## SOUTHERN DISTRICT HEALTH BOARD

## DISABILITY SUPPORT ADVISORY COMMITTEE and

## **COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE**

## Thursday, 23 March 2017

commencing at the conclusion of the public Hospital Advisory Committee meeting

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

## AGENDA

Lead Director: Liz Disney, Acting Executive Director Planning & Funding

#### Item

- 1. Apologies
- 2. Interests Register
- 3. Minutes of Previous Meeting
- 4. Matters Arising
- 5. Review of Action Sheet
- 6. **Planning & Funding Report** 
  - 6.1 Planning & Funding Activity
  - 6.2 Public Health South Report
- 7. Financial Report
- 8. DHB Performance Report Q2 2016/17 Health Targets and Indicators of Performance
- 9. Contracts Register

Southern DHB Values					
Kind Open Positive Community					
Manaakitanga	Pono	Whaiwhakaaro	Whanaungatanga		

## **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 March 2017	

#### **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).

#### Additions to Interests Registers since the last meeting:

Graham Crombie - Chair, South Island Alliance Information Services.

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

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

## Prepared by:

Jeanette Kloosterman Board Secretary **Date:** 13/03/2017

#### **RECOMMENDATION:**

1. That the Interests Registers be received and noted.

## DSAC/CPHAC Meeting - Public - Interests Register

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

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	<del>25.06.2015</del>	<del>Trustee, Sport Otago</del>	Nil (Removed 22.11.2016)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	<del>25.06.2015</del>	Director, Dunedin Venues Limited	Nil (Ceased 6 June 2016)	
	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.	
		Spouse:		
	25.06.2015	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries 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	02.03.20137.
	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	Board Member, Dunedin Diocesan Trust Board	Nil	
	25.06.2015	Director, Nominee companies associated with	Nil	
		Gallaway Cook Allan		
	25.06.2015 25.06.2015 (updated	Trustee of numerous private trusts  President, Otago Racing Club Inc.	Nil Nil	
	22.04.2016)			
Graham CROMBIE	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	

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

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Chairman (Removed 27.07.2016)  Dunedin Venues Ltd (name change - see below)	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	<del>06.04.2011</del>	Councillor, Dunedin City Council	(Removed 26.10.2016)	
	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 CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

## DSAC/CPHAC Meeting - Public - Interests Register

#### 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	Nil	
(Consultant, Finance Audit &		Council	Southern DHB may apply for funding. REMOVED	
Risk Committee)	<del>21.08.2015</del>	Trustee, Community Trust of Otago	19/12/2016.	
	24 00 2045	Board Member, REANNZ (Research & Education Advanced	REANNZ is the provider of Eduroam (education roaming)	
	21.08.2015	Network New Zealand)	wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
		Advisor to a number of primary health provider clients in	All of the primary health provider clients in rural Otago are	
	21.08.2015	rural Otago	likely to have a contract through Southern DHB and/or the	
	10.01.2016	Audit and Risk Committee member, Office of the Auditor-	WellSouth Primary Care Network.  Audit NZ, the DHB's auditor, is a business unit of the Office	
	18.01.2016	General	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.	
		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	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have 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.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
2 25511215	21.08.2015	4th Year Medical School Student		
Suzanne CRENGLE (HAC Member)	10.10.2016	General Practitioner, Invercargill Medical Centre		
(HAC Meiliber)	10.10.2016 10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer Executive Member, Ōraka Aparima Rūnaka		
	20.01.2017	Board Member, Royal NZ College of General Practitioners		
	20.01.2017	Member, Perinatal and Maternity Mortality Review Committee		
	20.01.2017	Two private trusts, with no interests in DHB matters		
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(CPHAC/DSAC and IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	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
	<del>27.02.2014</del>	Te Waipounamu Māori Cancer Leadership Group	Nil REMOVED 23 February 2017	
	<del>27.02.2014</del>	Ahuru Mowai National Māori Leadership Group Cancer	Nii⊢ REMOVED 23 February 2017	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka 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	
Taare BRADSHAW	05.08.2010	Nil	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	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	
Justine CAMP	31.01.2017	To be confirmed		
IGC - Moeraki Rūnaka				
Huhana (Hana) MORGAN	25.02.2009	Chair of Awarua Rūnaka Trust - Awarua Social and Health Services.	Possible conflict when contracts with Southern DHB come up for renewal.	
IGC - Awarua Rūnaka				
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	
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.

1018	Inagement or .	stail conflicts of interest is covered by SDHB's (	on the est roney and saldennes.
Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
Liz DISNEY	27.02.2017	Nil	
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Lead Chief Executive South Island Child Health 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	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	
	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.
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.

## 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
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	land am now Denuty Dean of the Dunedin	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	ILLIFECTOR PROBESTO HOLDINGS LTG	No conflict. Holding company for share of Caversham Health Centre.
Leanne SAMUEL	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust
	01.07.2007	Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Clive SMITH	31.03.2016	Nil	

## Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 26 January 2017, commencing at 9.45 am, in the Board Room, Southland Hospital Campus, Invercargill

**Present:** Mrs Kathy Grant Commissioner

Mr Graham Crombie Deputy Commissioner Mr Richard Thomson Deputy Commissioner

In Attendance: Mr Chris Fleming Interim Chief Executive Officer

(by videoconference)

Mrs Lexie O'Shea Deputy CEO/Chief Operating Officer
Dr Nicola Mutch Director of Strategic Communications

(by videoconference)

Mrs Leanne Samuel Executive Director Nursing & Midwifery

Mr Clive Smith Chief Financial Officer
Ms Jane Wilson Implementation Manager,
Commissioner's Office

Ms Jeanette Kloosterman Board Secretary (by videoconference)

#### 1.0 APOLOGIES

An apology was received from Ms Donna Matahaere-Atariki, Committee Member.

#### 2.0 DECLARATION OF INTERESTS

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

#### 3.0 PREVIOUS MINUTES

#### Recommendation"

"That the minutes of the meeting held on 22 November 2016 be approved and adopted as a true and correct record."

#### Agreed

#### 4.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

#### **Primary Maternity Services**

The Executive Director Planning & Funding reported that a draft report was being considered by the Executive Leadership Team (ELT) and would be submitted to the Commissioner Team in March.

#### **Action Sheet**

The Commissioner requested that the following items be placed on the action sheet:

- Urgent Care: Primary Options for Acute Care pathways to enable GP access to IV antibiotics, IV fluids and biopsies by quarter three;
- Outpatients Project first work stream cardiology and paediatrics being considered;
- Health of Older People community based wraparound service to be completed by end of quarter three.

#### 5.0 PLANNING AND FUNDING REPORT

The Commissioner noted that Sandra Boardman was attending her last advisory committee meeting as Executive Director Planning and Funding and acknowledged the contribution Mrs Boardman had made in that role over the last three years.

#### **Community Health Council**

The Interim Chief Executive Officer (CEO) reported that the first meeting of the Community Health Council had been deferred until later in February to enable a workshop to be held to define the relationship between the Council and the DHB, including the Commissioner Team and its advisory committees, and how the Council would engage with the community.

#### **Planning and Funding**

In presenting the Planning and Funding Report (tab 6.1), the Executive Director Planning and Funding highlighted the following items.

- Urgent Care Network has been progressing well with linkage to the Long Term Conditions Network. Information to date indicated a variation in the scope of general practice delivery in urban and rural settings and consideration was being given to whether there needed to be a tiered approach to interventions.
- Radiology Systems Project:
  - The pathways for direct GP access to ultrasound for deep vein thrombosis (DVT) and CT for renal colic had been rolled out in December and work had begun to identify the next pathways to be worked through.
  - A design workshop on how more patients could have imaging closer to home was scheduled for February.
  - Recent meetings with Central Otago Health Services Ltd (COHSL) had started to progress thinking around the medical and non-medical aspects of partnership models for planning and funding radiology services across the district.

The Executive Director Planning and Funding then took questions on her report.

#### **Public Health**

The Public Health Report (tab 6.2) was taken as read.

#### Recommendation:

"That the Planning & Funding and Public Health Reports be noted."

#### Agreed

#### 6.0 QUARTER ONE 2016/17 PERFORMANCE REPORT

The Executive Director Planning and Funding presented a summary of Southern DHB's performance reporting for quarter one 2016/17 (tab 7), noting that an 'outstanding' rating had been achieved for improving the quality of identity data within the NHI.

The Committees requested an update on the mitigation strategies to improve performance against the Better Help for Smokers to Quit, Primary Care, Health Target.

#### Recommendation:

"That the Committees note the results for quarter one 2016/17 DHB performance reporting."

Agreed

#### 7.0 FINANCIAL REPORT

In presenting the Funder financial report for December 2016 (tab 8), the Executive Director Planning and Funding noted the result was slightly unfavourable for the month but favourable year to date.

