses, Grand Round and various clinical areas. Provided GP CME.
		Regular "Home as my first choice" presentations to service providers and the wider community	Q4	●	Ongoing Community Presentations, U3A Invercargill, Windsor Church Group, Winton Ladies Group and it will be on the agenda for U3A Dunedin 19/20. Home as My First Choice Website now contains Dementia Resources.
	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	●	Completed
		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	●	Completed
	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

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. 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. 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 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	●	31.4% of all DHB staff have completed e-learning disability training modules at the end of Quarter 4.
		Follow up with staff how have not completed the training	Q4	●	Disability awareness e-training has been included as an action for the 19/20 Annual Plan: Disability awareness e-training to be provided to all front line staff and clinicians (EOA) by Q4. Target has been set at 85% by the end of 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): ▪ Undertake system/service improvements to deliver the FCT target including systematic approach to monitoring and acting on 62 day pathway breaches ▪ Support clinical staff to gain visibility of cancer patients on both 62-day and 31-day FCT pathways ▪ Enhance cultural pathways through the FCT journey (EOA) ▪ 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. The development of a SI-wide FCT flag has been difficult due to the many different patient management systems currently used. Health Connect South is now used universally and SI-PICS has been successfully implemented in NMDHB and CDHB, so implementation will be further explored to take advantage of DHBs as they come online.
		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. Currently doing analysis of impact of bowel screening within medical & surgical services. A South Island wide face-to-face FCT leads meeting was held on 15th May 2019 in Christchurch. Data (consistency of reporting, interpretation of business rules and tumour stream guidance, issues with data extracts and equity (lung cancer a particular area of focus) were key themes. This will inform work to be undertaken in 2019/20.
		Develop an electronic flag to the SDHB Māori Health Units for patients that are newly diagnosed that identify as Māori	Q2	●	Monitoring and reporting breaches is business as usual for the FCT team. An additional ethnicity column in the FCT system will be requested to automate identifying ethnicity. With the development of the Māori Health Directorate a change proposal has recommended key Māori health roles focusing on increasing cultural competence and providing liaison support for Māori. Māori, Pacific and high risk patients are flagged in the system as a group to be seen as a priority. The Māori Liaison Nurse in Te Ara Hauora is receiving training on the electronic Cancer Nurse Coordinator whiteboard which automatically flags Māori patients. They will be able to easily identify SDHB patients through this system.
	2. Cancer Pathways ▪ Undertake quality improvement initiatives that align with national cancer strategies to achieve health gain for Māori & equitable and timely access to cancer services (EOA) ▪ 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 ▪ Collaborate with the SDHB Māori Health Units to ensure equitable access for Māori and enhance the cultural competency of the health workforce ▪ 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 Māori 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		Māori & Pacific and high risk patients are flagged in the system as a group to be seen as a priority.

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

Cancer Services (continued)		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. A meeting was held in May 2019 in Christchurch to discuss fractionation in stage II and III breast cancer. Southern DHB had representation from radiation oncologists, physicists and radiation therapists. The variation across the South island was reviewed at this stage, and recommendations on fractionation made based on current evidence. The work that was done in the South Island in 2017/18 to address variation in the treatment of early breast cancer is in the process of being adopted nationally. Since its adoption in the South Island variation in treatment has reduced markedly. SCN is supporting the SI Radiation Oncology Partnership group, of which Southern DHB is a member, with SI LINAC capacity planning. Part of the initial work will involve investigating inequities in access to radiation oncology services across the South Island, as demonstrated by variation in intervention rates. Opportunities to strengthen models of care in line with changes in technology and in response to current inequities will be explored.
		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 Māori 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 ▪ Participate in SI alignment of digital systems to collect and report consistent, accessible and accurate cancer data ▪ 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. 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

