

DISABILITY SUPPORT ADVISORY COMMITTEE AND  
COMMUNITY & PUBLIC HEALTH  
ADVISORY COMMITTEE

Wednesday, 1 April 2015, 10.00 am

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

A G E N D A

Tab

1. Welcome
2. Apologies
3. Interests Registers
4. Presentation: Mental Health & Addictions  
- Judy Walker, Portfolio Manager
5. Previous Minutes
6. Matters Arising
7. Review of Action Sheet
8. Planning & Funding Team Report  
8.1 Public Health South (PHS) Report
9. Draft Suicide Prevention Action Plan 2015-2018
10. Southern Strategic Health Plan – Implementation Plan
11. Financial Performance Report
12. DHB Performance Reporting 2014/15 – Quarter 2
13. Work Plan 2015
14. Resolution to Exclude the Public

Closed Session:

RESOLUTION:  
That the Disability Support Advisory Committee and Community & Public Health Advisory Committees 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 2000 for the passing of this resolution are as follows:

| General subject:                                   | Reason for passing this resolution:       | Grounds for passing the resolution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Previous Minutes                                | As per reasons set out in previous agenda | S 34(a), Schedule 4, 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)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials. |
| 2. Draft Annual Plan 2015/16                       | Plan is subject to Ministerial approval   | As above, section 9(2)(f).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. Draft Māori Health Plan 2015/16                 | Plan is subject to Ministerial approval   | As above, section 9(2)(f).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4. Draft South Island Health Services Plan 2015/16 | Plan is subject to Ministerial approval   | As above, section 9(2)(f).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



DSAC/CPHAC Meeting - Interests Registers

| Board Member        | Date of Entry                                                              | Interest Disclosed                                                                                                                                                                                                                                                                                                  | Nature of Potential Interest with Southern DHB                                                                                                                                                                                                                                                    |
|---------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sandra COOK         | 01.09.2011                                                                 | 1. Te Runanga o Ngāi Tahu                                                                                                                                                                                                                                                                                           | 1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time. Is also a founding member of the Whānau Ora commissioning agency, Te Putahitanga o Te Waipounamu, established March 2014. |
| Kaye CROWTHER       | 09.11.2007<br>14.08.2008<br>12.02.2009<br><br>05.09.2012<br><br>01.03.2012 | 1. Employee of Crowe Horwath NZ Ltd<br>2. Trustee of Wakatipu Plunket Charitable Trust.<br>3. Corresponding member for Health and Family Affairs, National Council of Women.<br>4. Trustee for No 10 Youth Health Centre, Invercargill.<br>5. DHB representative on the Gore Social Sector Trial Stakeholder Group. | 1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of Crowe Horwath NZ Ltd<br>2. Nil.<br>3. Nil.<br>4. Possible conflict with funding requests.<br>5. Nil.                                                                             |
| Mary GAMBLE         | 09.12.2013                                                                 | 1. Member, Rural Women New Zealand.                                                                                                                                                                                                                                                                                 | 1. RWNZ is the owner of Access Home Health Ltd, which has a contract with the Southern DHB to deliver home care.                                                                                                                                                                                  |
| Anthony (Tony) HILL | 09.12.2013<br><br><br><br>02.12.2014                                       | 1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board.<br>2. Secretary/Manager, Lakes District Air Rescue Trust.<br>3. Registrar, Cardiothoracics, Southern DHB<br>Daughter:                                                                                                     | 1. Possible conflict with PHO contract funding.<br>2. Possible conflict with contract funding.                                                                                                                                                                                                    |
| Tuari POTIKI        | 09.12.2013<br><br><br>05.08.2014                                           | 1. University of Otago staff member.<br>2. Deputy Chair, Te Rūnaka o Ōtākou.<br>3. Chair, NZ Drug Foundation.<br>4. Director, Te Tapuae o Rehua Ltd<br>5. Director Te Rūnaka Ōtākou Ltd                                                                                                                             | 1. Possible Conflicts between Southern DHB and University interests.<br>2. Possible conflict with contract funding.<br>3. Nil.<br>4. Nil<br>5. Nil                                                                                                                                                |
| Branko SIJNJA*      | 07.02.2008<br><br>04.02.2009<br><br>22.06.2010<br><br>08.05.2014           | 1. Director, Clutha Community Health Company Limited.<br>2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine.<br>3. 0.2 FTE Employee, Clutha Health First General Practice.<br>4. President, New Zealand Medical Association                                              | 1. Operates publicly funded secondary health services under contract to Southern DHB.<br>2. Possible conflicts between Southern DHB and University interests.<br>3. Employed as a part-time GP.                                                                                                   |

DSAC/CPHAC Meeting - Interests Registers

| Board Member                        | Date of Entry                                                          | Interest Disclosed                                                                                                                                                                                                                                                                                                                              | Nature of Potential Interest with Southern DHB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Richard THOMSON                     | 13.12.2001<br><br>23.09.2003<br>29.03.2010<br>06.04.2011<br>05.02.2015 | 1. Managing Director, Thomson & Cessford Ltd.<br>2. Chairperson and Trustee, Hawksbury Community Living Trust.<br>3. Trustee, HealthCare Otago Charitable Trust.<br>4. Chairman, Composite Retail Group.<br>5. Councillor, Dunedin City Council.<br>6. One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician). | 1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.<br>2. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.<br>3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.<br>4. May have some stores that deal with Southern DHB. |
| Janis Mary WHITE<br>(Crown Monitor) | 31.07.2013                                                             | 1. Member, Pharmac Board.<br>2. Chair, CTAS (Central Technical Advisory Service).                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

\*Mr Ward and Dr Sijnja have both tendered their resignations from SCL Otago Southland Ltd (SCLOS) and are not receiving directorship fees. SCLOS have advised their resignations cannot be effected until contract variation executed by SDHB and SCLOS constitution varied.

SOUTHERN DISTRICT HEALTH BOARD  
 DISABILITY SUPPORT ADVISORY COMMITTEE  
 COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE  
 APPOINTED MEMBERS  
 INTERESTS REGISTER

| Board Member | Date of Entry                                                                                                              | Interest Disclosed                                                                                                                                                                                                                                                                                                                                                                         | Nature of Potential Interest with Southern DHB                                                                                                                                                                        |
|--------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stuart HEAL  | 16.07.2013<br>16.07.2013<br>02.12.2014<br>02.12.2014<br>16.07.2013<br>16.07.2013<br>16.07.2013<br>16.07.2013<br>02.12.2014 | 1. Chair, WellSouth Primary Health Network<br>2. Director, Positiona Ltd<br>3. Chair, NZ Cricket<br>4. Chair, Pioneer Generation Ltd<br>5. Chair, University Bookshop Otago Ltd<br>6. Director, Southern Rural Fire Authority<br>7. Director, Triple Seven Distribution Ltd<br>8. Board Member, Otago Community Hospice<br>9. Chair, Infinite Energy NZ Ltd                                | 1. WellSouth is contracted to the Southern DHB.<br><br>8. Hospice provides contracted services for Southern DHB.                                                                                                      |
| Paul MENZIES | 27.01.2015                                                                                                                 | 1. Trustee, WellSouth Primary Health Network<br>2. Board Member, Clutha Health First Limited<br>3. Chairman, Rugby Southland<br>4. Director Owner, South Island Legal Locums Ltd<br>5. Wife Trustee of Youth One Stop Shop Southland<br>6. Wife Member of Child Mortality Panel<br>7. Wife Manager Southland Group Services Education<br>8. Wife Chairperson of Youth Offending Team Panel | 1. Appointed as a trustee by Southern DHB. WellSouth is contracted to the Southern DHB.<br>2. Operates publicly funded health services under contract to Southern DHB.<br>5. Possible conflict with funding requests. |