The Interim CEO advised that he had received an assurance that DHBs would not be disadvantaged by the in between travel (IBT) settlement for Home Support and he would be following this up with the Ministry of Health.

#### Recommendation:

"That the report be received."

Agreed

#### 8.0 CONTRACTS REGISTER

The Funding contracts register for November-December 2016 was circulated with the agenda (tab 9) for information.

## Recommendation:

"That the Contracts Register be noted."

Agreed

#### **Public Forum**

Prior to moving into public excluded session, the Commissioner opened the meeting up to questions and comments from the public.

#### **CONFIDENTIAL SESSION**

At 10.25 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

Gen	eral subject:	Reason for passing this resolution:	Grounds for passing the resolution:
E	Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
F	Contracts Register - SCL Agreement	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and (j) of the Official Information Act.

Confirmed as a true and	correct record:
Commissioner:	
Date:	
440	
4 ) y	

# Southern District Health Board DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING ACTION SHEET

## As at 8 March 2017

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
22 Nov 2016	Primary Maternity Services (Minute item 6.0)	Report to be submitted to the next meeting.	EDP&F	Report has been discussed by ELT, further consideration to be given to options by ED Nursing, CMO, COO, ED P&F and CEO at meeting in March. Recommendations will then be resubmitted to ELT in April.	May 2017
22 Nov 2016	Annual Plan Progress Dashboard (Minute item 9.0)	Use of blue dots (indicating completion during Q1) to be reviewed.	EDP&F	The latest Annual Plan Progress Dashboard has been completed following the comments on the use of blue dots.	Completed
26 Jan 2017	Urgent Care: Primary Options for Acute Care (Minute item 4.0)	Pathways to enable GP access to IV antibiotics, IV fluids and biopsies to be completed by quarter three.	EDP&F	Expansion of POAC services being considered. Specific benefit analysis being developed for IV antibiotics and IV fluids. This will go to ALT in March.	March 2017
26 Jan 2017	Outpatients Project (Minute item 4.0)	First work stream cardiology; paediatrics being considered – progress to be reported.	EDP&F	First cardiology telemedicine clinic held in Dunstan in early March.	March 2017
26 Jan 2017	Health of Older People (Minute item 4.0)	Community based wraparound service to be completed by quarter three.	EDP&F	Business Case for community based wrap-araound service has been developed and will go to ALT in March.	
26 Jan 2017	Quarter One 2016/17 Performance Report (Minute item 6.0)	Update to be provided on the mitigation strategies to improve performance against the Better Help for Smokers to Quit, Primary Care, target.	EDP&F	WellSouth have identified a range of mitigation strategies to improve performance against this target. These include regular meetings with the MOH and Primary Care Tobacco Champion, relaying smoking status from a greater range of hospital and community datasets, improving communication with	Completed

DATE	SUBJECT	ACTION REQUIRED	ВҮ	STATUS	EXPECTED COMPLETION DATE
				practice performance and providing direct support using WellSouth staff.	

## **SOUTHERN DISTRICT HEALTH BOARD**

Title:		Planning and Funding Report				
Report to:		sability Support and Community & Public Health Advisory ommittees				
Date of Mee	ting: 23	3 March 2017				
Summary: Monthly report	Summary:  Monthly report on the Planning and Funding activities and progress to date.					
Specific impl	ications f	or consideration (	(financial/workforce/r	isk/legal etc.):		
Financial:	N/A					
Workforce:	N/A					
Other:	N/A					
Document pr submitted to		N/A		Date:		
Approved by Executive Of		N/A		Date:		
Prepared by:		•	Presented by:			
Planning & Funding Team		m	Liz Disney Acting Executive Dir Funding	rector Planning &		
<b>Date:</b> 08 March 2017						
RECOMMEND	RECOMMENDATION:					

That the Disability Support and Community & Public Health Advisory Committees note the content of this paper for the priority projects.

#### **EXECUTIVE HIGHLIGHTS**

#### Community Health Council

The first Community Health Council (CHC) meeting was held in February and all nine members, including the two newly appointed Māori representatives attended (Appendix 1). Members were officially welcomed with a mihi led by Matapura Ellison (SDHB Kaumatua). This was followed by welcomes from Chris Fleming (SDHB CEO), Ian Macara (WellSouth PHN CE) and Associate Professor Sarah Derrett (Establishment Chair of CHC). The CHC members finalised their Terms of Reference and discussed the information necessary to contribute to developing a work plan over the coming months. The Council will be meeting again on 25 March 2017.

#### Mental Health and Addiction Services Stepped Care Action Plan

The Stepped Care Action Plan has now been released to the sector. John MacDonald Network Chair and Network members have led a range of well attended SDHB staff and community meetings to introduce the Action Plan across the district. Overall the Action Plan has been well received, with meeting participants feeding back their desire for SDHB to carry through and implement the work programme.

#### • Increased Access to Influenza Vaccination

Contracts have been sent to all community pharmacies to enable the delivery of funded influenza vaccinations to eligible people 65 years and over. Pharmacies with appropriately qualified vaccinators will be able to claim for the flu vaccinations from 1 April 2017.

## **SPECIFIC PROJECTS -**

Priority Area	Aim • Why?	Overall Approach	Progress on key milestones (February)
Urgent Care Network	• Intended benefit  To reduce the increasing burden on emergency departments and hospital admissions by patients who can be safely and appropriately treated in the community, and to ensure that patients have access to long-term clinically and financially sustainable after-hours medical care	Urgent Care Network is no longer in existence Three recommendations were put forward from the Urgent Care Network:  1. Expansion of the suite of primary options for acute services  2. Changing the model of care for Dunedin after-hours to reduce ED attendance rates  3. Changing the model of care for Invercargill after hours to reduce ED attendance rates  Since the network is no longer meeting, consideration has been given to the broader model of care for urgent services:	<ol> <li>Expansion of POAC services - P&amp;F and Alliance</li> <li>Business case with cost benefit analysis being developed for IV antibiotics and IV fluids. This will go to ALT in March.</li> <li>After hours Dunedin - WellSouth</li> <li>No activity reported this month</li> <li>After hours Invercargill - WellSouth</li> <li>Meeting between GPs and WellSouth Board planned 29<sup>th</sup> March to continue to discuss how to make progress and review the after-hours model.</li> <li>Ongoing discussions in WellSouth about developing a nurse practitioner led model of care.</li> </ol>
Long Term Condition Network	To reduce the impact of multimorbidity on patients and our health system.  Intended improvements include:  Better co-ordinated care and improved self-management  Prevent/Delay/Reduced impact of multi-morbidity	Standardisation of the use of primary flexible funding (CarePlus) through a new model of care (called <i>Do The Right Thing</i> ) in order to deliver more targeted long-term conditions management in general practice.	Preparation for testing Do the Right Thing is underway:  Centennial, Wanaka & Maori Hill have enrolled in the pilot. Invercargill MC and East Otago Health have been approached and are yet to confirm. Sapere risk prediction tool currently being procured by WellSouth (expected April)  Flinders self management assessment tool currently being procured by WellSouth

Priority Area	Aim • Why? • Intended benefit	Overall Approach	Progress on key milestones (February)
	Targeted funding to most complex and costly patients		An evaluation process by Fiona Doolan-Noble, Carol Atmore and Stuart Barson has been funded by HealthCare Otago Charitable Trust. The study is currently being designed.
Health of Older People Network	A District-Wide Model of Care for Older People that will improve the long term sustainability of whole of system for older people in Southern District.  Intended benefits include:  Care closer to home in familiar surroundings which will support the older person to regain strength and independence  Reduced admission to hospital (via alternative community-based care)  Patients will receive the right care and support based on a comprehensive geriatric assessment  Improved coordination between health providers	Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service.	Workstream 1: Community-based Wraparound Service  Consultation is complete (~150 stakeholders engaged). Key themes:  Build capability within local communities to support older people Build on the case management approach of the "Do The Right Thing" model Increase allied health resource Integration – a "one team" approach is key Co-ordination of care is a large gap area Transitions of care need to be managed carefully  Business Case for Wraparound Service to be considered by Alliance Leadership Team at their March meeting.
Radiology Systems Project	The clinical question that is being considered is:  "How do we configure a district wide radiology system that is	The Radiology Systems Project has been split into two phases. The first phase has been completed and resulted in a report with detailed recommendations informed by a	Workstream 1 – HealthPathways and Electronic referral Management System.  Draft HealthPathways for renal colic (CT) and deep vein thrombosis (US) have been