Cancer Services (continued)	4. Survivorship ▪ 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 ▪ 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. Discussion with stakeholders continue as we seek to identify a potential tumour stream that could support piloting some form of post-treatment initiative. SCN supported national efforts to draft a survivorship consensus statement that would improve clarity around survivorship. The final version of the consensus statement has not been released, but will inform the development of any South Island activity.
	5. Participate in SI Cancer Service Reducing Inequities Equitable Access & Outcomes Cancer Services ▪ 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) ▪ Participate in an SCN pilot as required and implement equity assessment framework that aligns with national and regional guidance ▪ 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	●	The equity assessment framework was confirmed by Te Waipounamu Māori Leadership Group (TWMLG) and the SCN Steering Group in early 2019. SCN is developing a partnership and engagement framework to clarify when the equity framework will be applied, as well as articulating SCN processes for and how we communicate with stakeholders. SDHB will participate as required with individual work streams.
		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	●	A presentation on Routes to Diagnosis findings, was made at the Cancer Care at a Crossroads conference, a national conference co-hosted by the University of Otago and the Cancer Society of New Zealand, and supported by the NZ Society of Oncology and Ministry of Health. This allowed for the sharing of the findings nationally and a national conversation around strategies to achieve earlier detection, diagnosis and treatment of cancer in high needs and high risk groups, particularly Māori. Data were presented on the statistically higher incidence of lung cancer among Māori and in the presentations of other delegates. A focus on lung cancer is a feature of the 2019/20 SCN work plan, and will be progressed in conjunction with the Early Detection guidance and the Cancer Plan. To support this, consideration is being given to the development of a South Island Lung Cancer Working Group to guide activities that will support early presentation and review of pathways.
	6. Apply and integrate the prostate cancer decision support tool ▪ WellSouth to provide (Continuing Medical Education) CME for GPs to support tool as business as usual ▪ Integrate prostate cancer decision support tool into Health Pathways. Review Health Pathways to ensure links to the tool are included and content is aligned ▪ Provide CME re prostate cancer decision support tool to urologists and oncologists	Integrate prostate cancer decision support tool into Health Pathways	Q4	●	Live piloting of the prostate cancer decision tool has been undertaken in selected practices by BPAC before being implemented more widely across the District. A test/development piece of work to ensure that the tool integrates with our local version of HealthPathways is yet to be undertaken.
		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	●	

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

Cancer Services (continued)	7. Implement the Cancer Pathway for Māori Plan ▪ 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) ▪ Build cultural competency within cancer services ▪ 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	●	
	8. DHB to engage in bowel screening implementation to include focus on enhancing participation rates for Māori and Pacifica (EOA) ▪ 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 ▪ SDHB programme team to work with respected champions within the Māori community to promote the programme and the advantages of early detection ▪ 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 ▪ 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. 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.

● 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	Progres	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	●	Complete. Now business as usual.
		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) ▪ Establishment of SLM governance group out of the Alliance, focus on 0-4 ASH and smoke free homes for babies. ▪ Formation of Locality Networks as part of the Primary and Community Strategy, prioritising asthma as an initial review of service ▪ 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 2018-1919 if a Chair can be appointed. Possible delay into 2012-21.
		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%. ▪ 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 ▪ 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. ▪ 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	●	Decrease in Q4 – down to 55% from 67%. National average is 59%.
		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	●	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. 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 and Southland maternity. Foundation modules have been rolled out into these areas and they are progressing through the modules. This has taken longer than anticipated. The ward round modules continue to be delayed due to medical staff engagement. One area has said they are keen to pursue this. Early discussions planned.
		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 Q4 - Reducing Emergency Admissions within 28 days of Discharge began in May 2018. On 25 June 2019 we finally implemented the full discharge bundles into our internal medicine ward. The bundles include: • A nurse led discharge card promoting 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. Completion average 88% of the time. • A GP follow up appointment is being made for high risk patients going home within 5 days of discharge. GP's are also prompted to think about CLIC for those up and running. • A medication review is also included although this is rarely achieved within the current resources • Involvement of the 'home team' is asked and used when appropriate • Future Care planning is prompted Once we have demonstrated improvement using all the bundles, we will look at spread. We are tracking a group of measure for this work and continue to see improvement in our >7 day readmission (see graph below). However, improvement will only be possible when all of the discharge bundle is in place, used fully and embedded.
		Reduction in emergency readmissions within 28 days for Māori	Q4	●	On target Q4. We are tracking unplanned readmissions within 28 days as part of the project. This project is only within the medical ward in Dunedin at the moment. The Māori data includes very small numbers. As the project grows, we would hope to see the impact on Māori 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 ▪ 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 complete. CT has been commissioned. Service will build slowly so that MRT staff can build skill and experience in CT examinations.
	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	●	Telehealth project subject to a refocus with Clinical Champion being sought from SDHB Clinical Council and presentations on telehealth to DHB's CPHAC committee.
	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: ▪ 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. 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

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

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. ▪ Increase the number of surgical inpatient beds at Dunedin Hospital ▪ Leasing of external operating facilities for outplacing and outsourcing of surgery ▪ Increase the level of throughput immediately before key holiday periods of Christmas and Easter ▪ 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. 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. Complete.
	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 ▪ Evaluate impact of additional allied health workforce	Invest in Allied Health in ED	Q1	●	Expanded Primary, Community and Secondary Care HOME (allied health team). Home team established in Southland Hospital.
		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 second Nurse Practitioner.
	4. Reduction in siloed thinking and move to generalist approach with aim to change model of care at Dunedin hospital ▪ Commence work/discussions having all adult medical admissions admitted to the General Medicine service ▪ 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. 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 ▪ 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.

