SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 23 October 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: Telemedicine and Health Pathways
3. **Apologies**
4. **Interests Register**
5. **Minutes of Previous Meeting**
6. **Matters Arising**
7. **Review of Action Sheet**
8. **Strategy, Primary and Community Report**
9. **Invercargill Urgent Care**
10. **Financial Report**
11. **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: Telemedicine and Health Pathways

- Lisa Gestro, Executive Director Strategy, Primary and Community

APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	23 October 2019

Summary:

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

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

Changes to Interests Registers over the last month:

- Nil

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 10/10/2019

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)		
	01.09.2019	Establishment Board member of NZ Institute of Skills and Technology		
		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.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
David Perez (Deputy Commissioner)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust (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	
	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 internal auditors of SDHB	
		Sister:		
	06.09.2019	Ultrasonographer, Pacific Radiology	Occasionally does relief work for Southern DHB.	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Otākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Otākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Otākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

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

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
	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 Thursday, 29 August 2019, commencing at 9.10 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant	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
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 TAHU POTIKI

The meeting was opened with a karakia by Kaumatua, Matapura Ellison, in remembrance of Tahu Potiki, former Board Member.

2.0 APOLOGIES

Apologies were received from Mrs Jean O'Callaghan, Deputy Commissioner, Ms Justine Camp, Committee Member, and Mr Gilbert Taurua, Chief Māori Health Strategy and Improvement Officer.

3.0 PUBLIC FORUM

No applications were received to speak at the public forum.

4.0 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."

5.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 29 May 2019 be approved and adopted as a true and correct record."

Agreed

6.0 REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 7) and:

- Requested an update on the Invercargill ED building project and what was delaying the consent for this work;
- Received an update from the CEO on his approach to Pacific Radiology to purchase some capacity at their Frankton facility in order to reduce the number of Queenstown people having to travel to Invercargill for MRIs;
- Received advice from the Chief Nursing and Midwifery Officer that a business case had been approved for the provision of postnatal and antenatal care in Dunedin, with core midwifery covering labour and birth.

7.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 8) was taken as read and the following items were highlighted during discussion.

- *Annual Plan* - Further Annual Plan guidance had been received from the Ministry of Health but feedback was yet to be received on the final draft Annual Plan.
- *Community Hubs* - The EDSP&C and her team were commended on the success of the strategic workshops held in Invercargill and Dunedin during the previous week.

  The EDSP&C noted that, from a strategic and primary perspective, the engagement days with hospital Senior Medical Officers (SMOs) the previous week had also been valuable.
- *Pharmacy* - The School of Pharmacy clinic was now fully staffed and seeing patients.
- *Lakes District Hospital* - There had been an increase in presentations to the Lakes District Hospital Emergency Department.
- *Older Persons' Health* - The four bed Older Person Assessment Liaison (OPAL) Unit had reduced the average length of stay from 20 to 9 days.

The Chief Medical Officer joined the meeting at 9.30 am.

The Committees discussed the benefits of increasing the OPAL service.

8.0 PRESENTATION: PRIMARY AND COMMUNITY STRATEGY NEXT STEPS

Hywel Lloyd, Medical Director, Strategy, Primary and Community, Southern DHB, Paul Rowe, Practice Network Director, and Wendy Findlay, Director of Nursing,

WellSouth Primary Health Network, were welcomed to the meeting and presented a review of the Primary and Community Care Strategy, Year 1 (tab 13). This included an overview of:

- Achievements in 2018/19
- Healthcare Homes
- Community Health Hubs
- Locality Networks, and
- Priorities for 2019/20

Mr Rowe, Dr Lloyd and Ms Findlay were thanked for their presentation and left the meeting.

9.0 COMMUNITY HEALTH COUNCIL REPORT

Karen Browne, Chair of the Community Health Council, and Gail Thomson, Executive Director Quality and Clinical Governance Solutions, were welcomed to the meeting for this item.

Mrs Brown presented an update on Community Health Council activity (tab 10), then took questions.

The Committees acknowledged the professionalism and achievements of the Community Health Council and thanked Mrs Browne for attending the meeting.

Recommendation:

"That the Committees note the report."

Agreed

10.0 STRATEGY, PRIMARY AND COMMUNITY REPORT (Continued)

Public Health Submissions

The Committees received a report on the decisions made following submissions by Public Health South (tab 8.1).

It was noted that there was an error in the second last line of the submissions table.

Analysis of Frequent ED Attenders

A report analysing Southern District frequent Emergency Department (ED) attenders from 1 January 2018 to 30 June 2018 was circulated with the agenda (tab 8.2). The EDSP&C advised that a lot of work had been carried out since the original report was submitted to the Committees and input from the Chief Māori Health Strategy and Improvement Officer and his team had added value to the discussion.

Recommendation:

"That the reports be noted."

Agreed

11.0 ANNUAL PLAN PROGRESS REPORT - QUARTER FOUR 2018/19

The Committees considered a progress report on delivering the 2018/19 Annual Plan actions and commitments (tab 9).

The EDSP&C advised that she would follow-up implementation of an after-hours model of care in Invercargill.

Recommendation:

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

Agreed

12.0 FINANCIAL REPORT

The EDSP&C presented the Strategy, Primary and Community financial results for July 2019 (tab 11), noting that two revenue lines were phased incorrectly for July and August but would become neutral after that.

The EDSP&C then answered questions on the financial statements.

Recommendation:

"That the report be received."

Agreed

CONFIDENTIAL SESSION

At 10.52 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda item listed below.

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 9 October 2019

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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.	
Aug 2019	(Minute item 6.0)	Update on the project and what is delaying the consent to be reported to FAR Committee.	EDFP&F	Update provided to the Finance, Audit & Risk Committee. GM Building & Property actively following up building consent with ICC.	
March 2019	**Whāngaia Ngā Pā Harakeke** (Minute item 2.0)	Progress report to be provided in six months.	EDSP&C	A verbal update will be provided at the meeting.	Complete
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. CEO Pacific Radiology organising to meet with Chief Executive	November 2019

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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.	Complete
August 2019	**Annual Plan Progress Report - After-Hours Care** (Minute item 11.0)	Implementation of after-hours model of care in Invercargill to be followed up.	EDSP&C	A written update will be included in the meeting agenda.	Complete

SOUTHERN DISTRICT HEALTH BOARD

8

Title:	**Strategy, Primary & Community Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	23 October 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:** 10th September 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 2019/20 Annual Plan has been accepted by the Ministry of Health, pending financial sign off. The MoH will request a signed copy in due course. Quarterly reporting has now commenced on Annual Plan actions for quarter 1 as part of new MoH quarterly reporting processes.

PRIMARY CARE

Implementation of the Primary and Community Strategy

Developing Models of Care to inform the development of Community Health Hubs

All three workshops in the intended series have now taken place, with the last one occurring at the end of September.

Collectively, the workshops were successful in agreeing a set of system wide principles that can now be applied in a number of settings to underpin and inform changes to models of care.