Priority Area	Aim • Why? • Intended benefit	Overall Approach	Progress on key milestones (February)
	clinically effective, supports convenient access for patients and clinicians, best utilises existing equipment and resources and lives within the	series of discussion workshops with key stakeholders. The second phase of the project has been designated as the implementation phase and has been split into three workstreams.	completed. The intention is for GPs to provide key information which indicates they have used the relevant HealthPathway in deciding to refer for imaging. These referrals will be audited.
	funding available"	been spiit into tinee workstreams.	The next step will be to test the draft HealthPathways and ERMS process with GPs invited to make appropriate referrals for these two conditions.
			Workstream 2 – A single point of entry (SPOE) for managing referrals for high tech imaging.
			Planning for a proposed district wide SPOE for high tech imaging is underway. This culminated in a co design workshop held at the end of January attended by a range of interested stakeholders.
			Following this, a draft framework has been developed, based on the information gathered at the workshop and from discussion for a held across the district at the end of last year. The framework has been issued for consideration and feedback and is due by mid-March.
			Workstream #3 – Partnership models for Funding and Contracting
			Option appraisal on a range of potential approaches resulted in identification of a preferred partnership model of service

Priority Area	Aim  • Why?  • Intended benefit	Overall Approach	delivery.  The first available opportunity to progress the preferred option is with Central Otago Health Services Ltd (COHSL). Discussions with COHSL have identified the potential costs and benefits that may be realised from adopting the preferred model. An implementation plan is currently being developed.
Outpatients Project	The project has three key aims:  Review the location of outpatient services by type and specialty  Provide direction as to where outpatient services should be located if there was to be equitable access across the district.  Explore the implications of any changes in volumes and what that would mean for current contracts.	There will be a series of workstreams focussing on individual services. The first workstream is for cardiology services. In 2014/15 the cardiology service delivered 841 OP events for patients domiciled in rural areas. Nearly all of these events were delivered in Dunedin Hospital, with a smaller number delivered from Southland Hospital. The workstream will identify how this proportion can be reconfigured so that a significant number of events are delivered in rural settings.	First cardiology telehealth clinic was delivered at the end of February between Dunstan Hospital and Dunedin Hospital.
Raise HOPE- Growing Community	To support more people with complex mental health needs to live and participate meaningfully	Complete an analysis of current service options, identifying gaps in service and opportunities for	The final Business Case will be ready for ELT consideration in April 2017.

Priority Area	Aim • Why? • Intended benefit	Overall Approach	Progress on key milestones (February)
Rehabilitation Services	in their own communities.	improvement  2. Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands  3. Work with the sector, including consumer and family representatives, to design a new service model- by 28 October 2016  4. Develop a business case for the proposed new service modelfinal business case to approval processes 18 November 2016  5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. From Quarter Four – dependent on MOH approval to advance proposal including completion of Service Change Protocols	

## **Appendix 1 Community Health Council Maori member biographies**

#### Mrs Takiwai Russell-Camp Dunedin

Takiwai was born and raised in Dunedin and has Māori and Cook Island whanau connections. Currently working in the hospitality industry, Takiwai is married with one child and is actively involved with Puketeraki Marae. Takiwai is also involved with the Dunedin artistic community with her area of interest being photography. Takiwai's health fields of interest include mental health, alcohol and drugs, Māori health, youth and children and primary health.

#### Ms Kelly Takurua Mataura

Kelly was born and raised in Gore until before her family moved to Tapanui. This was followed by some time studying in Dunedin. Kelly has undertaken a number of courses relating to social services and mental health addictions in Dunedin and Invercargill. Kelly is currently working as a Social Worker/Manager for Te Iho Awhi Rito Social Service, a Marae-based social service provider in rural Southland. Kelly's health fields of interest include mental health, alcohol and drugs, Māori health and primary health.

## SOUTHERN DISTRICT HEALTH BOARD

		1				
Title:		PUBLIC HEALTH SE	PUBLIC HEALTH SERVICE REPORT			
Report to:		Community and Publi	Community and Public Health Advisory Committee			
Date of Meet	ing:	23 March 2017				
Summary:						
Considered in	these	papers are:				
■ Public I	Health	Service Activity				
Specific impl	icatio	ns for consideration (	(financial/workforc	e/risk/legal etc):		
Financial:	n/a					
Workforce:	n/a					
Other:	n/a					
Document previously submitted to	:	n/a		Date: n/a		
Approved by	:	Jenny Hanson		Date: 22 February 2017		
		Nursing Director, Women's, Children's, Public Health and Support Directorate				
Prepared by:			Presented by:			
Lynette Finnie, Service Manager, Public Health Service. Women's, Children's, Public Health and Support Directorate		- '	Liz Disney Acting Executive Funding	Director Planning &		
<b>Date:</b> 22/02/2017						
RECOMMEND	ATIO	N:	<u> </u>			
That CPHAC	That CPHAC receives the Public Health Service Activity Report					

## PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB Community and Public Health Advisory Committee Report 10 March 2017

#### **Public Health's Role in Disinterments**

Public Health has a number of responsibilities under burial and cremation legislation in addition to reporting on a range of burial, cremation and disinterment situations that occur in the Southern district. One of these responsibilities is to assess applications for the disinterment of human remains prior to the Ministry of Health issuing a licence. A licence is required for the removal of a body from a cemetery, urupā or any other type of burial ground. There's a number of reasons why a disinterment is requested. It may be for cultural reasons or because the family would like the deceased person to be buried with other family members. Disinterments are supervised by Health Protection Officers to ensure the process is carried out with decency, respect and in a sanitary manner.

#### Child Protection Checklist for Emergency Department and Paediatric Assessment Unit

From the beginning of 2017 the child protection checklist is being introduced into the Emergency Departments (ED) and Paediatric Assessment Units (PAU) in Dunedin and Invercargill Hospitals.

This checklist is to be used for all children presenting for whatever reason to the Emergency Department or Paediatric Assessment Unit directly, aged less than two years (up until their second birthday) and those under five years presenting with injury. Injury includes trauma, cuts, bruising, burns, poisonings, and near drowning.

There has been considerable research into the use of checklists for assessing the possibility of abuse in children presenting acutely in EDs and PAUs. Literature shows such tools increase the quality of assessment and documentation, particularly in preverbal children, but have limitations in both sensitivity and specificity.

The Ministry of Health's 2016 Family Violence Assessment and Intervention Guideline: Child Abuse and Intimate Partner Violence supports the use of this approach, provided that it is understood simply as a tool to support a better quality, structured clinical assessment. It does not reduce the need for good clinical judgement, good supervision by senior staff and a careful multi-disciplinary approach if (for any reason) a clinician has concerns. The checklist is only a guide to assist safe process, not a diagnostic algorithm. It contains a series of questions and is placed in the ED/PAU assessment record.

This approach keeps the focus on the youngest children (those at greatest risk of serious physical abuse). It also acknowledges that preverbal children may present for care for one reason (such as a chest infection), but may be found on examination to have unexplained injuries (such as bruises).

## **SOUTHERN DISTRICT HEALTH BOARD**

Title:	FII	FINANCIAL REPORT				
Report to:		Disability Support and Community & Public Health Advisory Committees				
Date of Meet	<b>ing:</b> 23	March 2017				
Summary:						
The issues con	sidered in t	this paper are:				
<ul> <li>Februar</li> </ul>	y 2017 Fur	nds result				
Specific impli	ications fo	r consideration (	(financial/workforce/r	isk/legal etc):		
Financial:	As s	set out in report.				
Workforce:	No s	specific implication	ns			
Other:	n/a					
Document pr submitted to	-	Not applicable, redirectly to DSAC/		Date: n/a		
Prepared by:		l	Presented by:			
Planning & Funding Team			Liz Disney Acting Executive Dir Funding	rector Planning &		
<b>Date:</b> 10 March 2017						
RECOMMENDATION:						
1. That the r	1. That the report be received.					

## **FUNDER FINANCIAL REPORT – February 2017**

#### 1. Overview

The overall funder result follows.

	Month			`	ear to Date	
Actual	Budget	Variance		Actual	Budget	Variance
\$' 000	\$' 000	\$'000		\$'000	\$' 000	\$' 000
74,171	73,819	352	Revenue	593,320	590,548	2,772
(73,300)	(72,904)	(396)	Less Other Costs	(594,904)	(593,786)	(1,118)
871	915	(44)	Net Surplus / (Deficit)	(1,584)	(3,238)	1,654
			Expenses			
(52,913)	(52,570)	(343)	Personal Health	(427,012)	(426,033)	(979)
(7,347)	(7,404)	59	Mental Health	(58,614)	(59,231)	617
(85)	(109)	24	Public Health	(767)	(875)	108
(11,869)	(11,723)	(146)	Disability Support	(99,810)	(98,860)	(955)
(103)	(116)	13	Maori Health	(832)	(925)	93
(983)	(983)	0	Other	(7,863)	(7,863)	0
(73,300)	(72,904	(393)	Expenses	(594,904)	(593,786)	(1,116)

#### **Summary Comment:**

For February the Funder had a surplus of \$(0.87m) against a budgeted surplus of \$0.92m, which is \$(0.04m) unfavourable. Year to date (YTD) is \$1.65m favourable.