## SOUTHERN DISTRICT HEALTH BOARD

## INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at February 2015

| Employee Name   | Date of Entry                                                                                                                          | Interest Disclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nature of Potential Interest with Southern District Health Board                                                                                                                                                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Steve Addison   | 16.08.2014                                                                                                                             | 1. Chair, Board of Trustees, Columba College<br>2. Mother-in-law, Gore District Councillor                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Peter Beirne    | 20.06.2013                                                                                                                             | Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sandra Boardman | 07.02.2014                                                                                                                             | Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pania Coote     | 30.09.2011<br>30.09.2011<br>30.09.2011<br><br>30.09.2011<br>29.06.2012<br>26.01.2015<br><br>26.01.2015<br>26.01.2015<br><br>26.01.2015 | 1. Affiliation to Awarua, Puketeraki and Moeraki Rūnaka.<br>2. Member, Southern Cancer Network.<br>3. Member, Aotearoa New Zealand Association of Social Workers (ANZASW).<br>4. Member, SIT Social Work Committee.<br>5. Member, Te Waipounamu Māori Cancer Leadership Group.<br>6. National Māori Equity Group (National Screening Unit) – MEG.<br>7. SDHB Child and Youth Health Service Level Alliance Team<br>8. South Island DHBs Medcal Diagnostic Laboratory Steering Group.<br>9. Various SDHB operational Advisory Committees. | 1. Possible conflict when contract with Southern DHB comes up for renewal.<br>2. Nil.<br>3. Nil.<br>4. Nil.<br>5. Nil.<br>6. Nil.<br>7. Nil.<br>8. Nil.<br>9. Nil.                                                                                                                                                                                                                                  |
| Richard Bunton  | 17.03.2004<br><br><br><br><br><br><br><br><br><br>22.06.2012                                                                           | 1. Managing Director of Rockburn Wines Ltd.<br>2. Director of Mainland Cardiothoracic Associates Ltd.<br>3. Director of the Southern Cardiothoracic Institute Ltd.<br>4. Director of Wholehearted Ltd.<br>5. Chairman, Board of Cardiothoracic Surgery,                                                                                                                                                                                                                                                                                  | 1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.<br>2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.<br>3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if |

DSAC/CPHAC Meeting - Interests Registers

| Employee Name    | Date of Entry                          | Interest Disclosed                                                                                                                                                                                                                                                                                                            | Nature of Potential Interest with Southern District Health Board                                                                                                                                                          |
|------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | 29.04.2010                             | RACS.<br>6. Trustee, Dunedin Heart Unit Trust.<br>7. Chairman, Dunedin Basic Medical Sciences Trust.                                                                                                                                                                                                                          | the Southern DHB were to contract with this company.<br>4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists.<br>5. No conflict.<br>6. No conflict.<br>7. No conflict. |
| Carole Heatly    | 11.02.2014                             | 1. Southern Health Welfare Trust (Trustee).                                                                                                                                                                                                                                                                                   | 1. Southland Hospital Trust.                                                                                                                                                                                              |
| Lynda McCutcheon | 22.06.2012                             | 1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.                                                                                                                                                                                                                                          | 1. Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.                                                                            |
| Lexie O'Shea     | 01.07.2007                             | 1. Trustee, Gilmour Trust.                                                                                                                                                                                                                                                                                                    | 1. Southland Hospital Trust.                                                                                                                                                                                              |
| John Pine        | 17.11.201                              | Nil.                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |
| Dr Jim Reid      | 22.01.2014                             | 1. Director of both BPAC NZ and BPAC Inc<br>2. Director of the NZ Formulary<br>3. Trustee of the Waitaki District Health Trust<br>4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine.<br>5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd. |                                                                                                                                                                                                                           |
| Leanne Samuel    | 01.07.2007<br>01.07.2007<br>16.04.2014 | 1. Southern Health Welfare Trust (Trustee).<br>2. Member of Community Trust of Southland Health Scholarships Panel.<br>3. Member National Lead Directors of Nursing and Nurse Executives of New Zealand.                                                                                                                      | 1. Southland Hospital Trust.<br>2. Nil.<br>3. Nil.                                                                                                                                                                        |
| David Tulloch    | 23.11.2010<br>02.06.2011<br>17.08.2012 | 1. Southland Urology (Director).<br>2. Southern Surgical Services (Director).<br>3. UA Central Otago Urology Services Limited (Director).<br>4. Trustee, Gilmour Trust.                                                                                                                                                       | 1. Potential conflict if DHB purchases services.<br>2. Potential conflict if DHB purchases services.<br>3. Potential conflict if DHB purchases services.<br>4. Southland Hospital Trust.                                  |

## Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 4 February 2015, commencing at 8.30 am, in the Board Room, Southland Hospital Campus, Invercargill

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|                |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Present:       | Mr Tim Ward<br>Mrs Kaye Crowther<br>Mr Paul Menzies<br>Dr Branko Sijnja                                                                                                                                                                                                                                      | Acting Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| In Attendance: | Mr Joe Butterfield<br>Dr John Chambers<br>Mrs Mary Gamble<br>Mr Tony Hill<br>Mr Tuari Potiki<br>Mr Richard Thomson<br>Dr Jan White<br>Mrs Sandra Boardman<br>Mr Peter Beirne<br>Ms Carole Heatly<br>Mr David Tulloch<br>Dr Pim Allen<br><br>Ms Wendy Findlay<br><br>Ms Jeanette Kloosterman<br>Dr Keith Reid | Board Chairman<br>Board Member<br>Board Member<br>Board Member<br>Board Member<br>Board Member<br>Crown Monitor<br>Executive Director, Planning & Funding<br>Executive Director Finance<br>Chief Executive Officer<br>Chief Medical Officer<br>Programme Director, Southern Strategic Health Plan<br>Nurse Director, WellSouth Primary Health Network<br>Board Secretary (by videoconference)<br>Medical Officer of Health, Public Health South (by videoconference until 10.55 am) |

## 1.0 WELCOME

The Acting Chair welcomed everyone to the meeting.