In summary, other key messages from the series of workshops were as follows:

- Planning, and decisions around changes to future models of care will happen at:
    - Locality level
        - This is place-based planning, or localised planning
        - It may be a case of "getting on and doing it"; the decision lays with the locality (within defined parameters)
    - System level
        - This is system-based planning, overseen at the Governance level
- There are patient focused (integrated) pathways in the primary, community and hospital health arena
- There is devolved budget to invest in development of selected pathways that meet the criteria of the Principles. The investment can be in primary, secondary or community, or a mixture of 2 or 3 areas
- The system is flexible; no one size fits all

(B) To achieve this we need the following:

- Explicit Governance, leadership and champions for the Strategy
- Mechanisms to improve the primary, community and hospital care relationships/linkages, engagement, and involvement
- Agreement on the enablers of change needed at the operational/front line level

(C) Planning a Health Hub

- There was consensus that an identified group is needed to manage planning and implementing a Community Health Hub. Plus, project management resource
- Primary Care is essential to the Hubs; it was suggested that primary care (WellSouth) is best placed to drive Hub development
- Clarity is needed on who has the responsibility to make the decisions about what is in a Hub, or not (Governance)
- Agreement is needed on where to commit to the first hub(s)

- Noted that an expansion plan should be included in Hub development (future proofing whilst getting on with it)

The group of stakeholders who came together over the series of workshops have endorsed the idea that the next steps will be focussed around the development of four large models of care, which will be undertaken by a group of clinicians and managers from across both primary and secondary care. The key areas of focus will be: Child Health, Mental Health, Health of Older People and Urgent Care.

In addition, it has been suggested that a group be convened to focus on more of the overall process, rather than on service specific models, as there will be cross cutting themes that are needing to be resolved, such as the location of hubs, the number of hubs, and the order in which they will be developed. Collectively, these two processes should help to progress the development of the hubs at a pace that will deliver outcomes in line with 2019/20 objectives.

Pharmacy

Community Pharmacy Services Agreement

The ICPSA has been varied for the 2019-20 year. This is a nationally agreed process and has only a few variations;

- Price uplift applies to the contract value. The cost pressure uplift is to be paid through schedule two of the ICPSA. This payment has had an equity focus when determining a contract holder's payment.
- Small wording changes around equity, location and audit.

In SDHB our ICPSA Long Term Conditions service 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. This group met for the first time on the 10th September to progress this. Initial steps;

- 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.

Out of the initial meeting two key pieces of work are progressing

1. What the new service will look like. Current Medication Utilisation Review (MUR) models are being considered. This included the up skilling/training component for our pharmacy workforce through existing mechanisms. If possible we will tailor a solution to our needs rather than having to reinvent in this space.
2. WellSouth are looking into the scope of the IT enablement of this service.

Laboratory Service

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

Initial activity includes;

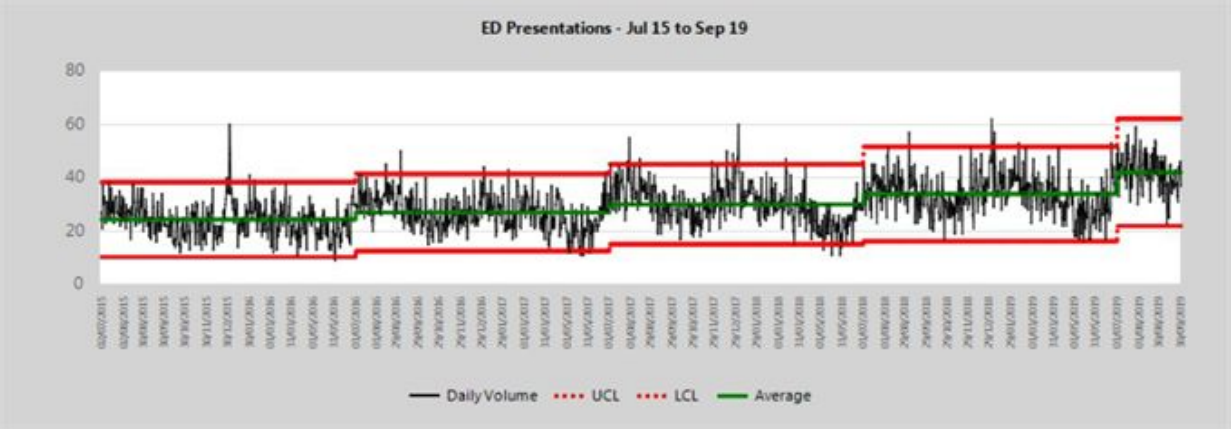
- Review of Venesection services across both DHBs. A small working group will be formed to progress this action
- Review of collection centres across the two DHBS. A small working group will be formed to progress this, using the model that SCL undertook in Canterbury as a guide.

- KPI and Data collection and use. There is some delay here to better understand how this will progress and what exactly we want. In the interim SCL have made one of their analysts available to produce information on an ad-hoc basis. There was general consensus that we should move to a power BI style reporting model.
- New test requesting. The IT supporting this process is to be rolled into NMDHB. This process has taken longer than expected as is still incomplete.
- Management of the imminent retirement of the Anatomical Pathologist in Invercargill. Meetings between SCL and Invercargill staff around what the new pathology service will look like supporting Invercargill Hospital have taken place. SCL will now work with the local services to develop the model following the retirement of their pathologist.
- POCT trial into Wanaka. SCL have appointed a POCT coordinator. The new service will go live during the week beginning 7th Oct with an I Stat. SCL are undertaking quality control on the other units and will implement those into Wanaka shortly. Fiordland will then undergo their implementation. WellSouth are developing a GP PMS tool to evaluate the effectiveness of this investment. The key questions to answer are;
    - Does the primary care use of POCT alter the patient management?
    - Does the primary care use of POCT reduce the number of rural hospital presentations?
    - Does the primary care use of POCT reduce the number of District hospital presentations?
- Electronic ordering of lab tests. A coordinator has been appointed by SCL. This is currently rolling out into the community, and planned to speed up progress with the new resource.

RURAL HEALTH

Key Points

Attendances to the Emergency Department – Lakes Hospital



The Emergency Department at Lakes Hospital is experiencing a sustained growth in attendances, indicated by the step wise increases in the chart above from 2018 to year to date. We know that the population in Queenstown/Central Lakes has been singled out in the recent Census releases as the fastest growing area in New Zealand. We are analysing the data in further depth to understand the nature of the increases.

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. Further work has been completed this month in terms of defining the level of service required by each rural facility. We are presently waiting on further data being supplied by the Order of St John to finalise to finalise detail. Current contractual arrangements continue to prevail as we work our way through the detailed planning.

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 September period are:

- Overall programme is nearing completion with an expected end date of work on site being early October. There will then be a period of time giving to final fixing of minor defects and tidying up of the site. Contractors are expected to vacate site by mid-October. Practical completion will be achieved by the end of October.
- Proposed date for an official opening event is Tuesday 12 November, planning is underway for this event.
- The building work for the whanau room and ablutions in the maternity wing are being treated outside of the scope of the current building works and the work will be organised and let under a separate tender process.

Primary Maternity Project

Primary Maternity Strategy Implementation

Primary maternity remains under pressure due to LMC and core midwife staff shortages particularly in Central Otago. Options are being considered to provide additional locum support to LMCs in this area particularly between November 2019 and April 2020 where a combination of leave and LMC shortages will mean the remaining LMCs will be under considerable pressure.

Release of the EY report and the Case Review will need to occur in late October.

COMMUNITY SERVICES

Health of Older People

Home & Community Support Services (HCSS) /Model of Care for Older People

A Steering Group continues to meet with focus of developing a paper describing a Model of Care with a stronger focus on developing rehabilitative/restorative services over the short term. This would require greater integration and coordination on a locality basis. How this may be achieved is currently being researched and modelled.

6ATR/Older Person's Health

The focus for September has been embedding the Older Person Assessment Liaison (OPAL) unit, which is now full almost 100% of the time and continues to prove its value to the broader inpatient system as an improved pathway for suitable patients.