Revenue is favourable by \$0.35m for February and \$2.77m YTD. Costs overall were unfavourable by \$(0.39m) in February and \$(1.12m) unfavourable YTD.

Revenue is favourable YTD by \$2.77m due to an accrual for extra In Between Travel (IBT) revenue to match the YTD expenditure overspend of \$1.37m, 2015/16 IBT wash-up of \$0.47m, additional electives revenue of \$1.1m and additional Performance Management revenue of \$0.25m. The extra revenue is offset by IDF revenue \$(0.10m) unfavourable due to the 2016/17 YTD wash-up and Capital Charge reduction \$(0.58m) due to asset revaluation.

Expenditure for the month is unfavourable to budget by \$(0.39m), with the main reason being IBT and pharmaceutical expenditure offset by Residential Care Rest Homes.

Expenditure YTD is \$(0.72m) unfavourable, with the main reasons being inter-district flows (IDFs) (\$1.99m) unfavourable, IBT \$(1.20m) unfavourable, and Surgical Inpatients \$(1.04m) unfavourable, offset by "Change Initiative Provision" \$0.82m favourable, PHO expenditure \$0.56m favourable, Price Adjusters and Premiums \$1.14m favourable and Residential Care Rest Homes \$0.68m favourable.

## 2. Results by Grouping

The following table shows revenue and expenditure by Output Class.

Actual	Month Budget	Variance		Actual	Year to Date Budget	Variance
\$' 000	\$'000	\$' 000		\$' 000	\$' 000	\$' 000
			Revenue			
53,118	52,953	165	Personal Health	424,045	423,034	1,011
7,361	7,361	0	Mental Health	58,888	58,888	0
90	103	(13)	Public Health	720	824	(104)
12,502	12,303	199	Disability Support	100,876	99,011	1,865
116	116	0	Maori Health	928	928	0
	1.0		Funding and	020	020	· ·
983	983	0	Governance	7,863	7,863	0
74,170	73,819	352	Revenue total	593,320	590,548	2,772
			Expenses			
(52,914)	(52,570)	(343)	Personal Health	(427,012)	(426,033)	(979)
(7,347)	(7,404)	59	Mental Health	(58,614)	(59,231)	616
(85)	(109)	24	Public Health	(768)	(875)	107
(11,869)	(11,723)	(146)	Disability Support	(99,815)	(99,860)	(956)
(103)	(116)	13	Maori Health	(832)	(925)	93
(983)	(002)	0	Funding and Governance	(7.062)	(7.062)	0
(73,300)	(983) (72,904)	(396)		(7,863) (594,904)	(7,863) (593,786)	(1,118)
(73,300)	(12,904)	(390)	Expenses total	(594,904)	(393,700)	(1,110)
			Surplus (Deficit)			
205	383	(178)	Personal Health	(2,967)	(2,999)	32
14	(43)	57	Mental Health	274	(343)	617
5	(6)	11	Public Health	(47)	(51)	4
633	580	53	Disability Support	1,061	151	910
13	0	13	Maori Health	96	3	93
			Funding and			
0	0	0	Governance	0	0	0
870	914	(44)		(1,583)	(3,239)	1,656

- Revenue YTD is \$2.77m favourable to budget due to additional 15/16 Electives revenue and extra IBT revenue (including 15/16 wash-up).
- Personal Health payments are unfavourable YTD by \$(0.98m) due to IDF wash-ups (\$1.99m) along with additional 15/16 Electives offset by "Change Initiative Provision" \$0.82m favourable and palliative care \$0.62m favourable.
- DSS payments are unfavourable to budget by (\$0.96m) and is mainly due to IBT expenditure.
- Mental Health expenditure is favourable to budget mainly due to an over accrual in 2015/16.

## 3. DHB Funds Result split by NGO and Provider

	C	urrent Month				Year to Date			Variance
Personal Health February 2017	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Note
Personal Health - Provider Arm		31-2	0.00		- X - X	- 12	3-12	1.0	
Child and Youth	(340)	(340)		(2%)	(2,723)	(2,723)		19%1	
Laboratory	-				-	4			
Infertility Treatment Services									
Maternity	(23)	(23)		1001	(180)	(180)		175	
Maternity (Tertiary & Secondary)	(1,361)	(1,361)		. [175]	(10,886)	(10,886)		TEST.	
Pregnancy and Parenting Education Neo Natal	(657)	(657)		450	(5,257)	(5.257)		275.1	
Sexual Health	(86)	(86)		(9%)	(689)	(689)		10%	
Adolescent Dental Benefit	(27)	(27)		(9%)	(213)	(213)		10%	
Dental - Low Income Adult	(28)	(28)		896	(226)	(226)		679.5	
Child (School) Dental Services	(599)	(599)		(252)	(4,791)	(4,791)		12%)	
Secondary / Tertiary Dental	(119)	(119)	2000	12761	(949)	(949)	2		
Pharmaceuticals	(452)	(260)	(192) U 49 F	(74%)	(2,830)	(2,080)	(750) U	(36%)	
Pharmaceutical Cancer Treatment Drugs Pharmacy Services	(457)	(506)	49 F	10%	(4,263)	(4,047)	(215) U	(5%)	
Primary Practice Services - Capitated Primary Health Care Strategy - Health/SIA	(10)	(10)		(8%)	(77)	(77)		(0%)	
Rural Support for Primary Health Pro	(72)	(72)		(2%)	(575)	(575)		60%	
Immunisation	(69)	(69)		(2%)	(552)	(552)		(2%)	
Radiology	(278)	(278)		(0.5)	(2,225)	(2,225)		10%)	
Palliative Care									
Meals on Wheels	(35)	(35)		(7%)	(282)	(282)		1176)	
Domicitary & District Nursing Community based Allied Health	(1,110)	(1,110) (496)		(7%)	(8,877)	(8,877)		(17%)	
Chronic Disease Management and Educa	(150)	(150)		1990	(1,199)	(1,199)		9770	
Medical Inpatients	(6,852)	(6,852)		(0.50)	(54,813)	(54,813)		10%	
Medical Outpatients	(3,254)	(3,254)		(2%)	(26,032)	(26,032)		10%	
Surgical Inpatients	(11,532)	(11,532)		(25)	(93,386)	(92,254)	(1,131) U	(1%)	
Surgical Outpatients	(1,674)	(1,674)		(2%)	(13,394)	(13,394)			
Paediatric Inpatients	(664)	(664)		(2%)	(5,309)	(5,309)		(274)	
Paediatric Outpatients	(224)	(224)		(574)	(1,790)	(1,790)		57.71	
Pacific Peoples' Health Emergency Services	(10)	(10)		10.00	(80)	(80)		1000	
Minor Personal Health Expenditure	(25)	(15)	(10) U	(64%)	(169)	(121)	(48) U	(40%)	
Price adjusters and Premium	(502)	(502)	(10)0	104.701	(4.013)	(4,013)	14010	30,0	
Travel & Accomodation	(8)	(8)		1251	(64)	(64)		10%	
	(32,823)	(32,670)	(153) U	(0%)	(263,488)	(261,342)	(2,144) U	(1%)	
Personal Health NGO									
Personal Health to allocate	-	-		1601				ishin.	
Child and Youth	(35)	(37)	2 F	7%	(269)	(297)	28 F	9%	
Laboratory	(1,439)	(1,485)	47 F	3%	(11,852)	(11,883)	31 F	1990	
Infertility Treatment Services	(8)	(8)		1951	(63)	(64)		(12%)	
Maternity	(214)	(202)	(13) U	(6%)	(1,715)	(1,614)	(102) U	(6%)	
Maternity (Tertiary & Secondary)	(1)	(1)	1 F	6%	(5)	(5)	(18) U	(15%)	
Pregnancy and Parenting Education Sexual Health	(15)	(2)	2 F	076	(10)	(124)	2 F	16%	
Adolescent Dental Benefit	(120)	(174)	53 F	31%	(1,415)	(1,388)	(26) U	(2%)	
Dental - Low Income Adult	(1)	(45)	44 F	97%	(322)	(363)	41 F	11%	
Child (School) Dental Services	(13)	(35)	21 F	61%	(204)	(278)	74 F	27%	
Secondary / Tertiary Dental	(132)	(132)		10%	(1,056)	(1,057)	1 F	17%)	
Pharmaceuticals	(5,914)	(5,433)	(481) U	(9%)	(49,256)	(49,622)	366 F	1%	
Pharmaceutical Cancer Treatment Drugs			44.5	100		1001	07.5	0500	
Pharmacy Services Management Referred Services	(419)	(11) (417)	11 F (2) U	(1%)	(2,517)	(92)	87 F 816 F	95% 24%	
General Medical Subsidy	(46)	(59)	13 F	22%	(480)	(484)	4 F	1%	
Primary Practice Services - Capitated	(3.890)	(3.928)	38 F	1%	(31,525)	(31,421)	(104) U	1100	3
Primary Health Care Strategy - Care	(360)	(339)	(21) U	(6%)	(2,836)	(2,711)	(125) U	(5%)	
Primary Health Care Strategy - Health	(595)	(511)	(84) U	(16%)	(3,578)	(4,092)	514 F	13%	
Primary Health Care Strategy - Other	(68)	(64)	(4) U	(6%)	(309)	(515)	206 F	40%	- 6
Practice Nurse Subsidy	(16)	(16)	0.77	3%	(123)	(130)	7 F	5%	
Rural Support for Primary Health Pro	(1,384)	(1,316)	(69) U	(5%)	(11,069)	(10,525)	(545) U	(5%)	- 1
Immunisation Radiology	(61) (204)	(50) (214)	(11) U	(21%)	(620)	(523)	(97) U	(19%) 9%	
Palliative Care	(539)	(561)	23 F	4%	(3,954)	(4,492)	537 F	12%	- 3
Meals on Wheels	(21)	(20)	20.1	(1%)	(165)	(164)	(1) U	(1%)	
Domicilary & District Nursing	(536)	(541)	5 F	196	(4,362)	(4,326)	(36) U	(1%)	
Community based Allied Health	(199)	(176)	(24) U	(13%)	(1,444)	(1,405)	(39) U	(3%)	
Chronic Disease Management and Educa	(99)	(93)	(6) U	(6%)	(859)	(744)	(115) U	(15%)	
Medical Outpatients	(431)	(400)	(32) U	(8%)	(3,585)	(3,196)	(389) U	(12%)	
Surgical Inpatients	(16)	(20)	4 F	20%	(57)	(160)	103 F	64%	· ·
Surgical Outpatients Pandistric Outpatients	(166)	(178)	12 F	7%	(1,263)	(1,422)	159 F	11%	
Paediatric Outpatients Pacific Peoples' Health	(11)	(11)		(3%)	(68)	(87)	19 F	22%	
Emergency Services	(154)	(158)	4 F	2%	(1,267)	(1,264)	(3) U	22.76	
Minor Personal Health Expenditure	(112)	(54)	(57) U	(105%)	(182)	(436)	254 F	58%	7
Price adjusters and Premium	(89)	(220)	131 F	60%	(478)	(1,758)	1,280 F	73%	
Travel & Accomodation	(340)	(496)	156 F	31%	(3.072)	(3,149)	77 F	2%	
Inter District Flow Personal Health	(2,446)	(2.481)	35 F	1%	(21,833)	(19,846)	(1.987) U	(10%)	1
The second secon	(20,094)	(19,903)	(191) U	(1%)	(163,525)	(164,695)	1,170 F	1%	