## 2.0 APOLOGIES

Apologies were received from Ms Sandra Cook and Mr Neville Cook.

## 3.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

## 4.0 SOUTHERN STRATEGIC HEALTH PLAN

Stephen McKernan and Chris Mules, Health Partners Consulting, presented a report on the consultation process and findings, and the final draft Southern Strategic Health Plan (tab 4).

Their presentation included an outline of:

- The process followed to develop the Plan;
- The feedback received during consultation and the key changes made as a result;
- An orientation of the Plan, which is designed to: (1) provide a clear long term direction and (2) focus on performance improvement;
- The six strategic priorities.

During consideration of the consultation report and draft Plan, the Committees:

- Noted management's advice that all comments made during consultation had been recorded, along with the action taken. Following adoption of the plan, roadshows would be held to explain the next steps and there would be an ongoing relationship with the community;
- Noted that reducing inequalities and improving Māori Health intersected but were not identical, and questioned whether this point had been made clear enough in the Plan;
- Noted that key performance indicators to monitor implementation would be developed following adoption of the Plan and requested that these be submitted to Board for approval;
- Noted that the Ministry of Health had planning and funding responsibility for disability support services for people aged under 65 years but the DHB, along with a group of other organisations, had a role to ensure comprehensive care was provided for people with disabilities.

It was resolved:

"That the Committees recommend the Board adopt the final draft Southern Strategic Health Plan subject to:

- Refinement of the document to better reflect the DHB's commitment to ensuring that health services support the health and independence of people with disabilities;
- The final version being submitted to the March Board meeting."

Messrs McKernan and Mules, Dr White, Ms Heatly and Mr Butterfield left the meeting.

## 5.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 10 December 2014 be approved and adopted as a true and correct record."

## 6.0 MATTERS ARISING

There were no items arising from the previous minutes that were not covered by the agenda.

## 7.0 ACTION SHEET

The Committees reviewed the action sheet (tab 7) and received advice from the Executive Director Planning & Funding that the Alliance South planning workshop would be held in early March.

## 8.0 PLANNING & FUNDING REPORT

The Planning and Funding report (tab 8) was taken as read.

### Health of Older People

The Executive Director Planning and Funding highlighted the work being undertaken to understand Southern DHB's Aged Related Residential Care (ARRC) usage and explained the ARRC budgeting anomalies and accruals.

### Under 6s

Ms Findlay reported that all of WellSouth's general practices were now providing free care for under six year-olds and anticipated that there would be a smooth transition to free care for under 13 year-olds.

The Committees congratulated WellSouth on this achievement and noted that it was a positive reflection on general practices.

### Public Health South Report

Dr Reid presented the Public Health Service Report (tab 8.1).

Ms Findlay left the meeting.

## 9.0 FINANCIAL REPORT

In presenting the Funder Financial Report for the period ended 31 December 2014 (tab 9), the Executive Director Finance explained the Aged Residential Care Rest Homes unfavourable variance and accrual methodology, then took questions from members.

Mr Butterfield and Ms Heatly rejoined the meeting.

## 10.0 PROGRESS REPORT ON DHB ANNUAL PLAN 2014/15 – QUARTER TWO

The Committees considered a progress report on delivering on the plans, actions and commitments in the Southern DHB Annual Plan 2014/15 for Quarter Two (tab 10).

It was resolved:

"That the Committees note the progress in Quarter Two on delivering the Annual Plan 2014/15 and the intended actions where activity is incomplete."

11.0 PROGRESS REPORT ON DELIVERING PRIORITIES AND TARGETS – **SOUTHERN MĀORI HEALTH PLAN 2014/15 – QUARTER TWO**

The Committees considered a progress report on delivering on the plans, actions and commitments in the Southern DHB Māori Health Plan 2014/15 for Quarter Two (tab 11).

It was resolved:

“That the Committees note the progress in Quarter Two on **delivering the Māori Health Plan 2014/15 and the intended actions** where activity is incomplete.”

12.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2015 (tab 12).

CONFIDENTIAL SESSION

At 10.55 am it was resolved that the public be excluded for the following agenda items.

| General subject:                   | Reason for passing this resolution:                     | Grounds for passing the resolution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Previous Minutes                | As per reasons set out in previous agenda               | S 34(a), Schedule 4, 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)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials. |
| 2. Paid Family Carer Policy Review | To allow activities to be carried out without prejudice | As above, section 9(2)(i) and (j).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

The meeting closed at 11.00 am.

Confirmed as a correct record:

Chairperson .....

Date .....

**DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC) AND  
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)**

**ACTION SHEET**

**As at 18 March 2015**

| MEETING  | SUBJECT                                             | ACTION REQUIRED                                                                                                                                                                                                                                                | BY          | STATUS                                                                                                                                                                                | EXPECTED COMPLETION DATE |
|----------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Dec 2014 | Alliance South<br>(Minute item 7.0)                 | A3 problem solving sheets, showing KPIs, to be submitted to the Committees.                                                                                                                                                                                    | EDP&F       | KPIs for all SLATS and workstreams will be agreed following a review of all Terms of References. It is anticipated that the above will be agreed at the Alliance South March meeting. |                          |
| Feb 2015 | Southern Strategic Health Plan<br>(Minute item 4.0) | <ul style="list-style-type: none"> <li>▪ Review whether distinction between reducing inequality and improving Māori Health had been made clear enough in the Plan;</li> <li>▪ KPIs to monitor implementation to be submitted to Board for approval.</li> </ul> | EDP&F<br>PD | Completed<br><br>Work in Progress                                                                                                                                                     |                          |

SOUTHERN DISTRICT HEALTH BOARD

|                                                                                |                                                                             |  |       |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|-------|
| Title:                                                                         | Planning and Funding Report                                                 |  |       |
| Report to:                                                                     | Disability Support and Community & Public Health Advisory Committees        |  |       |
| Date of Meeting:                                                               | 1 April 2015                                                                |  |       |
| Summary:                                                                       | Monthly report on the Planning and Funding activities and progress to date. |  |       |
| 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:                                                                   | Presented by:                                                               |  |       |
| Planning & Funding Team                                                        | Glenn Symon<br>Senior Manager Funder Support & Intelligence                 |  |       |
| Date: 17 March 2015                                                            |                                                                             |  |       |
| RECOMMENDATION:                                                                |                                                                             |  |       |
| That CPHAC/DSAC note the report.                                               |                                                                             |  |       |

PLANNING AND FUNDING REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE  
March 2015

Health of Older People Portfolio

Priority Reports

Please find the following appendices at the end of this report:

- Appendix 1: Southern Residential Care – Rest Home Level Jan 15
- Appendix 2: Southern Residential Care – Hospital Level Jan 15
- Appendix 3: HCSS HOP Bulk Funding Jan 15

Appendix 1, Southern Residential Care – Rest Home (RH) Level, shows the utilisation and spend through January 2015. This report includes both the Rest Home and Secure Dementia services. Graphs 1. Rest Home Bed utilisation and 2. Dementia Bed utilisation show the trend over the past two years, with this year’s utilisation above budget for Rest Home and well above budget for Dementia. The most recent data points on both graphs are shown in blue and red, with the blue showing the actual beds that have been invoiced, and the red showing the total number we expect will be invoiced based on additional information.