The provision of allied health on weekends continues to present difficulties in relation to providing a sustainable model for both Occupational Therapy and Physiotherapy cover. The initial testing period was facilitated by volunteers working overtime who believed in the model. Subsequently the weekend rotators have been on call, but again the existing model is not sustainable as these predominantly junior staff do not have the level of skill and experience required to fully undertake the comprehensive geriatric assessment.

Preparation is well advanced for the move back along the 6th floor to the ATR ward which is scheduled for late October. The space has been reconfigured by the team where possible to best accommodate the model of care they have developed. There will be 24 beds, including four OPAL beds, plus better utilisation of spaces for activities facilitating active rehabilitation. This is eight less beds than when they vacated the space 18 months ago.

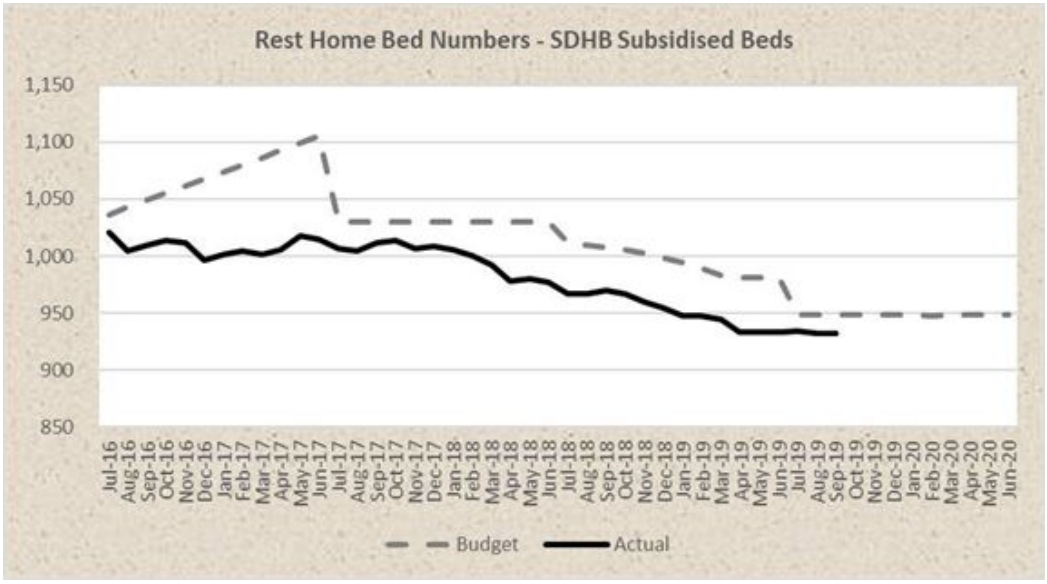
Allied Health

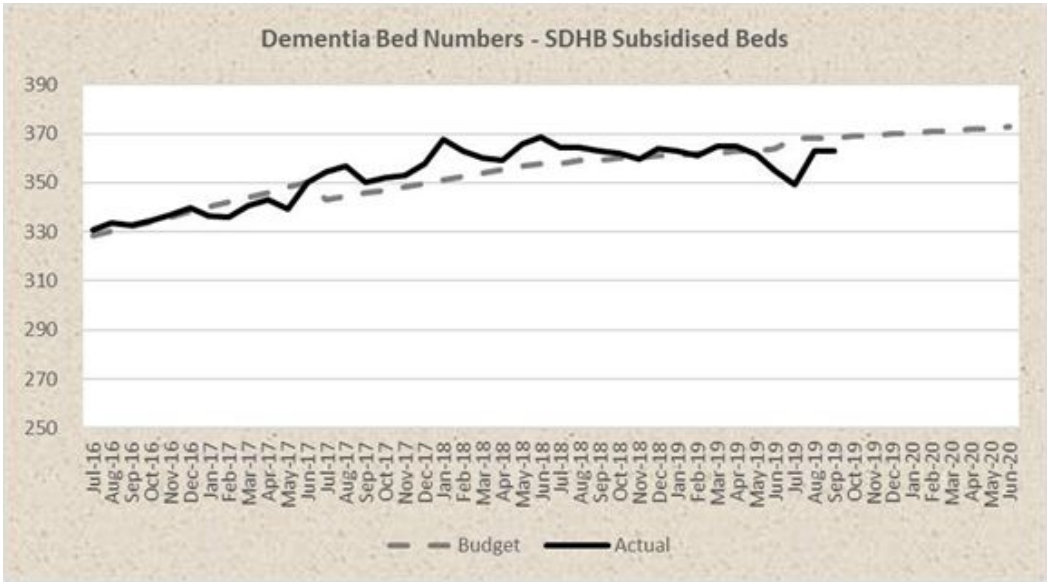
Recruitment is well underway for the additional FTE for budget 19/20, which is creating a positive variance for the service as we work hard to recruit into key roles, particularly in Invercargill. Many of these vacancies are now filled, but some are yet to commence. Physiotherapy has for the second year running been very successful in recruiting new graduates for the rotational staff programme in 2020. Southland has four new graduates commencing in the New Year. This is partially reflective of the ongoing vacancies and the need to build the team with a slightly different approach. The team is aware of the extra commitment this will take but see this as a positive step.

Dunedin has recruited three new graduates for 2020. The lower number is a direct result of the successes from 2019, where all eight graduate recruits remain in the organisation, and therefore not creating the spaces. This should be seen as a positive, as historically we have had poor retention of new graduates.

We have been consulting with staff on the Allied Health Clinical Coordinator roles. The DAH and GM have meet with all the staff groups and had a positive engagement around the proposal. These resulted in useful feedback was provided that will influence the final decision. Submissions closed early October and these are currently being analysed.