## Personal Health expenditure variance notes:

1. Pharmaceuticals & PCT (NGO & Provider) – \$(0.51m) unfavourable YTD.

The budget includes \$0.75m YTD of expected savings relating to Clinical Pharmacists. The budget also includes \$0.42m reduction YTD relating to an increase in the Primary Mental Health budget in Primary Practice Services Capitated. The unfavourable variance in the PCT line is due to PD-1 Cancer treatments.

2. Management Referred Services - \$0.82m favourable YTD.

Change management initiative fund.

3. PHO (all lines combined) - \$0.49m favourable YTD.

Due to a number of factors, including Primary Mental Health budget that was transferred from pharmaceuticals \$0.42m YTD, 15/16 year-end over accruals for Care Plus and Management fees \$0.49m and Clinical Pharmacist \$0.14m where there has been a delayed start. These have been offset by 16/17 overspend in Performance Management (\$0.25m) and Under 13 expenditure (\$0.20m) along with a number of other minor overspends.

- **4.** Rural Support for Primary Health Providers- \$(0.54m) unfavourable YTD. Relates to expenditure incurred where the budget is sitting in Price adjusters and Premiums.
- Palliative Care \$0.54m favourable YTD Demand driven service.
- 6. Medical Outpatients \$(0.39m) unfavourable YTD.

Due to PET Scan wash-up for 2015/16 being higher than June accrual and National Haemophilia expense higher than budgeted.

7. Surgical Inpatients - \$(1.03m) unfavourable YTD.

Due to 15/16 Orthopaedic Electives and Electives Health Target funding transfer to the Provider Arm (revenue offset).

8. Minor Personal Health - \$0.25m favourable YTD.

Due to St John South Island patient transport budget where no expenditure has been incurred.

9. Price Adjusters and Premium - \$1.28m favourable YTD.

Budget includes \$0.98m YTD of rural support for Rural Trusts where expenditure has been incurred in other lines (mainly in Rural Support for Primary Health Providers). Sleepover Settlements are also under budget (\$0.20m) due to an over accrual in June 16.

10. Inter District Flow Personal Health - \$(1.99m) unfavourable YTD

2015/16 wash-up higher than June 16 accrual by \$ (0.47m) and PET Scan expenditure transferred to IDF's \$(0.33m) YTD. The YTD wash-up for 2016/17 of \$(1.14m) has been included in the YTD expenditure.

#### **Mental Health**

	C	urrent Month				Year to Date			
Mental Health	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Variance Note
February 2017	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Mental Health - Provider Arm									
Mental Health to allocate					-				
Acute Mental Health Inpatients	(1.314)	(1,314)		70561	(10,515)	(10.515)			
Sub-Acute & Long Term Mental Health	(367)	(367)		(25)	(2,934)	(2.934)			
Crisis Respite	(2)	(2)		13%	(17)	(17)			
Alcohol & Other Drugs - General	-	-			-				
Methadone	(95)	(95)		(03%)	(760)	(760)			
Dual Diagnosis - Alcohol & Other Drugs	(283)	(283)		10%	(2,261)	(2,261)			
Dual Diagnosis - MH/ID	(5)	(5)		(25.)	(40)	(40)			
Child & Youth Mental Health Services	(583)	(583)		(816)	(4,660)	(4,660)			
Forensic Services	(558)	(558)		(31%)	(4,460)	(4,460)			
Kaupapa Maori Mental Health Services	(147)	(147)		(8%)	(1,177)	(1,177)			
Mental Health Community Services	(1,764)	(1,764)		(2%)	(14, 109)	(14, 109)			
Prison/Court Liaison	+				+				
Day Activity & Work Rehabilitation S	(64)	(64)		(0%)	(509)	(509)			
Mental Health Funded Services for Older P	(36)	(36)		(2%)	(288)	(288)			
Advocacy / Peer Support - Consumer	(24)	(24)		(87%)	(194)	(194)			
Other Home Based Residential Support	(58)	(58)		(0%)	(468)	(468)			
Advocacy / Peer Support - Families	(11)	(11)	0.7	(15)	(85)	(85)	3.5	12%	
	(5,311)	(5,311)	0.F		(42,477)	(42,477)	0.7	9.	
Mental Health - NGO									
Mental Health to allocate	1.4	*		11/10	-				
Crisis Respite	(3)	(6)	3 F	43%	(25)	(47)	21 F	45%	
Alcohol & Other Drugs - General	(18)	(16)	(3) U	(19%)	(160)	(124)	(36) U	(29%)	
Alcohol & Other Drugs - Child & Youth		(3)	3 F	14000	+	(24)	24 F		
Dual Diagnosis - Alcohol & Other Drugs	(38)	(64)	26 F	41%	(291)	(514)	223 F	43%	
Eating Disorder	(11)	(11)		(0%)	(87)	(87)			
Maternal Mental Health	(3)	(3)		56.00	(28)	(28)			
Child & Youth Mental Health Services	(441)	(437)	(5) U	(1%)	(3,537)	(3,493)	(44) U	(1%)	
Forensic Senices	- 4			Alte					
Kaupapa Maori Mental Health Services	(6)	(6)		(5%)	(49)	(47)	(2) U	(5%)	
Mental Health Community Services	(28)	(101)	73 F	73%	(867)	(807)	(60) U	(7%)	
Day Activity & Work Rehabilitation S	(117)	(116)	(1) U	(1%)	(935)	(930)	(5) U	(1%)	
Advocacy / Peer Support - Consumer	(23)	(23)		1%	(186)	(187)			
Other Home Based Residential Support	(307)	(343)	36 F	11%	(2,664)	(2,748)	84 F	3%	
Advocacy / Peer Support - Families	(60)	(70)	9 F	14%	(508)	(556)	48 F	9%	
Community Residential Beds & Service	(427)	(428)	2 F	(0%)	(3,112)	(3,427)	314 F	9%	1
Minor Mental Health Expenditure	(110)	(33)	(77) U	(238%)	(220)	(261)	40 F	15%	
Inter District Flow Mental Health	(434)	(434)	0.8	(6)%	(3,438)	(3,476)	37 F	1%	
	(2,035)	(2,094)	57 F	3%	(16,135)	(16,756)	616 F	4%	
Total Mental Health	(7,346)	(7,405)	57 F	1%	(58,612)	(59,233)	616 F	1%	

## Mental Health expenditure variance notes:

11. Community Residential Beds and Services - \$0.31m favourable YTD.

This is mainly due a one-off reduction due to a correction for a May 15 accrual that was not reversed. Expenditure is also demand driven and is favourable YTD.