Graphs 3 (Overall Beds- RH) and 4 (Overall Beds – Dementia) show the total number of Aged Residential Care beds available in Southern DHB for Rest Home and Dementia. Graphs 5 (Overall Occupancy – RH) and 6 (Overall Occupancy – Dementia) show the occupancy of those beds in Otago and Southland for those two levels of care.

The increased information has served to bridge the gap between the utilisation figures we have historically received and our financial accounts. As shown in the report, the variance between Ledger and Budget is largely made of up three factors:

1. Price Variance – this is due to the unpredicted Rest Home price increase in October, for which we are receiving additional revenue,
2. Volume Variance – this is due to higher numbers of residents in Rest Home level and Dementia level care than anticipated, and
3. Under accrual from the prior year.

A full year \$3.2m unfavourable variance in this account for 2014/15 has been estimated by extrapolating year to date (YTD) price and volume information. This estimate relies on YTD volumes and pricing being maintained.

Appendix 2, Southern Residential Care – Hospital Level, shows the utilisation and spend through January 2015. This report includes both the Hospital Level and Psychogeriatric services. Graphs 1. Hospital Bed utilisation and 2. Psychogeriatric Bed utilisation show the trend over the past two years, with this year’s utilisation just above budget for Hospital and well below budget for Psychogeriatric. The most recent data points on both graphs are shown in blue and red, with the blue showing the actual beds that have been invoiced, and the red showing the total number we expect will be invoiced based on additional information. There is no marked difference between invoiced beds and forecast beds as per the graphs.

Graphs 3 (Overall Beds - Hospital) and 4 (Overall Beds – Psychogeriatric) show the total number of Aged Residential Care beds available in Southern DHB for Hospital and

Psychogeriatric. Graphs 5 (Overall Occupancy – Hospital) and 6 (Overall Occupancy – Psychogeriatric) show the occupancy of those beds in Otago and Southland for those two levels of care.

As shown in the report, the Variance between Ledger and Budget is largely made of up three factors:

1. Price Variance – as a result of the October price increase at Rest Home level, the maximum contribution increased, decreasing the DHB's contribution for some residents. This has resulted in a positive variance to budget.
2. Volume Variance – Due to the higher number of residents in Hospital level and the smaller decrease in psychogeriatric, this is slightly unfavourable, and
3. Under accrual from the prior year.

A full year \$864 favourable variance in this account for 2014/15 has been estimated by extrapolating YTD price and volume. This estimate relies on YTD volumes and pricing being maintained.

Appendix 3 shows a table and three graphs explaining our Health of Older People Bulk Funding for Restorative Home & Community Support Services (HCSS).

Table 1 shows forecast hours as at 8 February 2015.

Graph 1 shows the total number of Older People receiving long term HCSS services.

Graph 2 shows, annualized, the total number of hours of service delivery.

Graph 3 shows, since embarking on Restorative Service with our three Alliance partners (Access Homehealth, Healthcare NZ and Royal District Nursing Service NZ), how the complexity of the client groups has changed. We have categorised all of the clients in this service into a casemix group, based on their Comprehensive Clinical Assessment (interRAI). The number of clients has increased in every client group over time (except 1a's) as we have increased the percent of clients in the service who have had a Comprehensive Clinical Assessment. When the service began, only 43% of clients had been interRAI assessed. Today, 97% have had an interRAI assessment. The number of clients in category 1a has decreased, as these clients are deemed independent. Many of these clients will be referred into the service at a later date, as their needs change. Now that we have (virtually) all the clients assessed, it will be important to determine if the complexity of this client group changes over time.

These graphs tell us that:

- The number of clients remains fairly stable, at about 4,000;
- The number of hours delivered started at well over 670,000 annualised and is now at 614,000 hours;
- The number of clients in each casemix group is changing, but the trends will become more obvious in the coming months, now that the entire population has been assessed;
- Forecast hours are tracking favourable compared to budget.

#### Age Related Residential Care (ARRC) Facilities

Two more facilities, Iona Hospital and Yvette Williams, have received Four Year Certifications from HealthCERT for spotless certification audits with evidence of Continuous Improvement.

#### Home & Community Support Services (HCSS)

In-between travel – Work continues to implement the agreement to pay HCSS workers for in-between travel from 1 July 2015.

Complaint Categorisation – All HCSS contracts, nationally, will include the nationally agreed complaint categorisation reporting from 1 July 2015.

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| Population Health |
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#### Child and Youth Steering Group

The Child and Youth Steering Group have continued to meet two monthly.

Focus continues on a number of initiatives in relation to the Children's Action Plan:

- Implementation of the National Child Protection Alert System
- Maternal and Children's Wellbeing Midwifery Group for vulnerable pregnant women and infants
- Investigations of ED presentations of children under 2 years of age
- Family Violence Intervention Programme

Establishment of a youth focussed work plan will occur in the next quarter.

#### Well Child Tamariki Ora (WCTO) Quality Improvement Framework

Agreement has been reached between South Island DHBs that one South Island position will be established for a regional WCTO Quality Improvement Framework (QIF) Project Manager. Canterbury DHB has accepted the contract from the Ministry of Health to be the host DHB. The position will be advertised across the South Island with the most suitable candidate appointed regardless of location.

The regional WCTO QIF Project Manager will coordinate WCTO quality improvement activity across all South Island DHBs. They will provide quality improvement training to DHB staff involved in the WCTO QIF, support closer engagement between the DHB and the wider child health sector and maintain close links to the Ministry of Health Child and Family programme team.

#### Social Sector Trials (SST)

Southern DHB staff continue to engage with both SSTs in the Southern district and have taken responsibility for a number of actions within both Action Plans.

Agreement has been reached on distribution of the drug and alcohol funding received from the Ministry of Health for both Trial locations and the Invercargill One Stop Shop.

New reporting occurred last quarter for all government agencies (health, police, MSD, justice, education) involved with the SSTs. Reporting involves each agency and the SST lead stating achievement and status against:

- Engagement and consultation – agencies seek community views through the SST lead on internal agency planning and development of initiatives;

- Service design and delivery - agencies considering community views through the SST lead when changing and delivering social services;
- Monitoring – agencies engage SST leads in planning, reviewing contracts, service design, procurement and delivery of social services;
- Accountability – agencies signal their commitment to the SSTs through appropriate agency planning, strategies, tools and processes.

Southern DHB's overall status was stated to be good, on track with no further action required.