Aged Residential Care


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
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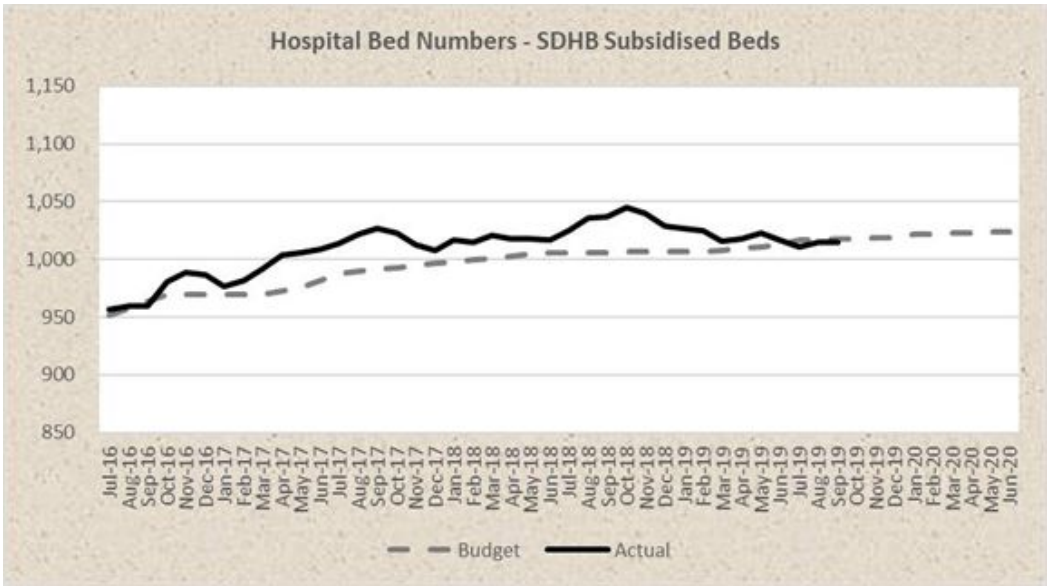
Hospital Bed Numbers - SDHB Subsidised Beds
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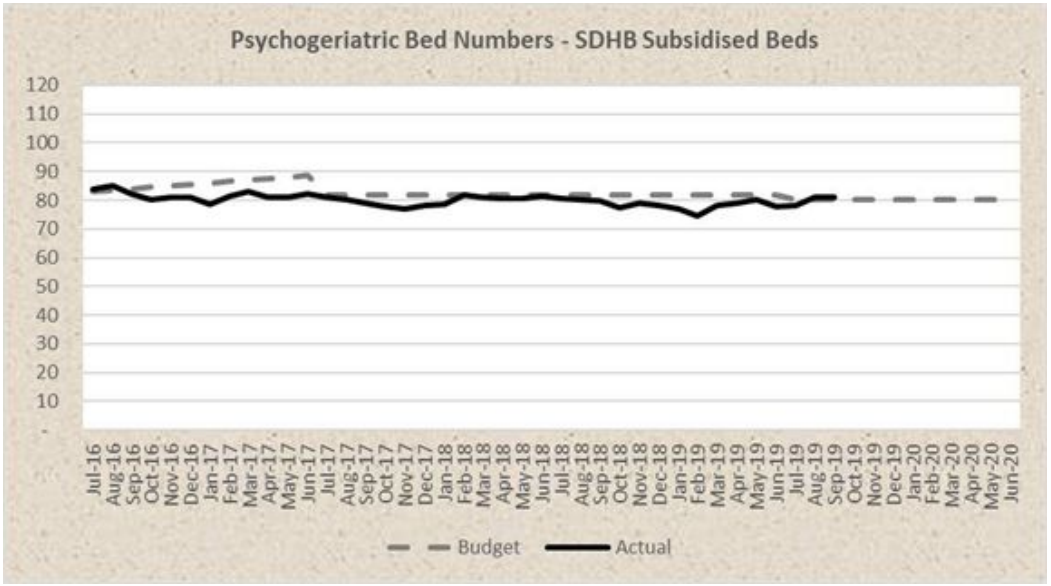
1,050
1,000
950
900
850
Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20
Budget
Actual


Psychogeriatric Bed Numbers - SDHB Subsidised Beds
120
110
100
90
80
70
60
50
40
30
20
10
-
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
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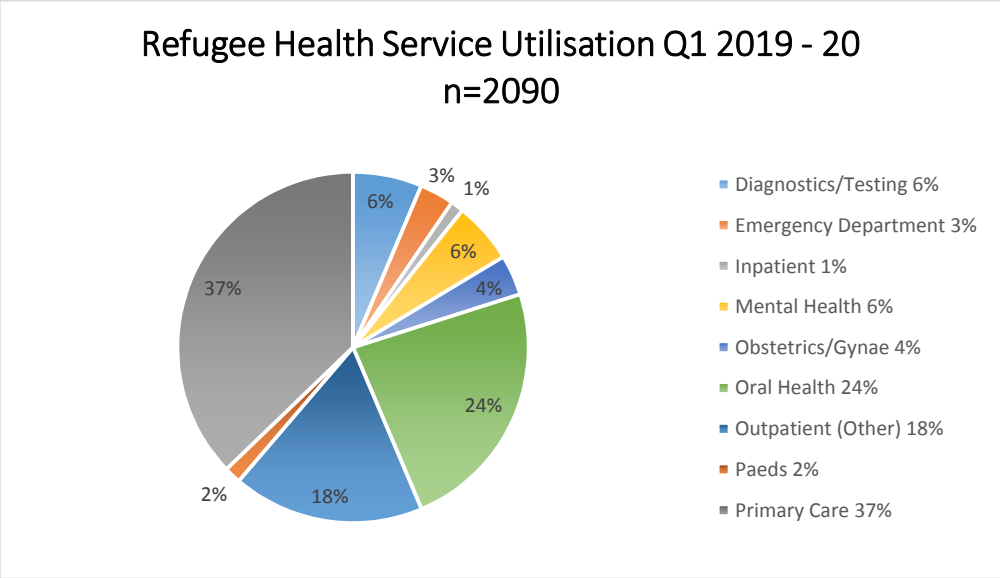
Budget
Actual

Refugee Health

There were a total of 747 refugees requiring 2090 appointments across all health services within and beyond the DHB during the last quarter. This care is taking place primarily at the GP (37%). Due to pre-existent issues upon arrival in NZ, oral health engagement is quite high (24%). ED (3%) and inpatient (1%) are highly favourable. Outpatient (18%) is the combined total of DHB and community services not otherwise specified. Face-to-face interpreters (F2F) were provided by SDHB for 2085 of the 2090 appointments for the quarter.



WellSouth Refugee Health Services

Service specifications detailing the revised Refugee Service arrangement with WellSouth are complete and are in the approval phase.

Immigration NZ Former Refugee Framework Conference

The Programme Lead attended this conference and feedback from Immigration NZ on SDHB's refugee health programme was favourable. It is considered the model of aspiration for refugee health in NZ. This echoes the view of MoH, as our strategy, models and data are being used for all new resettlement cities in NZ.

Feedback around resettlement and integration from Middle Eastern and Afghani refugees related to housing, employment and family reunification. Healthcare was not raised as a concern. As for the Colombian refugees, Immigration NZ has not held feedback meetings with them, as this resettlement is deemed by Immigration NZ as still be in its early stages.

Public Health

Southern Measles Outbreak

Since 19 August Public Health South has been managing increasing numbers of measles cases that are linked to the Auckland outbreak. As of 15 October, there have been 66 confirmed cases mostly confined to Queenstown. A further 3 cases are under investigation. Public Health is still taking an approach to contain the spread of measles through isolation of cases and unimmunised contacts during their infectious period. We continue to review this approach to ensure it continues to be an effective public health action.

The EOC (Emergency Operations Centre) has been scaled back but continues to operate. The EOC is focusing on:

- Ensuring the current operational response to contact tracing is sufficiently resourced.
- Maintaining communication with the Ministry of Health.
- Reporting.
- Authorising vaccine distribution.
- Planning and intelligence in regards to extending the priority groups for vaccination.
- Planning for the next phase if current contact tracing is no longer effective.
- Communications with public and primary care.
- Welfare of people in isolation.

We are currently working with WellSouth to manage the current vaccine stock to ensure practices can continue with the scheduled vaccinations at 15 months and 4 years.

There has been ongoing communications to the public and primary care throughout the response. This has included a Question and Answer section on the Southern Health website (https://www.southernhealth.nz/living-well/measles-what-you-need-know) and keeping Health Pathways up-to-date.

Drinking Water

The Drinking Water Assessors are currently writing compliance reports to send to their respective drinking water suppliers in the district. These reports go directly to the Chief Executives of local councils or to the General Managers of any privately operated supplies. The compliance reports detail whether the drinking water suppliers have met the requirements of the Health Act (1956) and Drinking Water Standards of New Zealand 2005 (revised 2008). If there are any non-compliances, the drinking water team has a compliance and escalation procedure which the team follows to address any non-compliances that pose a risk to public health.