## **Disability Support Services**

	C	urrent Month			Year to Date				The same
DSS February 2017	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Variance Note
reordary 2011	3(000)	3(000)	3(000)	A	3(000)	stoool	3(000)	78	
Disability Support Services - Provider Arm									
AT & R (Assessment, Treatment and Re	(1,894)	(1.894)		(07%)	(15, 154)	(15,154)		10%	
Information and Advisory	1	4.100.0		100	(10,10.5)				
Needs Assessment	(121)	(121)		10%	(971)	(971)		-0%	
Service Co-ordination	(20)	(20)		(0%)	(157)	(157)		10%1	
Home Support		(2.7)		1000	1,000	-			
Carer Support				670	-			6/2	
Residential Care: Rest Homes				1000	-			à/m	
Residential Care: Loans Adjustment				nin		- 1		0.00	
Long Term Chronic Conditions		- 1		0.00	- 1	- 1		10,000	
Residential Care: Hospitals		- 1				- 1		2011	
Ageing in Place	1	- 1		100	- v	- 1		0.00	
Environmental Support Services	(2)	(2)		(0%)	(18)	(18)		10%	
Day Programmes				100000	4	4			
Expenditure to Attend Treatment ETAT	1	- 1		100		- 1		76/70	
Minor Disability Support Expenditure				100	(102)	(102)		10%)	
Respite Care	-	(8.4)		1000	(74.6)	-		0,710	
Child Development	(90)	(90)		10%	(716)	(716)		10%	
Community Health Services & Support	(21)	(21)		10%)	(169)	(169)	_	10750	
	(2,148)	(2,148)		0.00	(17,287)	(17,287)		(85)	
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(345)	(345)	(1) U	(0.75)	(2,762)	(2,758)	(5) U	(076)	
Information and Advisory	(11)	(12)	1 F	11%	(86)	(97)	10 F	11%	
Needs Assessment	(20)	(20)	1 F	3%	(157)	(161)	4 F	3%	
Service Co-ordination					1		1 F	1.000	
Home Support	(1,884)	(1,643)	(240) U	(15%)	(15,596)	(14.263)	(1.333) U	(9%)	-
Carer Support	(139)	(132)	(7) U	(5%)	(1.220)	(1.059)	(162) U	(15%)	
Residential Care: Rest Homes	(2.839)	(3.056)	217 F	7%	(25.059)	(25.960)	901 F	3%	-
Residential Care: Loans Adjustment	5	23	(18) U	80%	138	184	(46) U	25%	
Residential Care: Hospitals	(3.871)	(3.792)	(79) U	(2%)	(33.098)	(32.666)	(432) U	(1%)	
Environmental Support Services	(6)	(9)	2 F	27%	(51)	(70)	19 F	27%	
Day Programmes	(33)	(56)	23 F	40%	(351)	(448)	97 F	22%	
Minor Disability Support Expenditure	(8)	(13)	5 F	36%	(67)	(104)	38 F	36%	
Respite Care	(144)	(129)	(15) U	(11%)	(1,083)	(1,035)	(48) U	(5%)	
Child Development	(144)	(12.5)	(10)0	11110)	11,000)	1,000)	(40) 0	(o m)	
Community Health Services & Support	(55)	(60)	5 F	9%	(390)	(480)	90 F	19%	
Inter District Flow Disability Support	(370)	(332)	(38) U	(11%)	(2,710)	(2.657)	(52) U	(2%)	
and product from processing copport	(9,722)	(9,576)	(146) U	(2%)	(82,530)	(81,574)	(957)	(1%)	
Total Disability Support Services	(11,870)	(11,724)	(146) U	(1%)	(99,817)	(98,861)	(957) U	(1%)	

## **Disability Support Services expenditure variance notes:**

- **12. Home Support** \$(1.33m) unfavourable YTD. IBT expenditure over budget.
- **13. Residential Care Rest Homes** \$0.90m favourable YTD. Mainly due to volume variance.
- **14. Residential Care Hospitals \$(0.43m)** unfavourable YTD. Mainly due to volume variance.

## **Public Health**

	C	urrent Month				Year to Date			
Public Health February 2017	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Variance Note
Public Health - Provider Arm									
Alcohol & Drug									
Communicable Diseases	(4)	(4)		(0%)	(29)	(29)		(0%)	
Mental Health	- 1	(11)	11 F	100%	(12)	(91)	79 F	87%	
Screening Programmes	19					-		-0.300	
Nutrition and Physical Activity									
Physical Environment						-			
Public Health Infrastructure	- 1	-				-			
Sexual Health	+								
Social Environments									
Tobacco Control	(34)	(34)		(884)	(272)	(272)		10%	
	(38)	(49)	11 F	22%	(313)	(392)	79 F	20%	
Public Health - NGO									
Mental Health	(4)	(4)			(97)	(29)	(68) U	(235%)	
Nutrition and Physical Activity	(37)	(37)		(375.1	(304)	(300)	(5) U	(2%)	
Physical Environment		(3.7		tales.	(00-7)	(544)	1010	0.00	
Public Health Infrastructure	- 1			5.77				0.00	
Sexual Health		-		600				mim	
Social Environments				100		- 1		nin	
Tobacco Control	(7)	(19)	13 F	65%	(53)	(154)	100 F	65%	
Well Child Promotion				nim				m/m	
	(48)	(60)	13 F	22%	(454)	(483)	27 F	6%	
Total Public Health	(86)	(109)	24 F	22%	(767)	(875)	106 F	12%	

## Public health expenditure variance notes:

No significant variances. YTD favourable variance in Tobacco Control is offset by a revenue reduction.

### **Maori Health Expenditure**

	Cu	rrent Mor	nth		Y				
Maori Health	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance %	Variance Note
February 2017	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)		
Maori Health - Provider Arm									
Maori Service development	(16)	(16)		(0%)	(128)	(128)			
Maori Provider Assistance Infrastructure	-	1		(0%)					
Maori Workforce Development		- 2		(0%)		-			
Minor Maori Health Expenditure	-			(0%)					
Whanau Ora Services	(8)	(8)		(0%)	(64)	(64)			
Maori Health - Provider Arm Total	(24)	(24)	0 F	(0%)	(192)	(192)	0 F	(0%)	
Maori Health - NGO									
Maori Service development	(20)	(23)	3 F	13%	(163)	(187)	24 F	13%	
Maori Provider Assistance Infrastructure									
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(58)	(68)	10 F	15%	(477)	(546)	69 F	13%	
Maori Health - NGO Total	(78)	(91)	13 F	14%	(640)	(733)	93 F	13%	
Total Maori Health	(102)	(115)	13 F	5%	(832)	(925)	93 F	10%	

### Maori Health Services expenditure variance notes:

No significant variances.

#### 6

# SOUTHERN DISTRICT HEALTH BOARD

Title:		Quarter Two 2016/17 Southern DHB Performance Reporting							
Report to:		Commissioners Meeting							
Date of Meet	ing:	23 March 2017							
Summary:  Overview of DHB Performance Reporting for Quarter Two 2016/17 with brief comments where targets or expectations have not been met.									
Specific impl	ication	s for consideration (	(financial/workforce/r	isk/legal etc.):					
Financial:	N/A								
Workforce:	N/A	I/A							
Other:	N/A	N/A							
Document pr submitted to		ly		Date:					
Approved by Executive Off				Date:					
Prepared by:			Presented by:						
Planning & Funding			Liz Disney						
Date: 08 Marc	ch 2017		Acting Executive Director Planning & Funding						
RECOMMENDATIONS:  That the Commissioner and Deputy Commissioners note the results for Quarter Two 2016/17 DHB Performance Reporting									



# **Summary of Southern DHB Performance Reporting – Quarter 2 – 2016/17 Health Targets**

Measure		Target 2016/17					Final Rating	Ministry of Health Comments and DHB Responses
			Q3	Q4	Q1	Q2		
Better Help for Smokers to Quit	Primary Care	90%	90.1%	87.6%	83.2%	74.7%	Р	Rank: 20 <sup>th</sup> out of 20 DHBs. Result is 74.7%. A decrease of 8.5% from last quarter. This is primarily due to challenges on recalls. WellSouth have a GP Smokefree Champion and Practice Network Director who lead a team of seven practice support staff working alongside practice staff on the Health Target. These resources are targeted to the Practices requiring extra support. WellSouth are improving their communications with practices around health target progress. A teleconference has been organised with Dr John McMenamin (Co-Target Champion – Primary Care) this month to discuss improving health target results.
	Maternity	90%	86%	95.1%	94.1%	90.1%	Α	
Improved Access to Elective Surgery		100%	107%	107.1%	104.5%	98.9%	Р	<b>Rank: 15<sup>th</sup> out of 20 DHBs</b> . Southern DHB achieved 6,475 elective discharges year to date for Q2, 74 discharges behind plan.