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| Primary and Community Portfolio |
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8

#### COMMUNITY PHARMACY

##### (a) Community Pharmacy Service Agreement (CPSA)

Progress has been made on the extension of the 2012 Community Pharmacy Service Agreement (CPSA). Considerable discussion has occurred with key stakeholders regarding the elements of the CPSA contract extension proposal and a recommendation to be placed before DHB CEOs early March. This will include the term of the contract extension, application of a contribution to costs pressure (CCP) component and details pertaining to the management of subsequent community pharmaceutical costs within the funding envelope.

The contract term will be for 18 months (previously 12 months) to offset potential additional costs to DHBs regarding CCP and other revenue contributions.

##### (b) Pharmacy Clinical Advisory Group

The Pharmacy Clinical Advisory Group which was formed to oversee the utilisation project with Bpac will be retained. The group's terms of reference have been modified to reflect their input into reviewing pharmaceutical expenditure and identifying the costs drivers with recommendations to SDHB management outlining solutions to address.

Pharmac are to present a paper to DHB GMs, Planning and Funding outlining initiatives to manage hospital pharmaceutical demand which may provide future assistance to SDHB to reduce pharmaceutical expenditure.

#### ALLIANCE SOUTH

A planning workshop for Alliance South members, staff and Service Level Alliance Team (SLAT) Chairs occurred early March 2015. The focus was on ensuring that the 2015/16 work plan was both agreed and aligned to the priorities of the Annual Plan, Ministry Targets, local priorities and the Draft Southern Strategic Health Services Plan. As a result of the workshop, terms of references, membership and key performance indicators will be reviewed and agreement as to priority areas and work programme will be discussed and agreed at the Alliance South March meeting.

#### Acute Demand

The first meeting of the Acute Demand SLAT was held in early March 2015. Progress was made on determining the key drivers with three problem definitions identified. These will be further

developed using the Better Business Case approach at the next meeting scheduled for April 2014.

#### Rapid Response Service (RRS)

The rapid response service numbers remain low; however the strategies as agreed at the December meeting are being put in place.

A recommendation on the future direction of the service will be presented to the Alliance South May meeting.

#### Respiratory

The next Respiratory work-stream meeting is to be held late March and will build on the priority areas identified at their December 2014 meeting and includes:

- Understanding the patients lived experiences through narratives and audio
- A snapshot of Chronic Obstructive Pulmonary Disease (COPD) services across the Southern district
- COPD best practice models of care currently used across New Zealand and internationally
- COPD Clinical and patient education models available
- COPD Health pathways work to date.

#### Community & Hospital Pharmaceuticals

Assembling demand driven data continues to be a challenge, however investigation of a software programme currently used by Nelson Marlborough DHB that provides real time pharmaceutical demand data is currently being undertaken by the respective Planning and Funding Portfolio Manager.

#### Rural Health

The Rural Health SLAT has continued to work and on the proposed funding model to be consulted on by rural practices which has now been endorsed by Alliance South. Planning is now underway for the consultation process with rural practices.

#### WELLSOUTH (SOUTHERN PHO):

##### WellSouth Information Systems - Health Systems Solutions Ltd (HSS)

The WellSouth Web Portal system for electronic claiming for programme payments and associated data has been implemented. It has been enthusiastically endorsed and used by the majority of practices. WellSouth is encouraging and actively supporting all practices to use the Portal directly from the practice, which has obvious operational and business efficiency purposes for the practice. In support of this matter WellSouth sent out IT update No. 4 on 19 February 2015 (see Appendix 4).

#### Under 6s

All WSPHN practices have joined to the scheme. WellSouth had 100% coverage from 1 February 2015.

Extension of the scheme to under 13yrs (U13s) from 1 July 2015: The PSAAP (PHO Services Agreement Amendment Protocol) Working Group will report back the PSAAP meeting on 23 April 2015. The proposed subsidy rate is \$70 for two funded visits to general practice per year. However, we await the business rules and policy framework. Once these are approved by the Ministry of Health, WellSouth can analyse the impact for each practice and provide guidance for their decision to join the scheme, which is voluntary.

ACC announced on 17 February 2015 that their payments for free consultations for U13s will be 'lifted' to \$24 (excl. GST) per visit, effective from 1 July 2015 – aligned to the Ministry of Health free U13s scheme.

Very Low Cost Access (VLCA) Practice - Invercargill

He Puna Waiora – NKMP Wellness Centre continues to grow, with enrolments well in excess of projected targets (100 enrolments per month or 300 enrolled patients by March 2015).

They have increased their recruitment and resources to cope with the number of enrolments and level of significant health issues. The WellSouth IT tools (DRINFO, dashboard, ERMS and webportal) are now installed in the practice.

WellSouth continues to provide this new practice with support to ensure successful systems and processes are established.

Integrated Performance Incentive Framework (IPIF) Health Targets and Clinical Programmes Report

Ministry of Health (MoH) reports for the quarter ending 31 December 2014 were delayed.

The verified Quarter 2, 2014/15 (to Dec 2014) results were:

| Indicator                       | Target | Q2 result | Baseline 1 Jul 2013 |
|---------------------------------|--------|-----------|---------------------|
| More Heart and Diabetes Checks: | 90%    | 79.6%     | 63%                 |
| Better Help for Smoker to Quit  | 90%    | 57.7%*    | 57%                 |
| Increased Immunisation 8 months | 95%    | 94.2%     | 95%                 |
| Increased Immunisation 2 years  | 95%    | 95%       | 95%                 |
| Cervical Screening              | 80%    | 81.7%     | new target          |

(See Appendix 5 Health Targets report from MoH letter dated February 2015 results – Q2 2014/15)

\* WellSouth believes the 18.5% drop from Q1 (76%) is incorrect and is the result of a data issue (an exact 6,000 drop in numerator). A detailed investigation has commenced to reconcile the data provided by practices via WellSouth’s IT contractor at the time. CPIs (Clinical Performance Indicator reports) are being submitted for the period ending 28 February 2015 and this should provide a better understanding of how practices are performing in each target. WellSouth’s Practice Support Team staff are now concentrating on this smoking target as a priority.

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| Additional Revenue |
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Other Government and other revenue are collectively \$29k favourable for the month and now \$63k YTD favourable. Ministry of Health (MoH) revenue is favourable for month (\$0.225m) and YTD (\$1.2m).