Public Health South met with the Ministry of Health on 26 September to discuss ongoing progress and potential workforce implications with the 'three waters review' and impending creation of a national regulatory body for drinking water. They advised that a paper is before cabinet that would mandate the establishment of a new regulatory authority for water. If this proceeds and legislation is passed the first step would be to form an establishment group that would work over the next 6 – 12 months to determine what the agency needs to look like and staffing arrangements. Assuming there are no unexpected hurdles the likely date for the authority to be established is mid-2020, with an estimated go live date of mid-2021. The Ministry representatives have advised that the Ministry of Health are currently looking at the likely impacts of these changes for public health units. As previously reported, if the five drinking water staff were removed from our unit, this would significantly impact on our remaining health protection workforce and our ability to undertake health protection response work across the southern district.

South Island Drinking Water Assessment Unit (SIDWAU) IANZ Accreditation

Following the Havelock North inquiry findings the Health Act has been amended to remove the requirement for drinking water units and Drinking Water Assessors (DWAs) to be IANZ (International Accreditation NZ) accredited. SIDWAU has considered this and is now in the process of withdrawing form IANZ Accreditation. The three South Island units remain committed to continuing as a successful and effective South Island Drinking Water Unit. We will continue using our robust quality processes, but these will be reviewed in the light of moving on from IANZ accreditation requirements. The Ministry of Health have advised they will continue to fund independent external peer reviews for DWAs as they believe this is where they see the most benefit from the external audit process. We believe this will enable us to create efficiencies in the system and from our limited DWA resource.

Mental Health Awareness Week

Staff have been supporting community effort for Mental Health Awareness Week (23-29 September). The theme for the week is explore your way to wellbeing – Whāia te ara hauora, Whitiora - which means discovering the things that make people feel good and doing more of them. When people uplift their personal wellbeing, they uplift the wellbeing of their whānau, communities and Aotearoa as a whole. An events schedule has been developed to include community initiatives and events across the district, as well as those organised by local committees. Print and visual media are being utilised to

spread ways to wellbeing messages through all high schools and tertiary institutions, and to the wider community.

Air Quality

Staff involved in housing health promotion looked at our progress in improving air quality across the Otago/Southland region at a meeting in Cromwell, with a particular focus on air zone 1 towns. There was a wide representation from both Otago Regional Council and Environment Southland, as well as Central Otago, Queenstown-Lakes and Clutha District Councils, Uruuruwhenua and the Dunedin Cosy Homes Trust. A highlight was Dr Ian Longley's presentations, as principal air quality scientist for NIWA (the National Institute of Water and Atmosphere). Ian presented his findings on Arrowtown's air quality where data showed that air quality deterioration typically began at about 3pm on winter afternoons and as the day/evening progressed the worst air quality concentrated on the lower elevations of the town. He also presented some innovative ideas that could lead to collaborative projects between the stakeholders present. The next steps are to prioritise next winter's activity, secure stakeholder participation, and follow up with a hui in February 2020.

Housing Report

A draft research report undertaken by Public Health - Pēhea Tou Kāinga? How is your Home? has been released. Public Health has undertaken this work to understand the health impacts of housing and inform evidence based action. The draft report covers the Central Otago District only. Research into issues faced in Queenstown-Lakes is ongoing with completion expected by November 2019. These findings will be combined with this draft report by the end of the year. Findings show significant concerns about housing shortages and that housing is a key contributor to poor health outcomes and inequity in Central Otago. The key recommendation is to form a multi-agency taskforce and develop a Central Otago Housing Action Plan.

Physical Activity

Staff are working with the Dunedin City Council on a physical activity initiative to get schools and students more engaged with active travel. We are trialling a programme in Dunedin (developed by Auckland Transport) called the Walking Time Zone Mapping programme which identifies multiple safe routes that children can walk via to and from school. It is an interactive programme where staff go into the schools, walk with students down safe routes, timing the 5, 10, and 15 minute walking zones around their school and then plot these zones on a map. The residential addresses of the students are imported on to this map as dots which then visually represents the number of students who live within a 15 minutes walking zone of the school. The map gives the school a resource which helps the school advocate for more children to walk. Once these maps are completed they will be printed in poster size for the school and can be used as a tool to help with future active transport programmes such as having children plan their route, and locate safe road crossing points and playgrounds. Feedback will be collected from the pilot schools before rolling out the project further.

Smokefree

Smokefree Otago (of which PHS is a member) supported the Rob Roy Dairy in Dunedin who trialled going tobacco-free for the day on 10 September. A quiz was created for the day inviting customers to participate and be educated on facts around tobacco availability in New Zealand. There was a lot of engagement with the quiz and approximately 50 people took part. A follow up poll has been put on the Smokefree South Facebook page asking the public whether the Rob Roy Dairy and other dairies should go tobacco-free for more than one day. The poll will be running for a week and has so far received over 500 interactions on the poll, with the majority of people voting for 'yes' they should go tobacco-free.

A Smokefree Steering Group meeting was recently held at Tomairangi Marae. The steering group includes representatives from Southern DHB, the Cancer Society and the Southern Stop Smoking Service. There was an update on the Hapu Mamas Incentive programme which aims to encourage and support pregnant women to become smokefree. The incentives were increased which helped increase

the enrolments in the programme, but the numbers remain low. Discussion was held about extending the programme post birth so that women are encouraged to remain smokefree after baby is born, as evidence suggests that mothers can stop smoking but relapse after baby is born. Consideration will also be given to an opt-out approach, rather than asking them if they would like a referral to the Southern Stop Smoking Service. Discussion was also held on the proposed vaping project. The Southern Stop Smoking Service indicated that they talk about vaping as a tool to support people to quit, but very few people are interested in vaping. Two workshops on vaping are being planned for November in Invercargill and Dunedin.

Population Health Service

All areas of the service have experienced disruptions due to the measles outbreak in Queenstown this month. Staff from across the district have supported the measles response, providing cover and expertise for Queenstown vaccination clinics, data inputting, planning, cold chain management and Emergency Operations Centre (EOC), as required. Additionally the Immunisation Coordinators have seen a significant spike in demand. This included:

- Staffing Clinics and support to other staff not familiar with mass vaccination programs
- Responding to Practice inquiries and concerns regarding MMR vaccine availability
- Advice, support and communication with the EOC
- Increased number of Catch Up Review, particularly in relation to interpreting overseas records

Sexual Health

Sexual Health staff are working with Otago University to develop a short postgraduate level course in Sexual Health. This will be a micro-credentialed course available to any interested doctors. The paper will be a requirement for all doctors working in sexual health, as well as House Officers planning to do their community run in Sexual Health. The clinic will be evaluating the GP registrar sexual health education and deciding if this course will be necessary for those wanting more experience in sexual health clinic as well. The aim will be to train community health providers with a special interest in sexual health to improve primary care management of the specialty. The Sexual Health service planning day occurred, beginning the conversation regarding future pathways for the service. It is intended that this will be a twice yearly occurrence to promote consistent service development in the future. The Model of Care review has begun to prepare the service to best meet future need, looking at synergies with the wider Population Health Service to consider more creative ways of addressing issues such as safe staffing and sustainability.
The Invercargill Sexual Health Clinical Nurse Specialist and Health Promoter have been working with the New Zealand Prostitute Collective to improve access of the service for local working girls.

HPV

The second round of the School Based HPV Vaccination Programme is underway in Oamaru and Balclutha. Planning, rostering and equipment review is underway for Dunstan and Dunedin who start their programmes in November. Capex approval has come through for renewal of immunisation equipment, this will ensure consistency of data loggers for cold chain management across the district. The Portfolio Manager Child Health has handed over the Building a Children's Workforce meetings to the Service Manager, whom attended the meeting for the first time on 27th September. From this meeting, the potential opportunity for Population Health and Oranga Tamariki to realign the way in which we work with children in care, was identified. This will be explored further over the next month. Jillian Boniface and Leanne Liggett presented the immunisation catch up calculator at the National Immunisation Conference, with an aim to start the pilot in Southern next month.