Measure	Target 2016/17					Final Rating	Ministry of Health Comments and DHB Responses	
		Q3	Q4	Q1	Q2			
							The main drivers for being behind plan include key vacancies in the orthopaedic service and industrial action in October 2016 affecting all services. The orthopaedic positions have now been recruited into and there are plans in place including outsourcing that will allow the DHB to make steady progress over Q3 and meet the target by the end of Q4.	
Increased Immunisation	95%	94.4%	93.5%	94.7%	94%	Р	Rank: 9 <sup>th</sup> out of 20 DHBs. Result is 94%. Target was met for Māori.	
Shorter Stays in Emergency Departments	95%	94.5%	93%	90.2%	93.9%	Р	Rank: 15 <sup>th</sup> out of 20 DHBs. Result is 93.9%. An increase of 3.7% from last quarter. Southland Hospital has been performing more strongly than Dunedin Hospital for several quarters and has achieved the target this quarter (well done). Southern has actions in place to improve performance.	
Faster Cancer Treatment (from Oct 2014)	85%	77.5%	76.9%	79.3%	83.1%	Р	Rank: 9 <sup>th</sup> out of 20 DHBs. Result is 83.1%. An increase of 3.8% from last quarter. Actions are in place to achieve the target.	
Raising Healthy Kids (By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and	95%	N/A	N/A	49%	64%	Р	Rank: 13 <sup>th</sup> out of 20 DHBs. Southern DHB have made a good improvement this quarter, reaching 64%. An increase of 15% from last quarter. Attention needs to be given to reduce the	



Measure	Target	2016/17		2016/17 Final Rating		Ministry of Health Comments and DHB Responses
		Q3	Q4	Q1	Q2	
family based nutrition, activity and lifestyle interventions).						proportion of referrals that are declined (currently 49%). Overall, only 37% of all obese kids were referred or already under care this quarter. The DHB is focussing on the children that have been identified as obese but not referred. The primary strategy for addressing this is workforce development and the DHB is utilising the Gravida training programme. The Ministry encourages the DHB to get their referral pathways finalised and imbedded as soon as possible. A communication strategy should also accompany these pathways so that all healthcare workers involved, including GPs, know what is expected of them.

# **Indicators of DHB Performance**

The four dimensions of DHB performance, that reflect DHBs' functions as owners, funders and providers of health and disability services are:

Measures of DHB Performance		
Measure	Final Rating	Ministry of Health Comments
Policy Priorities Dimension		Achieving Government's priority goals/objectives and targets
PP6 Improving the health status of	Α	
people with severe mental illness		
through improved access		



Measures of DHE	Performance		
Measure		Final Rating	Ministry of Health Comments
PP7 Improving mer using transition (di and employment		Р	Result 84.1% this quarter (target 95%). An increase of 4% from last quarter.
PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds		Р	Mental Health Directorate result was 74.6% (last quarter 78.1%) of 0-19 year olds were seen within 3 weeks (target – 80%) and 88.4% (last quarter 94.9%) of 0-19 year olds were seen within 8 weeks (target – 95%).
			Addictions (Mental Health Directorate and NGO) result was 70.6% (last quarter 76%) of 0-19 year olds were seen within 3 weeks (target – 80%) and 97.4% (last quarter 95.4%) of 0-19 year olds were seen within 8 weeks (target – 95%).
			Issues have been identified and actions are in place to improve performance. Southern DHB will continue to monitor the trend closely.
PP20 Improved management for Long Term C Conditions (LTC)	Focus Area 1: Long Term Conditions	A	
(CVD, Diabetes Focus	Focus area 2 Diabetes Services	А	
	Focus Area 3: Cardiovascular Health (previous CVD health target)	Р	Result is 87.3% (target 90%). A decrease of 1% from last quarter. The Ministry suggests that Southern focuses on embedding systems and processes in order to reduce the gap for priority populations and determine if the nurse outreach services could become business as usual rather than ad hoc.



Measures of DHE	Measures of DHB Performance						
Measure	Measure		Ministry of Health Comments				
	Focus Area 4: Acute Heart Services	Р	Southern achieved indicator 1 (70% of high risk patients will receive an angiogram within 3 days of admissions) – Result 81.7%. Southern did not achieve Indicator 2 (Over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI and Cath/PCI registry data collection within 30 days) – Result 92%. Actions are in place to improve performance.				
	Focus Area 5: Stroke Services	А					
PP21 Immunisation coverage (previous health target)	Focus Area 1 - Immunisation coverage at 24 months and 5 years of age	Р	Southern DHBs result for immunisation target at the 2 year milestone is 94.4% (96.3% last quarter). The result for immunisation target at 5 year milestone is 92.6% (91.7% last quarter). Target is 95%. The DHB is confident of achieving the targets and have actions in place to address.				
	Focus Area 2 - Human Papilloma Virus (HPV) immunisation	NA (not applicable)	To be assessed annually – Q4.				
, ,	PP22 Improving System Integration and System Level Measures						
PP23 Improving W - Health of Older F	rap Around Services People	Α					



Measures of DHB			
Measure		Final Rating	Ministry of Health Comments
PP25 Prime Ministers youth mental health	Initiative 1 – School Based Health Services	А	
project	Initiative 5 – Improve responsiveness of primary care to youth	А	
PP26 Rising to the Challenge: The Mental Health and Addiction	Focus Area 1 – Rising to the Challenge Implementation	А	
plan	Focus Area 2 – Primary Mental Health	А	
	Focus Area 3 – Improving Crisis response services	А	
	Focus Area 4 – Improve outcomes for children	А	



Measures of DHE	Measures of DHB Performance						
Measure		Final Rating	Ministry of Health Comments				
	Focus Area 5 – Improving employment and physical health needs of people with low prevalence conditions	А					
PP27 Supporting V	ulnerable Children	Α					
PP28 Reducing Rheumatic Fever	Focus Area 1 – Reducing the incidence of first episode rheumatic fever	А					
	Focus Area 2 – Facilitating the effective follow- up of identified rheumatic fever cases	А					
PP29 Improving waiting times for	Coronary Angiography	Α					



Measures of DHB	Measures of DHB Performance						
Measure		Final Rating	Ministry of Health Comments				
diagnostic services	CT / MRI	Р	CT result is 76.7% (last quarter 80.6%) - target 95% of people accepted for a CT scan receive their scan in 42 days (six weeks) or less. MRI result is 61.3% (last quarter 70.9%) - target 85% of people accepted for a MRI scan receive their scan in 42 days (six weeks) or less. Southern has identified the issues and have actions in place to improve performance.				
	Colonoscopy	А					
Cancer Treatment/ Shorter Waits for cancer treatment  Part B - radiotherar	Part A – faster cancer treatment 31 day indicator	Р	Southern DHBs result is 80.8% this quarter (target 85%). 80.7% last quarter. An action plan is in place to improve performance.				
	Part B – radiotherapy & chemotherapy	А					
	PP31 Better Help for Smokers to Quit in public hospitals (previous health target).		Southern DHB's result is 92.5% this quarter (target 95%). 94.1% last quarter.				
System Integration	Dimension		Meeting service coverage requirements and supporting sector inter-connectedness				
SI1 Ambulatory Sensitive Hospitalisations (ASH)		Р	Target for 0-4 years for Maori was achieved however target for 45-64 years was not met.  Southern's ASH rates continue to decline, and in particular a narrowing of the equity gap between Maori and Other ASH rates. A range of activities in primary and community are contributing towards this effect.				
SI2 Delivery of Regi	onal Service plans	Р	SIAPO reports on activity and progress on the South Island Health Services Plan.				