9

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Community Health Council Quarterly Update**
Report to:	Commissioner Team
Date of Meeting:	29 August 2019

Summary:

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

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

An important aspect of engaging community, whānau and patients is to ensure communication and momentum continues with all stakeholders, including staff, communities, whānau and patients to ensure successful and meaningful progress.
The CHC is planning to host a symposium for CHC advisors in October to celebrate the successes of the last few years and learn what worked well and where improvements can be made with working with staff in a partnership model.

The CHC is actively involved with the engagement of CHC advisors working on the new build of Dunedin hospital. The CHC will be monitoring feedback from our CHC advisors and staff involved with the groups.

The CHC has had a number of changes with membership over the last few months and these are outlined in this paper.

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

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

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

Prepared by:	**Presented by:**
Charlotte Adank Community Health Council Facilitator & Karen Browne Chair of Community Health Council **Date:** 9 August 2019	Gail Thomson Executive Director Quality & Clinical Governance Solutions

RECOMMENDATION:

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

10

Overview

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

Membership on the council has changed over the last few months with the recruitment of new members from the Southland region, which was received with a positive response from the community.

Engagement between CHC Advisors and staff continues to increase based on the number of projects we are connecting CHC advisors with. The number of people across the Southern district expressing an interest in becoming CHC advisors is also increasing.

Of particular note, since the last CHC report, has been the growing involvement of CHC advisors working with staff on the new build of Dunedin Hospital.

Appendix A.	Table of CHC membership and terms
Appendix B.	Active projects CHC Advisors engaged in, July 2019
Appendix C.	CHC Advisors working on Facilities in Transformation (FiT) groups for the new build of Dunedin Hospital, July 2019

1. Council Membership

There are now ten members on the CHC with recent membership changes and appointments.

The CHC has received notice that an Iwi Governance Committee (IGC) appointed member will be standing down from CHC. The Chair of IGC was contacted in July about identifying a replacement.

Over the last few months there has been recruitment for a number of new members on the Council to ensure a rotating membership. New members are from Dunedin, Invercargill and Winton.

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

- **CHC Advisors**

There are no pre-requisites to become a CHC advisor. Members of the public who are interested in helping to improve the health system fill out an Expression of Interest (EoI) form available on the Southern Health website[1]. As of August 2019, there were 70 CHC advisors on our database. This does not include CHC members themselves, who also have the opportunity to be advisors on projects. All CHC advisors and members are kept informed of opportunities that arise from services for the need for a patient/ whānau voice and are then connected with clinicians/staff members for specific projects.

[1] https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-advisors

- **Feedback on process**

Feedback from CHC advisors and staff involved with engagement activities is regularly sought. The questions asked relate back to the engagement principles developed from the CHC engagement framework[2]. The process of engagement is continuously improved based on the feedback given. The following example is one such improvement being implemented.

- The CHC are setting up a clear one page guidance document outlining the roles and responsibilities of staff members in maintaining communication with CHC advisors.

- **Projects with CHC Advisors**

The CHC engagement roadmap is helping the CHC to have an overall picture of engagement activities occurring across the Southern health system. At August, 2019 there were 34 CHC advisors working alongside staff on 22 projects. This does not include CHC advisors engaged with the hospital build, which is a large project in itself and is discussed below.

3. New Build of Dunedin Hospital

Since March, the CHC has been kept updated on the developments of the new build of the hospital via the DHB CEO, the Chairs of both the Southern Partnership Group and the Clinical Leadership Group (CLG) as well as regularly meetings with the Programme Management Office (PMO). Two advisors represent the community health council on the CLG and provide regular feedback to the council.

Engagement is now occurring on the concept design stage through the Facilities in Transformation (FiT) groups with CHC advisors appointed to these groups. At August a total of 24 CHC advisors are involved across these FiT groups and this is expected to grow in the coming months.

The council plans to provide some support for its advisors through inviting them to attend bi-monthly meetings. This will provide an opportunity for advisors to share what is happening, any issues arising and to provide a general support network.

4. Advising Health Care Homes (HCH) on Best Practice Guidelines of how to establish and support Patient Advisory Groups

Council members have developed Best Practice Guidance for the HCH teams on how to establish Patient Advisory Groups. The work was done in response to a request for help in this area. The principles of engagement between staff, patients and whānau are based on the CHC engagement principles within Southern DHB. The council has submitted the Best Practice document to WellSouth for consideration.

5. Communication, publications and events

- *CHC Newsletter* - In April the CHC sent out their first newsletter outlining what has happened since the launch of the CHC Roadmap https://mailchi.mp/8b4c5d11d7c0/community-health-council-newsletter?e=[UNIQID]. The CHC plans to release three newsletters per annum outlining activities of the Council and items of interest relating to the Southern health system.
- *International Conference* - In the March report it was stated that the CHC was to present at another international conference in Spain, April 2019[3]. Professor Derrett presented on behalf of CHC members about the formation of the CHC and work done around encouraging community, whānau and patient engagement. The CHC was honoured to receive runner-up

[2] https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-engagement-framework-road-map

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

to best paper[4] and Professor Derrett will be happy to provide feedback from the conference delegates on her return to New Zealand.