Year to date additional funder revenue is \$1.24m, with the following additional revenue contracts:

|                                                    |        |                                                                                      |
|----------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| Exemplar CEP Enhanced Alcohol & Other Drug Service | \$79k  | Additional revenue due to late start in contract – Mental Health - Alcohol and Drugs |
| Rural Sustainability Support                       | \$200k | Unbudgeted and Cost offset Personal Health – Primary Care                            |
| Sleepover Settlement                               | \$223k | Unbudgeted and Cost offset DSS – Home Support                                        |
| Orthopaedic Pathway Programme 340071-00            | \$53k  | Unbudgeted and cost offset Personal Health                                           |
| ARC rest home price increase from October 2014     | \$558k | Unbudgeted and cost offset in DSS                                                    |
| National Patient Flow System Development           | \$91K  | Cost offset, first of two payments                                                   |
| Radiology Service Improvement Initiative           | \$81K  | Partial Cost Offset to date                                                          |
| One-Off funding for Alcohol & Drug Services        | \$63k  | Unbudgeted and cost offset in Mental Health                                          |

Attachments:

1. PHS Report

# DSAC/CPHAC Meeting - Planning & Funding Team Report

## Appendix 1: Southern Residential Care – Rest Home Level Jan 15

| Rest Home Beds        | Actual  | Budget  | Variance | Unfav |
|-----------------------|---------|---------|----------|-------|
| Jan 15 - Bed nights   | 33,697  | 32,678  | - 1,019  | Unfav |
| YTD - Bed nights      | 232,564 | 226,636 | - 5,928  | Unfav |
| Jan 15 - Beds per day | 1,087   | 1,054   | - 33     | Unfav |
| YTD - Beds per day    | 1,082   | 1,054   | - 28     | Unfav |

Rest Home bed utilisation continues the trend of tracking over budget.

| Dementia Beds         | Actual | Budget | Variance | Unfav |
|-----------------------|--------|--------|----------|-------|
| Jan 15 - Bed nights   | 9,424  | 8,234  | - 1,190  | Unfav |
| YTD - Bed nights      | 65,108 | 57,108 | - 8,000  | Unfav |
| Jan 15 - Beds per day | 304    | 266    | - 38     | Unfav |
| YTD - Beds per day    | 303    | 266    | - 37     | Unfav |

Dementia bed utilisation continues the trend of tracking over budget.

| Total Beds                     | Actual     | Budget     | Variance    | Unfav |
|--------------------------------|------------|------------|-------------|-------|
| Jan 15 - Bed nights            | 43,121     | 40,912     | - 2,209     | Unfav |
| YTD - Bed nights               | 297,672    | 283,744    | - 13,928    | Unfav |
| 14/15 YE Forecast - Bed nights | 505,350    | 481,705    | - 23,645    | Unfav |
| YTD - \$ Ledger vs Budget      | 23,391,458 | 20,775,135 | - 2,616,323 | Unfav |
| YTD - \$ Service vs Ledger     | 22,324,884 | 23,391,458 | 1,066,574   | Fav   |
| YTD - \$ Total Variance        |            |            | - 1,549,749 | Unfav |

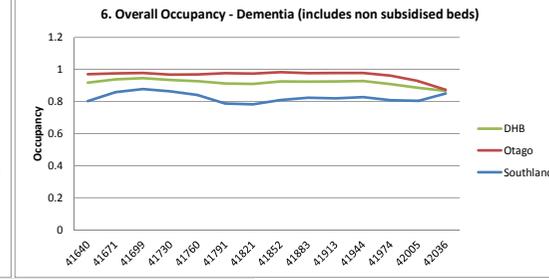
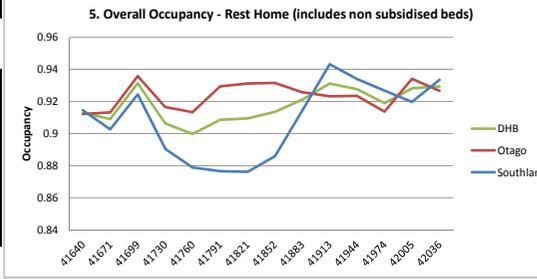
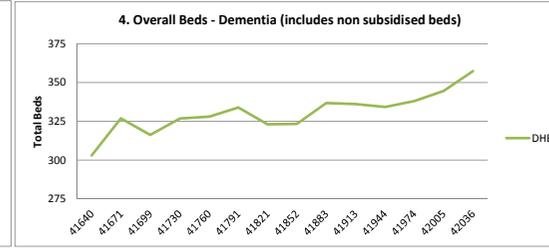
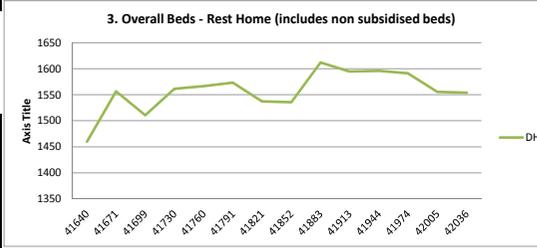
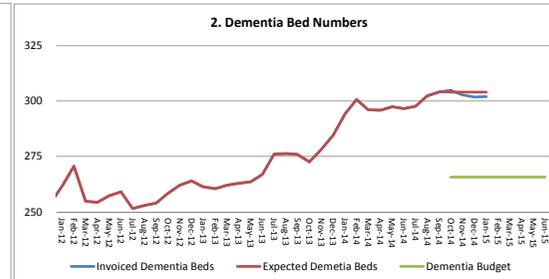
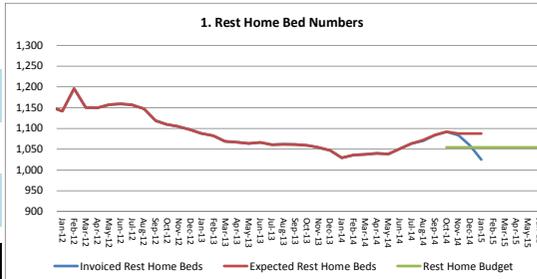
Please note that Graphs 3-6 have been created utilising data from Eldernet and data has not been verified as being complete

| Variance Analysis -YTD vs Budget                             |   |                    |              |  |
|--------------------------------------------------------------|---|--------------------|--------------|--|
| YTD Rest Home - Price Variance                               | - | 337,244            | Unfav        |  |
| YTD Dementia - Price Variance                                | - | 73,440             | Fav          |  |
| YTD Rest Home - Volume Variance                              | - | 398,659            | Unfav        |  |
| YTD Dementia - Volume Variance                               | - | 732,675            | Unfav        |  |
| YTD LTS-CHC Variance                                         | - | 154,610            | Unfav        |  |
| <b>Variance - \$ Service vs Budget</b>                       |   | <b>1,549,749</b>   | <b>Unfav</b> |  |
| Other (including Under accrued prior year expenses of \$867) | - | 1,066,574          | Unfav        |  |
| <b>Variance - \$ Ledger vs Budget (as per accounts)</b>      |   | <b>- 2,616,323</b> | <b>Unfav</b> |  |
| + YTD additional funding for MOH price increase              |   | 555,556            |              |  |
| Adjusted Variance (ledger vs budget)                         | - | 2,060,767          | Unfav        |  |

| 13/14 FY         | 14/15 Estimate   |              |  |
|------------------|------------------|--------------|--|
| 341,877          | 566,057          | Unfav        |  |
| 275,567          | 124,152          | Fav          |  |
| 1,330,622        | 339,794          | Unfav        |  |
| 761,851          | 1,220,055        | Unfav        |  |
|                  | 262,477          | Unfav        |  |
|                  | 1,066,574        |              |  |
| <b>1,186,215</b> | <b>3,320,795</b> | <b>Unfav</b> |  |

| Financial Year-General Ledger | Actual     | Budget     | Variance    | Unfav |
|-------------------------------|------------|------------|-------------|-------|
| 11/12 Year                    | 35,731,858 | 34,169,680 | - 1,562,178 | Unfav |
| 12/13 Year                    | 34,889,991 | 36,213,476 | 1,323,485   | Fav   |
| 13/14 Year                    | 34,459,963 | 35,880,081 | 1,420,118   | Fav   |
| 14/15 YTD                     | 23,391,458 | 20,775,135 | - 2,616,323 | Unfav |
| 14/15 Forecast                | 39,711,080 | 35,274,468 | - 4,436,612 | Unfav |