District Oral Health Service

The first outreach clinic was held at Pacific Trust with 9 children being seen by the Dental Therapist. This was a great start for our first clinic. These will continue to be held once a month.

The service was represented at the Baby Show event held in Dunedin with a stall and the Health Promoter giving a talk to people attending. This was well received by the public with a lot of interactions and 5 new enrolments.

Fluoride Varnish Project
We are reviewing delivering of this project across the district and plan to streamline this process with a view to expanding the reach of this preventative method. This will include the training of Dental Assistants to place the varnish as delegated by the therapist. Brainstorming sessions have taken place and the documentation is currently being consulted on.

Child Health (0-5 years)

SUDI

- 120 wahakura have been pre-purchased from a North Island weaver – 20 have now been received;
- Agreement has finally been reached for a weavers wānanga to occur in November – this will help us assess local capacity to supply wahakura and how to introduce local wānanga for pregnant women;
- Protocols for distribution of wahakura are being established along with a list of local distributors;
- wahakura will initially be made available to Maori and Pacific whanau only due to limited availability; distribution will begin when we have more available so we can respond to demand;
- Safe sleep messaging and care instructions are being developed; our kaumatua are advising on the use of Te Reo and a whakatauki;
- Consideration is being given on how to support safe sleep on marae – to include an inclusive approach, needs based assessment and establishment of marae based champions;
- Pepi pod distribution numbers have increased over recent months following five distributor meetings and the reduction in paper work;
- Discussion held with the Southern Stop Smoking Service about the incentive scheme for pregnant women and their whanau. There have been very low referrals into the scheme resulting in high contractual management costs and low voucher payments. We need to work together to increase numbers as being smoke exposed in pregnancy increases SUDI risk significantly;
- Development of a smokefree support "opt-out" maternity pilot has progressed; discussed with the Southern Stop Smoking Service and this week we are meeting with the Queen Mary Community Outreach Clinic leaders to discuss this new approach.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Invercargill Urgent Care**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	23 October 2019

Summary:

For a number of years both the PHO and the DHB have been actively pursuing solutions to help improve the current level of access to urgent care services in Invercargill. Despite featuring in the work plan for a number of years, we have been relatively unsuccessful until now at bringing key primary care stakeholders and key secondary stakeholders together to agree both the barriers and some potential solutions. Thanks to some concerted leadership on the part of the PHO, there have now been several important preliminary discussions, and most recently this has led to agreement from all stakeholders that this should now be formalised into a more structured programme of work, for which we are seeking ALT sponsorship.

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Specific implications for consideration (financial/workforce/risk/Equity):

Financial:	There has been no discussion about the potential financial implications of this piece of work, as it is anticipated that the required changes to effect a more sustainable model of care can be done within existing resources, and as per the current contractual arrangements that outline first level services. If there is any change to this then this would need to be reported back via the ALT.
Workforce:	New workforce configurations, both within primary care and across the current primary and secondary services are expected to be a significant part of the solution or solutions identified as part of this programme.
Risk:	Although we are optimistic about the progress made, and the way forward, this remains an area of high risk for the Alliance. This is in part due to our history of limited success in this area, but also because of the need to address certain 'assumptions' that have been made on the part of key clinicians in respect to funding and resource growth, which seem to be at odds with the broader system perspective around modernizing models of care.
Equity:	Equity is a key driver for the programme as the lack of defined primary care pathways for primary care in the area are clearly disadvantaging key population groups such as Maori, Pacific and under 14's.

Prepared by: Lisa Gestro **Date: 8 October 2019**	**Presented by:** Lisa Gestro and Andrew Swanson-Dobbs.

RECOMMENDATIONS:

It is recommended that DSAC-CPHAC:

- Note the progress to date
- Review the key objectives of the project
- Note the relationship between this programme and the existing Valuing Patients Time focused on moving patients through ED
- Agree to sponsor the programme moving forward, including the receipt of regular progress reports from key personnel

Progress to date

In 2017 Wellsouth and the DHB embarked on a concurrent programme of work to try and address some of these issues. At the time the focus was predominantly on access to After Hours services, although broader issues were also examined. The project was only partly successful as engagement with GP's, via a third party contractor employed by WellSouth proved difficult. There was also a clear view that the current after hours arrangement was 'sufficient' to meet the contract and accordingly, that there was seemingly no issue to fix.

The report cited:

"The provision of after-hours care across the WellSouth PHO/Southern DHB district is diverse. This is influenced by the geographical spread of communities, the clinical resource available on the ground to deliver the services and the interpretation of what after-hours consists of, who provides it, and where.

There are significant challenges to delivering sustainable after-hours care and some of the current service provision models do not necessarily work well for patients or clinicians"

To compound the issue there was a widely held view across both primary and secondary senior stakeholders that the range, number and mix of people attending the Invercargill ED was appropriate, and therefore Primary care didn't need to change, as there was no issue with access or provision. To an extent, this is still the case with many people still involved, and this is likely to remain the greatest barrier to success this time around.

Despite presenting a range of recommendations, each of which was worked up by the author and a supporting steering group, none of them were acceptable to GP's at the time, and hence none of the recommendations have been enacted. What was enacted however was the development of the WellSouth Winter Clinic, which was operational in Invercargill for the winter months and into spring of 2018. Although this was deemed to be successful, it has not been repeated this winter because of the cost to the PHO, and because the impact on ED seemed negligible.

The difference this time however, which seems to have now been accepted by senior clinicians, is the availability of a data set that tells a compelling story about access.

A closer examination of data indicates that there are significant disparities in the way that services are accessed in Invercargill and Dunedin. This is demonstrated by the following key indicators, as an example:

Thalamus data from Jan 2018-Feb 2019

Highest GP #1	Events #		Unique Pts	
INV	6121		3471	
Dunedin	5100		3155	
Total ED presentation	Events #	Rate	Unique Pts	Rate
INV	38241	0.69	22579	0.41
Dunedin	43400	0.33	26922	0.21
After hours presentations		Rate		
INV	12306	0.22		
Dunedin	14962	0.11		
Working Hours presentations		Rate		
INV	13656	0.25		
Dunedin	15036	0.12		

The largest ED presenting GP practice in INV has 17% more ED events than its equivalent DN practice.
The overall rate of INV ED events and unique patients that present to ED down there are approximately double that of Dunedin.

The rate of after-hours presentations in INV is double that of Dunedin.
The rate of working hours presentations to ED in INV is more than double that of Dunedin

Total triage level 1 in INV for the period = 1
Total triage level 1 in Dunedin for the period = 410

A small number of GP's, who are representative of the three main 'groupings' in Invercargill have met a number of times now to review the data and agree that there is in fact an issue. This meeting has been supported by WellSouth (both at CEO and Medical Director level) and has been attended by the Clinical Director for ED Invercargill. Most recently an invitation was extended to the DHB and the CMO and Exec Director of Primary Care attended, at which point it was agreed that the group should formalise into a more robust, accountable structure that would in essence be a work stream reporting to the ALT. Project Management resource has now been secured, and membership is being reviewed to ensure it is a representative group. Terms of reference are currently being drafted.