Derrett S, Adank C, Burke M, Fedor I, Gray L, Grant B, Halalele H, Takurua K, Waby P. Health systems and genuine engagement: experiences and outcomes of a New Zealand Community Health Council (Oral presentation – awarded €500 runner-up best paper prize). 2019 19th International Conference on Integrated Care (International Foundation for Integrated Care); San Sebastian, Basque Country, Spain: April 1-3 2019.

- *CHC Advisor Symposium* - Scheduled to occur Thursday October 17, 2019. The CHC is in the planning stages of hosting a symposium inviting all registered CHC advisors to attend and take the opportunity to celebrate successes of the last few years. This will be a learning interactive session with both CHC advisors and staff members presenting. We are expecting some guests from an Australian consumer council to attend who the CHC has developed a relationship with.
- *Radio Dunedin* - A number of CHC members were involved with these interviews on two consecutive Saturday mornings to discuss the work of the CHC and how people can get involved.
- *Health Quality & Safety Commission document 'Progressing consumer engagement in primary care – Te whakakoke I te whai wahi a te kiritaki kit e kiaki hauora tuatahi' 2019.* This recently released document has quoted a number of items from our "CHC- Our First Year" document.
  https://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/Progressing-consumer-engagement-in-primary-care.pdf
- *CHC Annual Report 2018/19* – the CHC is drafting a report on their achievements over the last year. It is expected to be released in September 2019.
- *Choosing Wisely* – CHC Chair, Karen Browne, recently had an interview with the Choosing Wisely team about SDHB signing up to Choosing Wisely.

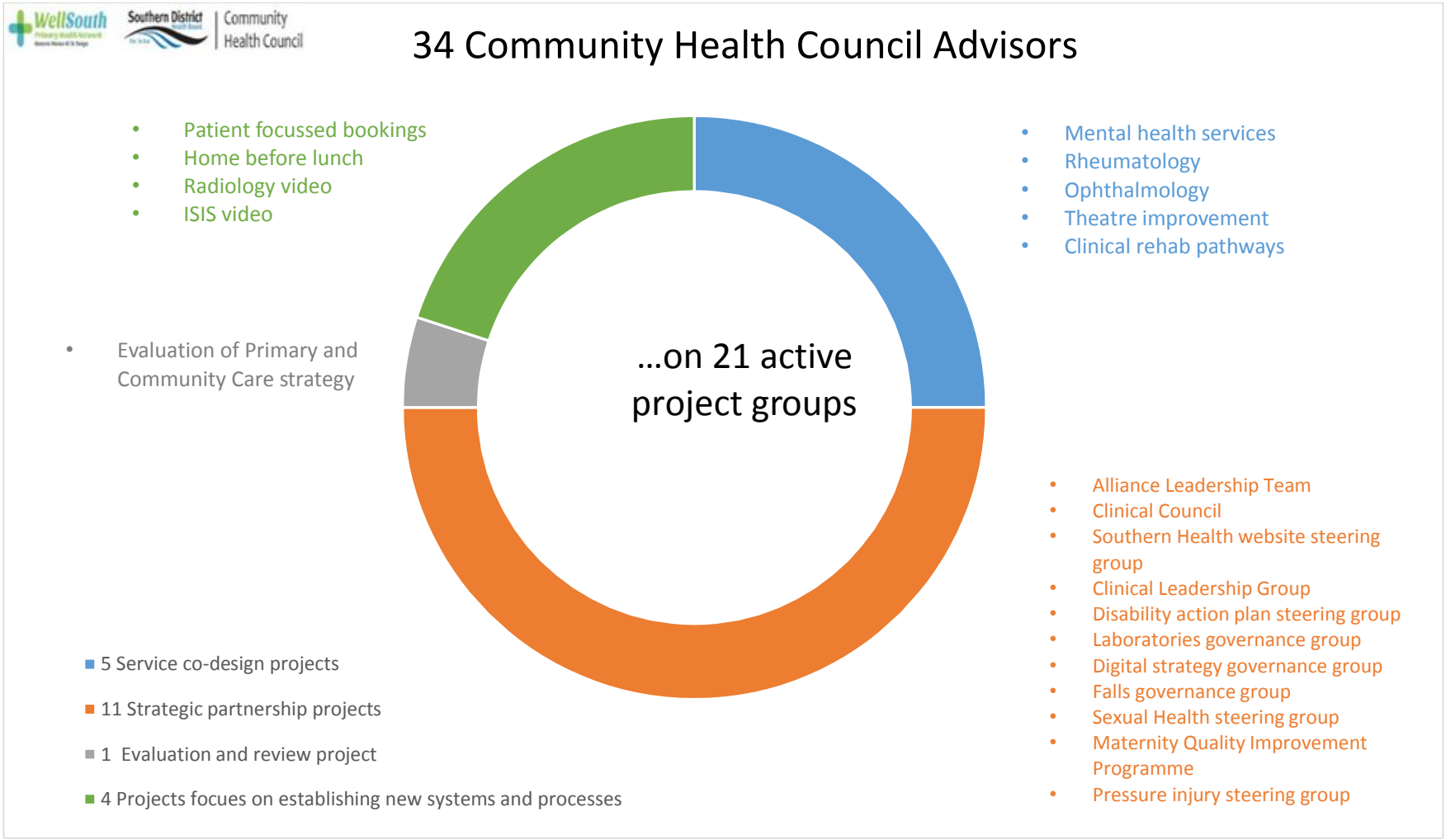
[4] https://integratedcarefoundation.org/news/icic19-integrated-care-award-winners