Measures of DH	Measures of DHB Performance				
Measure		Final Rating	Ministry of Health Comments		
S13 Ensuring delivery of service coverage - Prostate Cancer Management and Referral Guidance		А			
SI4 Standardised	Intervention rates	А			
Output Dimensio	n		Purchasing the right mix and level of services within acceptable financial performance		
OP1 Mental Hea against plan	OP1 Mental Health output Delivery against plan				
Ownership Dimer	nsion		Providing quality services efficiently		
OS3 Inpatient Average Length of Stay (ALOS) – days	Acute	N	The Acute ALOS (standardised) for the data to the end of Q2 for Southern was 2.38 (2.32 last quarter) - target is 2.27. National average is 2.52 days. Southern has conducted some analysis to identify the issues. For Q3 reporting the Ministry wants to know what actions (with timelines) are happening to streamline patients' journeys and reduce duplication.		
	Elective	А			
OS10 Improving the quality of data provided to national	Focus area 1: Improving the quality of identity data within the NHI	0			



	Measures of DHB Performance			
	В Регтогтапсе	Final Rating		
Measure	Measure		Ministry of Health Comments	
systems	Focus area 2: Improving the quality of the data submitted to National Collections	A		
	Focus area 3 – Improving the quality of the programme for the integration of Mental Health data (PRIMHD)	A		
Development Dime	ension			
DV4 Improving pat	tient experience	А		
Delivery of New Ze	ealand Health			
EHS – Supporting delivery of the New Zealand Health Strategy	People Powered	Α		
	Closer to Home			
	Value and High Performance			



Measures of DHB Performance				
Measure		Final Rating	Ministry of Health Comments	
	One Team			
	Smart System			



# **Crown Funding Agreements (CFA) Variations**

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

Crown Funding Agreements (CFA) Varia	Crown Funding Agreements (CFA) Variations				
Measure	Final Rating	Ministry of Health Comments			
B4 School Check Funding	S				
Disability Support Services (DSS) Increase of Funding	S				
Electives Initiative and Ambulatory Initiative Variation	S				
Immunisation Coordination Service	S				
Health Services for Emergency Quota Refugees	S				
National Immunisation Register (NIR) ongoing administration services	S				
Appoint Cancer Nurse Coordinators	S				
Appoint cancer psychological and social support workers	В	0.5 FTE due to start on 20th February 2017. 0.5 FTE due to start on 4th July 2017. 1.4 FTE is already in please (including Regional Lead).			
Appoint regional cancer centre clinical psychologists	В	Issues relating to clinical space are being addressed. Clinical workload has been reduced to focus on service development. This is temporary while new staff are oriented to the service.			



Green Prescription Initiative	S	
Well Child Tamariki Ora Services	S	



# **Assessment Criteria/Ratings**

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

#### **Health Targets & Performance Measures**

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

Rating	Abbrev	Criteria
Outstanding		1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector
performer/sect	0	expectations.
or leader	U	2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly.
		Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved		1. Deliverable demonstrates targets / expectations have been met in full.
	Α	2. In the case of deliverables with multiple requirements, all requirements are met.
	А	3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly
		Reporting process, and the assessor can confirm.
Partial		1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance.
achievement	p	2. A deliverable has been received, but some clarification is required.
	P	3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the
		requirements have been achieved.
Not achieved		1. The deliverable is not met.
<ul><li>escalation</li></ul>		2. There is no resolution plan if deliverable indicates non-compliance.
required		3. A resolution plan is included, but it is significantly deficient.
	N	4. A report is provided, but it does not answer the criteria of the performance indicator.
		5. There are significant gaps in delivery.
		6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.



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

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

### **SOUTHERN DISTRICT HEALTH BOARD**

Title:		CONTRACTS REGISTER			
Report to:		Community & Public Health and Disability Support Advisory Committees			
Date of Meet	ing: 2	7 March 2017			
				Planning & Funding and ner executed since last	
Specific impl	ications f	or consideration	(financial/workforce/r	isk/legal etc):	
Financial:	Nil				
Workforce:	Nil				
Other:	Nil				
Document pr submitted to		n/a		Date: n/a	
Prepared by:			Presented by:		
Planning and Funding Staff		Liz Disney Acting Executive Director Planning Funding		ector Planning and	
Date: March 2017					
RECOMMENDATION:  1. That the Committees note the attached Contracts Register.					

# FUNDING ADMINISTRATION CONTRACTS REGISTER (EXPENSES) JANUARY 2017

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level	3)			
West Otago Health Limited Variation to Agreement	Community Health Services Main Agreement	\$5,514.67	31.08.18	EDP&F 02.12.16
Milton Community Health Trust Variation to Agreement	Community Health Services Main Agreement	\$1,558.92	31.08.18	EDP&F 31.08.16
University of Otago - Student Health Variation to Agreement	Primary Care Services	\$15,442.02	31.12.17	EDP&F 20.12.16
University of Otago - Student Health Services New Agreement	Sexual Health Services	\$17,209.20	31.12.17	EDP&F 20.12.16
Oxford Court Lifecare Limited Variation to Agreement	Long Term Support-Chronic Health Conditions	\$110,000.05 (Estimated p.a. )	03.08.20	EDP&F 15.11.16
Dunedin Council of Social Services Variation to Agreement	Social Sector Trial Dunedin	N.A. Extension of Term Only	31.12.17	EDP&F 20.12.16
Cameron House Rest Home Limited Variation to Agreement	Long Term Support-Chronic Health Conditions	\$20,000.00 (Estimated p.a.)	03.08.20	EDP&F 19.12.16
Age Related Respite Care Providers Variation to Agreements	Age Related Respite Care	\$37,097.00	03.08.20	EDP&F 02.12.16
Support) Variation to Agreement	Mental Health Services	\$3,136.27	31.10.18	EDP&F 23.11.16

# FUNDING ADMINISTRATION CONTRACTS REGISTER (EXPENSES) JANUARY 2017

Gore District Council Variation to Agreement	Social Sector Trial Gore	N.A. Extension of Term Only	31.12.17	EDP&F 20.12.16
WellSouth Primary Health Network Variation to Service Schedule	Reducing Inequalities Voucher Service	\$35,555.00 (Total Contract Value \$44,443.75)	31.03.18	EDP&F 16.12.16
WellSouth Primary Health Network Variation to Service Schedule	Immunisation Initiatives	\$70,000.00 (Total Contract Value \$140,000.00)	31.12.17	EDP&F 20.12.16
WellSouth Primary Health Network New Service Schedule	General Practice Special Interest Services	\$136,355.00	30.06.17	EDP&F 20.12.16
St Clair Park Residential Centre Ltd Variation to Agreement	Long Term Support-Chronic Health Conditions	\$3,500.00 (Estimated p.a.)	03.08.20	EDP&F 30.01.17
Adventure Development Ltd  Variation to Agreement	Community Child Adolescent & Youth Service	\$3,299.50 (Total Contract Value \$6,599.00)	31.10.18	EDP&F 25.01.17
Roxburgh District Medical Services Trust Variation to Agreement	Community Health Services Main Agreement	\$8,738.12 (Total Contract Value \$13,107.18	31.08.18	EDP&F 02.12.16
Presbyterian Support Otago Variation to Agreement	Activity Based & Employment Rehabilitation	\$795.49	31.10.17	EDP&F 24.11.16
Queen Rose Retirement Home Ltd New Agreement	Long Term Support-Chronic Health Conditions	\$41,964.05	03.08.20	EDP&F 15.02.17

# FUNDING ADMINISTRATION CONTRACTS REGISTER (EXPENSES) JANUARY 2017

	T .	· · · · · · · · · · · · · · · · · · ·		
PACT Group Variation to Agreement	Residential & Community Based Services	\$40,562.50 (Total Contract Value \$98,026.04)	30.06.19	EDP&F 16.02.17
	Total for Level 3	\$ 550,727.79		
Contract Value of - \$100,000 - \$500,000 (Lo	evel 2)			
Board	Winton Maternity Services	\$232,864.85	31.07.17	EDP&F
Variation to Agreement	·	(Total contract value \$266,131.25)		21.11.16
University of Otago - School of Dentistry Variation to Service Schedule	Emergency Dental Treatments	\$362,151.93	30.06.17	
The Oamaru Mental Health Support Charitab Variation to Agreement	Adult Activity Based Rehabilitation	\$141,034.70	30.04.18	EDP&F 30.01.17
	Total for Level 2	\$ 736,051.48		
Contract Value of - \$500,000 - 1 Million (Le	evel 1)	,		
	Total for Level 1	\$ -		
Contract Value of - \$1 Million and Over (Co	ommissioner)			
	T T T T T T T T T T T T T T T T T T T	I		
University of Otago - School of Dentistry Variation to Service Schedule	Emergency Dental Treatments	\$362,151.93	30.06.17	Commissioner 19.12.16
University of Otago - School of Dentistry Variation to Service Schedule	Inpatient & Outpatient Dental Treatments	\$1,054,218.62	30.06.17	Commissioner 19.12.16
University of Otago - School of Dentistry Variation to Service Schedule	Sleep Apnoea Service	\$18,718.80	30.06.17	Commissioner 19.12.16
	Total for Board Level	\$ 1,435,089.35		

Grand Total \$ 2,721,868.62

#### **Closed Session:**

#### **RESOLUTION:**

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

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

General subject:	Reason for passing this resolution:	Grounds for passing the resolution:
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Contract Approvals	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and (j) of the OIA.