MOH 5% price increase.  
- MOH price increase had had negative effect on ave subsidy for Rest Home but positive effect on ave subsidy for Dementia. Additional funding (\$111 per month for 10/14-06/15) has largely offset Rest Home price increase and when taking into account reduction in ave subsidy in other bed types due to price increase (Dementia, Hospital, PG) the additional cost has been fully offset.



| Data Table     |               | Invoiced           |                        |                              | Expected           |                        |                              | Budget             |                        |                              | Bed days             |                      |                | Avg DHB Subsidy \$ |          | DHB Subsidy \$ Budget |          | Total \$ based on month of service |           |            |                                |                |            |                            |                           |   |
|----------------|---------------|--------------------|------------------------|------------------------------|--------------------|------------------------|------------------------------|--------------------|------------------------|------------------------------|----------------------|----------------------|----------------|--------------------|----------|-----------------------|----------|------------------------------------|-----------|------------|--------------------------------|----------------|------------|----------------------------|---------------------------|---|
| Month          | Days in month | Rest Home Southern | Dementia Beds Southern | Total Rest Home and Dementia | Rest Home Southern | Dementia Beds Southern | Total Rest Home and Dementia | Rest Home Southern | Dementia Beds Southern | Total Rest Home and Dementia | # Rest Home Bed Days | # Dementia Beds Days | Total bed days | Rest Home          | Dementia | Rest Home             | Dementia | Rest Home                          | Dementia  | Total      | SERVICE BASED ON FORECAST BEDS | General ledger | Budget     | Variance Service vs Ledger | Variance Ledger vs budget |   |
| 11/12 Total    |               | 425,318            | 92,222                 | 517,540                      |                    |                        |                              | 408,333            | 89,208                 | 497,541                      | 13,985               | 3,033                | 17,019         | 65.61              | 86.04    | -                     | -        | 27,907,275                         | 7,931,516 | 35,838,791 |                                | 35,731,858     | 34,169,680 | 106,933                    | 1,562,178                 |   |
| 12/13 Total    |               | 400,526            | 94,862                 | 495,388                      |                    |                        |                              | 415,600            | 90,353                 | 505,953                      | 13,165               | 3,119                | 16,284         | 66.26              | 90.70    | -                     | -        | 26,538,971                         | 8,602,714 | 35,141,685 |                                | 34,889,991     | 36,213,476 | 251,694                    | - 1,323,485               |   |
| 13/14 Total    |               | 382,450            | 104,680                | 487,130                      |                    |                        |                              | 402,310            | 96,448                 | 498,758                      | 12,573               | 3,443                | 16,016         | 66.10              | 89.92    | 67.00                 | 92.55    | 25,281,757                         | 9,412,109 | 34,693,866 |                                | 34,459,963     | 35,880,081 | - 233,903                  | 1,420,118                 |   |
| Jul-14         | 31            | 32,965             | 9,224                  | 42,189                       | 32,965             | 9,224                  | 42,189                       | 32,678             | 8,234                  | 40,912                       | 1,063                | 298                  | 1,361          | 65.93              | 91.03    | 67.25                 | 91.59    | 2,173,492                          | 839,650   | 3,013,142  | 3,081,570                      | 2,973,857      | 2,995,080  | - 107,732                  | 21,223                    |   |
| Aug-14         | 31            | 33,167             | 9,371                  | 42,538                       | 33,232             | 9,371                  | 42,603                       | 32,678             | 8,234                  | 40,912                       | 1,070                | 302                  | 1,372          | 65.84              | 91.88    | 67.25                 | 91.59    | 2,183,896                          | 860,968   | 3,044,864  | 3,113,733                      | 3,247,337      | 2,995,080  | - 133,604                  | - 252,256                 |   |
| Sep-14         | 30            | 32,508             | 9,121                  | 41,629                       | 32,520             | 9,121                  | 41,641                       | 31,624             | 7,969                  | 39,592                       | 1,084                | 304                  | 1,388          | 65.76              | 91.55    | 67.25                 | 91.59    | 2,137,782                          | 835,027   | 3,032,676  | 3,033,465                      | 3,389,292      | 2,899,867  | - 355,827                  | - 489,425                 |   |
| Oct-14         | 31            | 33,843             | 9,450                  | 43,293                       | 33,843             | 9,424                  | 43,267                       | 32,678             | 8,234                  | 40,912                       | 1,092                | 305                  | 1,397          | 70.98              | 89.75    | 67.25                 | 91.59    | 2,402,321                          | 848,184   | 3,250,505  | 3,317,075                      | 3,145,867      | 2,995,080  | - 171,208                  | - 150,786                 |   |
| Nov-14         | 30            | 32,517             | 9,079                  | 41,596                       | 32,610             | 9,120                  | 41,730                       | 31,624             | 7,969                  | 39,592                       | 1,084                | 303                  | 1,387          | 70.88              | 90.35    | 67.25                 | 91.59    | 2,304,803                          | 820,299   | 3,125,102  | 3,195,602                      | 3,423,145      | 2,899,867  | - 217,217                  | - 523,279                 |   |
| Dec-14         | 31            | 32,849             | 9,352                  | 42,201                       | 33,697             | 9,424                  | 43,121                       | 32,678             | 8,234                  | 40,912                       | 1,060                | 302                  | 1,361          | 70.70              | 89.72    | 67.25                 | 91.59    | 2,322,446                          | 839,077   | 3,228,870  | 3,295,253                      | 3,797,104      | 2,995,080  | - 501,851                  | - 802,024                 |   |
| Jan-15         | 31            | 31,763             | 9,358                  | 41,121                       | 33,697             | 9,424                  | 43,121                       | 32,678             | 8,234                  | 40,912                       | 1,025                | 302                  | 1,326          | 70.63              | 88.99    | 67.25                 | 91.59    | 2,243,461                          | 832,750   | 3,135,350  | 3,277,842                      | 3,414,857      | 2,995,080  | - 137,015                  | - 419,776                 |   |
| Feb-15         | 28            | -                  | -                      | -                            | -                  | -                      | -                            | -                  | -                      | -                            | -                    | -                    | -              | -                  | -        | -                     | -        | -                                  | -         | -          | -                              | -              | -          | -                          | -                         | - |
| Mar-15         | 31            | -                  | -                      | -                            | -                  | -                      | -                            | -                  | -                      | -                            | -                    | -                    | -              | -                  | -        | -                     | -        | -                                  | -         | -          | -                              | -              | -          | -                          | -                         | - |
| Apr-15         | 30            | -                  | -                      | -                            | -                  | -                      | -                            | -                  | -                      | -                            | -                    | -                    | -              | -                  | -        | -                     | -        | -                                  | -         | -          | -                              | -              | -          | -                          | -                         | - |
| May-15         | 31            | -                  | -                      | -                            | -                  | -                      | -                            | -                  | -                      | -                            | -                    | -                    | -              | -                  | -        | -                     | -        | -                                  | -         | -          | -                              | -              | -          | -                          | -                         | - |
| Jun-15         | 30            | -                  | -                      | -                            | -                  | -                      | -                            | -                  | -                      | -                            | -                    | -                    | -              | -                  | -        | -                     | -        | -                                  | -         | -          | -                              | -              | -          | -                          | -                         | - |
| 14/15 YTD      |               | 229,612            | 64,955                 | 294,567                      | 232,564            | 65,108                 | 297,672                      | 226,636            | 57,108                 | 283,744                      | 7,477                | 2,115                | 9,592          | 68.67              | 90.46    | 67.25                 | 91.59    | 15,768,201                         | 5,875,954 | 22,102,964 | 22,324,884                     | 23,391,458     | 20,775,135 | 1,066,574                  | - 2,616,323               |   |
| 14/15 Forecast |               | 389,806            | 110,272                | 500,079                      | 394,818            | 110,532                | 505,350                      | 384,754            | 96,951                 | 481,705                      | 12,893               | 3,590                | 16,283         | 68.67              | 90.46    | 67.25                 | 91.59    | 26,769,272                         | 9,975,457 | 36,744,729 | 37,900,304                     | 39,711,080     | 35,274,468 | 2,966,352                  | - 4,436,612               |   |