Synergy with Valuing Patients Time

Although the Valuing Patients Time programme has to date been largely focussed on improving efficiency within the acute inpatient part of our system, this programme dovetails very nicely with a VPT programme that has been in place for the last few months focussing on addressing the backlog of patients in ED. This has been less about patients presenting at the front door of the hospital, and more about how the flow through ED, and into others parts of the hospital can be improved. ED, Internal Medicine and Surgery have been the main services involved in the working group and progress has been steady in terms of trialling several initiatives to improve flow through the acute hospital. This project, although separate will be closely aligned to this VPT programme, and collectively the outputs should see improved flow for patients through the whole journey, reflecting whole of system change. A common project manager and a common member in the form of the ED Medical Director will also assist in ensuring that there is alignment across the programmes.

What are the problems we are trying to fix?

In the meetings that have been held to date, the following key issues have been identified and will form the basis of the work programme:

- Number of under 14's presenting during the day
- Number of under 14 Maori presenting at all times of the day
- Frequent flyers – patients with multiple presentations to ED – who are they and why? Are they Long Term Conditions patients, or other?
- Triage 4 and 5's presenting to ED – are there any that can be safely seen in primary care?
- GP FTE in Invercargill to enrolled population ratio – is it comparative to elsewhere in the country?
- Resolution of data transfer and information sharing between ED and primary care
- The number of rest home patients that are presenting to ED (particularly after hours) that could have been seen by primary care
- A more effective way to manage follow ups for specific conditions such as Cellulitis and those needing IV Antibiotics.

If ALT agree, then the next steps, as outlined above, are to complete the membership review, and the Terms of Reference. This will become a regular ALT update, and once initial processes are embedded, clinical leads for the programme could be invited to come and present to ALT on progress.

SOUTHERN DISTRICT HEALTH BOARD

TITLE:	**FINANCIAL REPORT**		
REPORT TO:	Commissioner Team		
DATE OF MEETING:	23 October 2019		
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:** 15 October 2019		**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **1. That this report be received.**			

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Southern District Health Board – Monthly Financial Report
For the month ended 30 September 2019

Strategy, Primary & Community - Sep 19

	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	Monthly Actual FTE	Montly 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	77,237	76,854	383				231,764	230,557	1,207				922,198
IDF Revenue	1,973	1,871	102				5,713	5,613	100				22,453
Other Government	356	555	(199)				1,305	1,624	(319)				6,178
Total Government & Crown	**79,567**	**79,280**	**287**				**238,782**	**237,794**	**988**				**950,829**
Non Government & Crown Agency Revenue													
Patient related	20	20					62	61	1				244
Other Income	46	26	20				118	76	42				300
Total Non Government	66	46	20				180	137	43				543
Total Internal Revenue	**2,270**	**2,270**					**6,810**	**6,810**					**27,239**
TOTAL REVENUE	**81,902**	**81,596**	**306**				**245,771**	**244,741**	**1,030**				**978,612**
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	645	651	6	**28**	**32**	**3**	1,946	1,975	29	**28**	**31**	**3**	7,984
SMO - Indirect	37	39	2				116	118	2				472
SMO - Outsourced	23	26	3				47	85	38				326
Total SMO's	**706**	**716**	**10**	**28**	**32**	**3**	**2,109**	**2,178**	**69**	**28**	**31**	**3**	**8,781**
Registrars / House Officers (RMOs)													
RMO - Direct	38	33	(5)	**5**	**3**	**(1)**	116	105	(11)	**4**	**3**	**(1)**	431
RMO - Indirect		2	2				4	6	2				23
RMO - Outsourced													
Total RMOs	**38**	**35**	**(3)**	**5**	**3**	**(1)**	**120**	**110**	**(10)**	**4**	**3**	**(1)**	**453**
Total Medical costs (incl outsourcing)	**743**	**751**	**8**	**33**	**35**	**2**	**2,229**	**2,288**	**59**	**32**	**34**	**2**	**9,235**
Nursing													
Nursing - Direct	1,815	1,816	1	**245**	**234**	**(11)**	5,321	5,402	81	**241**	**235**	**(7)**	21,821
Nursing - Indirect													
Total Nursing	**1,815**	**1,816**	**1**	**245**	**234**	**(11)**	**5,321**	**5,402**	**81**	**241**	**235**	**(7)**	**21,821**
Allied Health													
Allied Health - Direct	1,514	1,760	246	**300**	**323**	**23**	5,086	5,516	430	**298**	**323**	**25**	22,910
Allied Health - Indirect	18	16	(2)				42	47	5				357
Allied Health - Outsourced	29	32	3				69	97	28				384
Total Allied Health	**1,560**	**1,807**	**247**	**300**	**323**	**23**	**5,197**	**5,660**	**463**	**298**	**323**	**25**	**23,651**
Support													
Support - Direct	11	12	1	**4**	**3**	**(0)**	38	37	(1)	**3**	**3**	**(0)**	149
Support - Indirect													1
Total Support	**11**	**12**	**1**	**4**	**3**	**(0)**	**38**	**38**		**3**	**3**	**(0)**	**150**
Management / Admin													
Management & Administration - Direct	601	631	30	**109**	**110**	**1**	1,975	1,982	7	**110**	**110**	**(0)**	7,955
Management & Administration - Indirect	7	5	(2)				8	14	6				55
Management & Administration - Outsourced	1	1					3	3					13
Total Management / Admin	**609**	**637**	**28**	**109**	**110**	**1**	**1,985**	**1,999**	**14**	**110**	**110**	**(0)**	**8,023**
Total Workforce Expenses	**4,738**	**5,022**	**284**	**690**	**705**	**15**	**14,771**	**15,386**	**615**	**684**	**704**	**20**	**62,879**
Non Personnel													
Outsourced Clinical Services	119	101	(18)				378	303	(75)				1,138
Outsourced Funder Services	1,084	1,086	2				3,349	3,358	9				13,457
Clinical Supplies	1,000	952	(48)				2,995	2,736	(259)				11,018
Infrastructure & Non-Clinical Supplies	433	410	(23)				1,164	1,246	82				4,881
Provider Payments													
Personal Health	59,803	59,824	21				179,704	179,754	50				717,121
Change Initiative Fund	212	212					635	635					2,539
Public Health	109	82	(27)				327	246	(81)				983
Disability Support	14,806	14,982	176				45,413	45,344	(69)				181,009
Maori Health	111	121	10				376	393	17				1,572
Total Non Personnel Expenses	**77,677**	**77,770**	**93**				**234,339**	**234,016**	**(323)**				**933,718**
TOTAL EXPENSES	**82,415**	**82,793**	**378**				**249,110**	**249,402**	**292**				**996,597**
Net Surplus / (Deficit)	**(513)**	**(1,197)**	**684**				**(3,339)**	**(4,662)**	**1,323**				**(17,985)**

Southern District Health Board – Monthly Financial Report
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Requests awaiting approval - Items on Register

- 18/19 IBT revenue adjustment $57k u
- ACC revenue adjustment $205k f
- Maori Health adjustment $42k u
- Transfer pay equity revenue to Mental Health $103k u (Nil DHB impact)

Summary

Strategy, Primary and Community report a provisional favourable bottom line variance of $684k for September. Since the draft accounts were published we have identified required adjustments to ACC revenue, IBT revenue, Maori Health provider payments and a transfer of pay equity revenue. These adjustments will improve the SPC bottom line by $2k.

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

Workforce

- Allied Health $247k f refer workforce

Personal Health

- Dental $140k f refer provider payments section
- Labs $54k f update of MOU (note variance also sits in EDSS).