Appendix A.

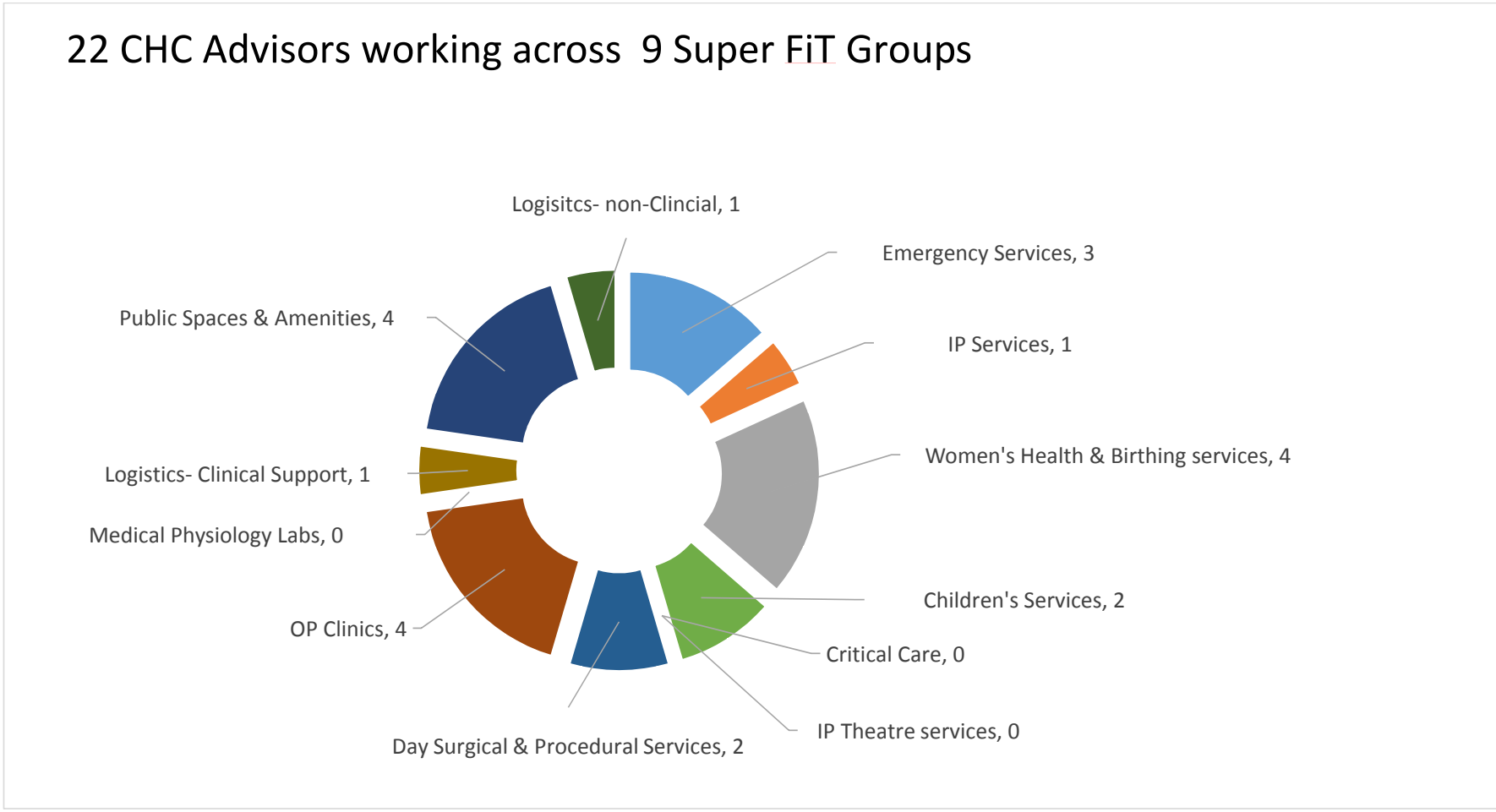
Table of CHC membership and terms 2017-2021

CHC Member	2017	2018	2019	2020	2021
Mrs Karen Browne *(Chair)*			√	√	
Ms Ilka Fedor	√	√	√		
Mrs Kelly Takurua	√	√	√		
Ms Paula Waby	√	√	√		
Ms Rosa Flaherty		√	√	√	
Mrs Hana Halalele		√	√		
Mr Jason Seale		√	√	√	
Mrs June Mills			√	√	
Mrs Lesley Vehekite			√	√	
Mrs Jocelyn Driscoll			√	√	
IGC representative					
Ex- members					
Mr Martin Burke	√	√			
Prof Sarah Derrett	√	√			
Mrs Lesley Gray	√	√			
Mrs Bronnie Grant	√	√	√		
Mr Matt Matahaere		√	√		

Appendix B. Active projects CHC Advisors engaged in, July 2019



Appendix C. CHC Advisors working on Dunedin Hospital build project, July 2019



SOUTHERN DISTRICT HEALTH BOARD

TITLE:	**FINANCIAL REPORT**		
REPORT TO:	Commissioner Team		
DATE OF MEETING:	29 August 2019		
SUMMARY:			
SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC):			
FINANCIAL:	As set out in report.		
WORKFORCE:	No specific implications		
OTHER:	n/a		
DOCUMENT PREVIOUSLY SUBMITTED TO:	Not applicable, report submitted directly to DSAC/CPHAC	**DATE:** N/A	
PREPARED BY: Strategy, Primary & Community Team **DATE:** 13 August 2019		**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	

RECOMMENDATION:

1. **That this report be received.**

11

Southern District Health Board – Monthly Financial Report
For the month ended 31 July 2019

Strategy, Primary & Community - Jul 19

	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	Monthly Actual FTE	Monthly Budget FTE	Monthly Variance FTE	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	YTD Actual FTE	YTD Budget FTE	YTD Variance FTE	Annual Budget $
REVENUE													
Government & Crown Agency Sourced													
MoH Revenue	77,349	76,517	832				77,349	76,517	832				922,498
IDF Revenue	1,871	1,871					1,871	1,871					22,453
Other Government	556	543	13				556	543	13				6,178
Total Government & Crown	**79,776**	**78,931**	**845**				**79,776**	**78,931**	**845**				**951,129**
Non Government & Crown Agency Revenue													
Patient related	16	20	(4)				16	20	(4)				244
Other Income	36	25	11				36	25	11				300
Total Non Government	51	46	5				51	46	5				543
Total Internal Revenue	**2,270**	**2,270**					**2,270**	**2,270**					**27,239**
TOTAL REVENUE	**82,097**	**81,247**	**850**				**82,097**	**81,247**	**850**				**978,911**
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	668	674	6	**26**	**31**	**5**	668	674	6	**26**	**31**	**5**	7,913
SMO - Indirect	36	39	3				36	39	3				472
SMO - Outsourced	1	29	28				1	29	28				326
Total SMO's	**705**	**742**	**37**	**26**	**31**	**5**	**705**	**742**	**37**	**26**	**31**	**5**	**8,711**
Registrars / House Officers (RMOs)													
RMO - Direct	41	37	(4)	**4**	**3**	**(1)**	41	37	(4)	**4**	**3**	**(1)**	431
RMO - Indirect	4	2	(2)				4	2	(2)				23
RMO - Outsourced													
Total RMOs	**45**	**39**	**(6)**	**4**	**3**	**(1)**	**45**	**39**	**(6)**	**4**	**3**	**(1)**	**453**
Total Medical costs (ind outsourcing)	**750**	**781**	**31**	**30**	**34**	**4**	**750**	**781**	**31**	**30**	**34**	**4**	**9,165**
Nursing													
Nursing - Direct	1,723	1,752	29	**238**	**235**	**(3)**	1,723	1,752	29	**238**	**235**	**(3)**	21,373
Nursing - Indirect													
Total Nursing	**1,723**	**1,752**	**29**	**238**	**235**	**(3)**	**1,723**	**1,752**	**29**	**238**	**235**	**(3)**	**21,373**
Allied Health													
Allied Health - Direct	1,809	1,924	115	**294**	**323**	**29**	1,809	1,924	115	**294**	**323**	**29**	22,902
Allied Health - Indirect	12	16	4				12	16	4				357
Allied Health - Outsourced	18	33	15				18	33	15				384
Total Allied Health	**1,839**	**1,973**	**134**	**294**	**323**	**29**	**1,839**	**1,973**	**134**	**294**	**323**	**29**	**23,643**
Support													
Support - Direct	13	14	1	**3**	**3**	**0**	13	14	1	**3**	**3**	**0**	149
Support - Indirect													1
Total Support	**13**	**14**	**1**	**3**	**3**	**0**	**13**	**14**	**1**	**3**	**3**	**0**	**150**
Management / Admin													
Management & Administration - Direct	700	747	47	**107**	**109**	**2**	700	747	47	**107**	**109**	**2**	7,959
Management & Administration - Indirect	1	5	4				1	5	4				55
Management & Administration - Outsourced		1	1					1	1				13
Total Management / Admin	**701**	**753**	**52**	**107**	**109**	**2**	**701**	**753**	**52**	**107**	**109**	**2**	**8,027**
Total Workforce Expenses	**5,027**	**5,273**	**246**	**672**	**704**	**32**	**5,027**	**5,273**	**246**	**672**	**704**	**32**	**62,358**
Non Personnel													
Outsourced Clinical Services	205	101	(104)				205	101	(104)				1,138
Outsourced Funder Services	1,160	1,164	4				1,160	1,164	4				13,457
Clinical Supplies	936	911	(25)				936	911	(25)				11,005
Infrastructure & Non-Clinical Supplies	285	422	137				285	422	137				4,926
Provider Payments													
Personal Health	61,684	61,042	(642)				61,684	61,042	(642)				730,823
Change Initiative Fund	212	212					212	212					2,539
Public Health	109	82	(27)				109	82	(27)				983
Disability Support	15,442	15,222	(220)				15,442	15,222	(220)				181,009
Maori Health	162	152	(10)				162	152	(10)				1,572
Total Non Personnel Expenses	**80,196**	**79,307**	**(889)**				**80,196**	**79,307**	**(889)**				**947,453**
TOTAL EXPENSES	**85,222**	**84,580**	**(642)**				**85,222**	**84,580**	**(642)**				**1,009,811**
Net Surplus / (Deficit)	**(3,125)**	**(3,333)**	**208**				**(3,125)**	**(3,333)**	**208**				**(30,899)**