Disability support

- ARRC $347k f refer provider payments section
- HCSS $112k u 19/20 HCSS unbudgeted uplift ($450k p.a)

Comments for discussion

- IDF Outflow accrual (CDHB only) has been amended to better reflect CDHB coding lag.

Revenue

External Revenue – MOH Revenue

Category	September Variance	YTD variance	Comment
Pay Equity	$310k (f)	$929k (f)	Expenditure offset
IBT	$50 (f)	$182k (f)	Expenditure offset
Electives	$40 (f)	$120k (f)	Reflects 19/20 funding pool
B4 Schools	$0	$54k (f)	Under accrual in June
Careplus	$38 (f)	$110k (f)	Expenditure offset
Other	$53 (u)	$188(u)	Includes CSC and U14's
Total	**$383 (f)**	**$1,207 (f)**	

Internal Revenue –

Southern District Health Board – Monthly Financial Report
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Workforce Costs

Medical SMO – 3 FTE's and $10k favourable to budget for September and 3 FTE and $69k favourable to budget YTD. Ordinary time is the main driver of the variances.

Medical RMO – 1 FTE unfavourable to budget for September and YTD. Minimal variance ($10k u) YTD.

Nursing - 11 FTE for September and 7 FTE YTD unfavourable to budget. The FTE variance mainly driven by ordinary time, sick leave and overtime. YTD ($81k f) is driven by Annual leave accrued ($154k f) offset by overtime ($70k u).

Allied Health - 23 FTE and $247k favourable to budget for September and 25 FTE and $463k favourable to budget YTD. Ordinary time is the main driver of the favourable variance. Actual Allied Health FTE are approximately 25 FTE higher than the corresponding period in 18/19.

Management/Admin – 1FTE and $28k favourable to budget for September and $14k favourable to budget YTD.

Pharmaceuticals

- Consolidated monthly variance shows slightly favourable position ($129k) for the month
- Rebate per Pharmac's new June 19 forecast.
- "PCT" variance is in below table is not reflective of true PCT performance due to the three chemical change in April 19, hence the adjustment made. Discussion with Pharmac underway to find best way to report this variance. DHB's and Pharmac in discussion regarding reporting of this expenditure.
- Consolidated monthly variance shows:

	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	3 chemical re-alignment	Adjusted variance
Clinical Supplies - Pharmaceuticals	$7,040.0	$7,093.4	$53.4	$0.0	$53.4
Provider Payments - Pharms	$18,094.9	$18,108.6	$13.7	$0.0	$13.7
Total	**$25,134.9**	**$25,202.0**	**$67.1**	**$0.0**	**$67.1**

Variance is made up of the following (estimate)

Pharms YTD	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	3 chemical re-alignment	Adjusted variance
PCT	$3,372.7	$2,331.5	-$1,041.2	$1,364.0	$322.8
Community Pharms (DHB Outpatients)	$1,246.2	$1,159.1	-$87.1		-$87.1
Hospital Inpatients	$2,421.1	$3,602.8	$1,181.7	-$1,364.0	-$182.3
Community Pharms (excl DHB)	$18,094.9	$18,108.6	$13.7		$13.7
Total	$25,134.9	$25,202.0	$67.1		$67.1

Southern District Health Board – Monthly Financial Report
For the month ended 30 September 2019

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	250	250		824	722	-102	2,913
Diagnostic Supplies & Other Clinical Supplies	5	4	-1	13	12	-1	49
Instruments & Equipment	43	65	22	163	188	25	778
Patient Appliances	179	149	-30	470	391	-79	1,682
Implants & Prostheses				2	1	-1	6
Other Clinical & Client Costs	5	14	9	31	40	9	157
Total Clinical Supplies (excl Pharms)	482	482	0	1,503	1,354	-149	5,585

- 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.

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Infrastructure & Non-Clinical Supplies

- Legal Fees $37k f YTD.
- Consultants Fees $28k u YTD due to EY Primary Maternity review.
- Domestic travel $25k f YTD.
- Electricity $32k f YTD.

Provider Payments (NGO's)

Personal Health

- Pharmaceuticals - $42k favourable to budget for September (refer pharmaceuticals comment).
- Immunisation - $64k unfavourable to budget YTD is demand driven and the budget is understated compared to expected expenditure.
- Dental - $283k favourable to budget YTD – Due to June & July accruals being overstated (significant invoicing lag meant accrual was large). Demand driven.
- Primary Health Care Services – Services are $123k unfavourable to budget YTD. The majority of this is due to Careplus ($109k over YTD with revenue offset) and First Contact services ($30k over YTD).
- Medical Outpatients - $115k unfavourable YTD due to haemophilia national pool expenditure being higher than Pharmac forecast.

Public Health

- The $81k unfavourable variance YTD is due to budgeted savings of $70k that have not been achieved.

Disability Support

- Pay Equity - $42k unfavourable to budget for the month ($421k YTD), with full revenue offset. $140k of this variance YTD is due to accruing PE underspend, which will be applied to national HCSS model of care programme.
- Home Support - $233k unfavourable to budget for the month ($400k YTD), due to IBT expenditure being $308k unfavourable to budget (YTD) and impact of unbudgeted component of HCSS contract uplift ($113k YTD). Note $182k favourable IBT revenue, which partially offsets this variance.
- ARRC volumes favourable to budget at all levels of care, which contributes to $347k favourable monthly variance ($633 YTD).

Maori Health

- $17k f YTD. Adjustment accrual of $42k to be processed will put Maori Health $25k u YTD.

Southern District Health Board – Monthly Financial Report
For the month ended 30 September 2019

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	237	82	148 u	YTD savings **not** achieved
Pharmaceuticals	2,395	599	67 f	YTD savings **fully** achieved
ARRC	1,000	250	633 f	YTD savings **fully** achieved
Public Health[1]	283	71	10 f	YTD savings **fully** achieved
Total	**3,883**	**1,002**		

[1]Includes both Funder and Provider.

Risks

- Measles Outbreak, quantum not confirmed.

Forecast

The following table is to inform a discussion relating to MOH forecast submission

Category	Likelihood	Risk	Opportunity	Scaled Risk	Scaled Opportunity
Respite	Certain	0	65	**0**	**65**
CFA variance	Certain	50	0	**50**	**0**
Labs	Certain	0	171	**0**	**171**
Clutha NASC budget double up	Certain	0	202	**0**	**202**
Allied Health FTE - ICU	Certain	170	0	**170**	**0**
Immunisation	Very High	185	0	**166**	**0**
Lakes FTE	Very High	450	0	**405**	**0**
Neurosurgery Outflows to CDHB	Very High	464	0	**418**	**0**
Neurosurgery Inflows from SCDHB	Very High	411	0	**370**	**0**
Public Health Savings Plan	High	283	0	**212**	**0**
ARRC	High	0	833	**0**	**625**
Continence & Ostomy supplies	High	222	0	**166**	**0**
Electives Revenue	High	0	480	**0**	**360**
PHO	Certain	0	251	**0**	**251**
Maternity	Medium	150	0	**75**	**0**
HCSS	Certain	450	0	**450**	**0**
Allied Health FTE	Medium	0	250	**0**	**125**
Pay Equity	Low	0	500	**0**	**125**
Total		**2,835**	**2,752**	**2,483**	**1,923**

Subtotal - risk less opportunity	83	**559**

National Haemophilia Pool	Very High	400		**300**	
Labs - extra 1% reduction	Certain		471		**471**

Overall - risk less opportunity	12	**388**

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.
2. Primary Maternity	To allow activities to be carried on without prejudice or disadvantage.	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(j) of the Official Information Act 1982