Requests awaiting approval - Items on Register

- IBT transfer of expenditure – No impact on bottom line.
- Maori Health expenditure to prepayments – remove item from register.

Summary

Strategy, Primary and Community report a slightly favourable bottom line variance for July. Month end analysis has identified two revenue lines with phasing that is not correct for July and August (YTD corrects by August), which inflates the bottom line variance to budget by approximately $360k.

Since the draft accounts were published:

- An accrual has been identified as being overstated by $50k.
- A revenue line has been identified as being understated by $40k.

The above two items have not been added to the change register yet.

Significant contributors to the favourable/unfavourable bottom line variance (excludes items with revenue/expense offset) for the month are:

Workforce

- Allied Health $134k f – FTE favourable to budget
- Mgt & Admin $52k f – FTE favourable to budget

Personal Health

- IMMS $50k u – Refer provider payments section.
- Dental $68k f – Refer provider payments section.
- Pharms $46f f – Refer Pharms section.
- GMS $46k u – Refer provider payments section.

Disability Support

- ARRC $68k f – Refer provider payments section

Comments for discussion

- Favourable PE revenue of $585k is in part due to phasing being **incorrect**. YTD position will correct after period two. **This has the effect of inflating revenue (and bottom line) variance to budget by $275k**.
- Favourable elective revenue of $85k is due to phasing being **incorrect**. YTD position will correct after period two. **This has the effect of inflating revenue (and bottom line) variance to budget by $85k**. In addition, the electives revenue budget appears to be ~$500k short of the funding pool for 19/20, which means revenue for July is likely $40k too light. There has been no elective adjustment journal posted for the month. Verbal update will be provided at the CEO meeting.
- DHB consolidated pharms on budget for the month (refer Pharms section).
- No IDF washups as first month of the year (18/19 wash-up estimates re-accrued).
- CMS accrual can be more difficult in period 1 due to accrual process picking up prior year payments. Adjustment has been made to best reflect expected contracted expenditure for 19/20 financial year.
- ARRC accrual can be more difficult to calculate given first month of the year with new prices and the delayed invoicing. On this basis a conservative approach was taken.

Revenue

External Revenue –

Category	YTD variance	Comment
Pay Equity	$585k (f)	Includes Incorrect phasing Jul/Aug
IBT	$123k (f)	Expenditure offset
Electives	$85k (f)	Incorrect phasing Jul/Aug
B4 Schools	$54k (f)	Under accrual in June
Careplus	$27k (f)	Expenditure offset
Other	$24(u)	Includes CSC and U14's
Total	**$850 (f)**	

Internal Revenue – No variance to budget

Workforce Costs

Medical SMO – 6 FTE's under budget. Ordinary time and annual leave accrued favourable variance offset by Overtime, Penal and Unpaid days accrual.

Medical RMO – 1 FTE over budget. Unfavourable Ordinary time offset by favourable variance in overtime and allowances.

Nursing – 3 FTE over budget. The FTE variance mainly driven by overtime which accounts for 2 FTE. The favourable variance of $29k is driven by annual leave accrued ($22k fav) and other leave ($10k fav)

Allied Health – 29 FTE under budget with ordinary time ($135k fav) being the driver of the underspend.

Management/Admin – 1 FTE under budget. Annual leave accrued ($44k fav) is the main driver of the underspend.

Pharmaceuticals

- Consolidated monthly variance shows breakeven position for the month.
- Highest of two accrual calculations used ($100k difference).
- Rebate per Pharmac's Feb 19 forecast. June forecast scheduled for release in August.
- "PCT" variance is not reflective of true PCT performance due to the three chemical change in April 19. Awaiting Pharmac forecast to better understand appropriate way to report.

	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	Adjusted variance
Clinical Supplies - Pharmaceuticals	$ 2,388.7	$ 2,321.8	-$ 66.9	-$ 66.9
Provider Payments - Pharms	$ 5,808.2	$ 5,951.3	$ 143.1	$ 143.1
Total	**$ 8,196.9**	**$ 8,273.1**	**$ 76.2**	**$ 76.2**

Variance is made up of the following (estimate)

Pharms YTD	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	Adjusted variance
PCT	$ 1,273.7	$ 777.6	-$ 496.1	-$ 496.1
Community Pharms (DHB Outpatients)	$ 438.6	$ 386.4	-$ 52.2	-$ 52.2
Hospital Inpatients	$ 676.5	$ 1,157.8	$ 481.3	$ 481.3
Community Pharms (excl DHB)	$ 5,808.2	$ 5,951.3	$ 143.1	$ 143.1
Total	**$ 8,196.9**	**$ 8,273.1**	**$ 76.2**	**$ 76.2**
Savings hospital			-$ 74.6	
Expense Management (funder)			-$ 125.0	
Total Savings YTD			**-$ 199.6**	

Clinical Supplies (excluding Pharms)

Clinical Supplies	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	Annual Budget $
Treatment Disposables	285	254	-31	285	254	-31	2,858
Diagnostic Supplies & Other Clinical Supplies	4	4		4	4		53
Instruments & Equipment	53	67	14	53	67	14	798
Patient Appliances	153	119	-34	153	119	-34	1,700
Implants & Prostheses	1		-1	1		-1	6
Other Clinical & Client Costs	19	13	-6	19	13	-6	157
Total Clinical Supplies (excl Pharms)	515	457	-58	515	457	-58	5,572

- Clinical Supplies – Ostomy and Continence – Work programmes are underway to reduce waitlists and patient time within service, noting this may take some months to fully realise efficiencies.

Outsourced Clinical Supplies

- Outsourced Clinical supplies – due to NAR rural contracts which are offset by extra NAR revenue compared to budget.

Infrastructure & Non-Clinical Supplies

- Consultant fees $50k f. Due to a $25k over accrual in June where the invoice had been paid.
- Domestic travel $20k f contributes to favourable variance.

Provider Payments (NGO's)

Personal Health

- Immunisation ($50k u) is demand driven and the budget is understated compared to expected expenditure.
- Dental ($68k f) – Due to June accrual being overstated (significant invoicing lag meant accrual was large). Demand driven
- General Medical Subsidy ($46k u). July accruals relating to refugee expenditure overstated by $50k so actual expenditure close to budget.

Public Health

- The $27k unfavourable variance is due to budgeted savings of $23k that have not been achieved.

Disability Support

- Additional $130k Pay Equity accrued to match revenue (PE will have offsetting revenue and expenditure in 19/20, any underspend to be applied to national HCSS model of care programme). This variance is fully offset by Pay Equity revenue variance.
- Home Support $90k over budget, due in full to IBT expenditure being greater than budget. Note $124k favourable revenue, which offsets this variance.
- ARRC volumes favourable to budget, which contributes to $68k favourable variance.

Maori Health

- $7k expenditure to be transferred from personal health.

Expenditure Management Plans – current performance and future actions

Summary of progress for the month; tracking to budget; issues; plans; forecast

	Savings Target		Variance to budget	
Savings category	**Annual**	**YTD**		**Comment**
Procurement	205	17	0	YTD savings achieved on relevant Object codes
Pharmaceuticals	2,395	200	76 f	YTD savings achieved
ARRC	1,000	83	68 f	YTD savings achieved
Public Health	283	24	27 u	YTD savings not achieved
Total	**3,883**	**341**		

11

Risks

Identified red flags; emerging issues/risks (estimated financial impact); mitigation/actions taken or proposed

- HCSS contract negotiation for 19/20 still has not been agreed.

Forecast

Items of over spend that will not 'correct' during coming month; one off; budget errors/corrections

- Clinical Supplies – Ostomy and Continence – Work programmes are underway to reduce waitlists and patient time within service, noting this may take some months to fully realise efficiencies.
- Elective revenue $41k per month understated

Closed Session:

RESOLUTION:
That the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda item 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.