# DSAC/CPHAC Meeting - Planning & Funding Team Report

## Appendix 2: Southern Residential Care – Hospital Level Jan 15

| Hospital Care Beds    | Actual  | Budget  | Variance |       |
|-----------------------|---------|---------|----------|-------|
| Jan 15- Bed nights    | 28,714  | 27,165  | -        | Unfav |
| YTD - Bed nights      | 195,401 | 188,403 | -        | Unfav |
| Jan 15 - Beds per day | 926     | 876     | -        | Unfav |
| YTD - Beds per day    | 909     | 876     | -        | Unfav |

Hospital Care bed utilisation continues the trend of tracking over budget.

| Psychogeriatric Beds  | Actual | Budget | Variance |     |
|-----------------------|--------|--------|----------|-----|
| Jan 15- Bed nights    | 2,418  | 3,231  | 813      | Fav |
| YTD - Bed nights      | 16,735 | 22,406 | 5,671    | Fav |
| Jan 15 - Beds per day | 78     | 104    | 26       | Fav |
| YTD - Beds per day    | 78     | 104    | 26       | Fav |

Psychogeriatric bed utilisation continues the trend of tracking under budget.

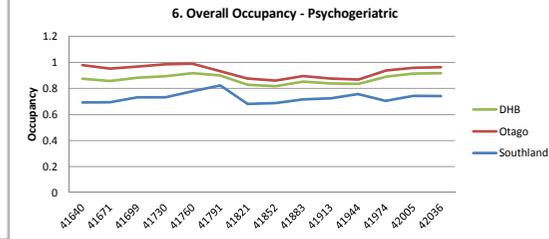
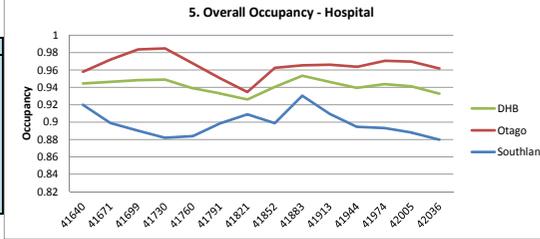
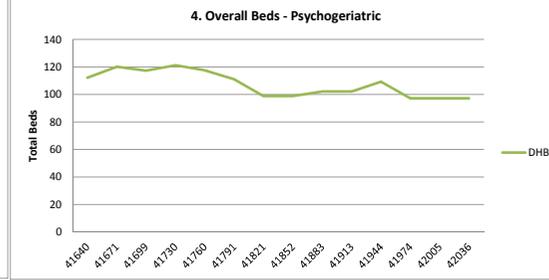
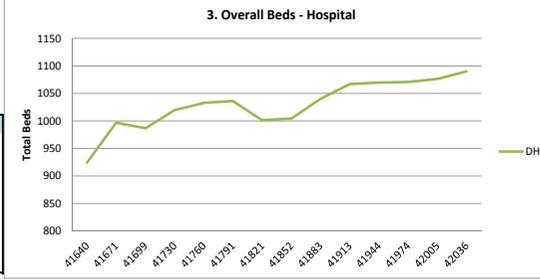
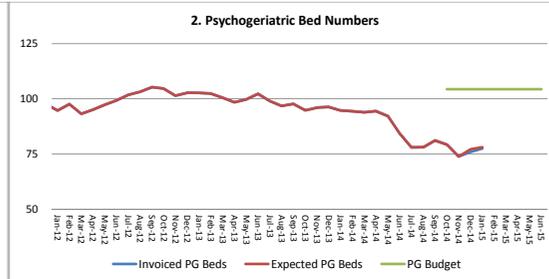
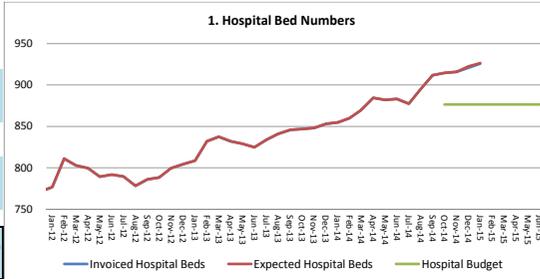
Please note that Graphs 3-6 have been created utilising data from Eldernet and data has not been verified as being complete

| Total Beds                      | Actual     | Budget     | Variance |       |
|---------------------------------|------------|------------|----------|-------|
| Jan 15- Bed nights              | 31,132     | 30,396     | -        | Unfav |
| YTD - Bed nights                | 212,957    | 210,808    | -        | Unfav |
| 14 /15 YE Forecast - Bed nights | 361,532    | 357,884    | -        | Unfav |
| YTD - \$ Ledger vs. Budget      | 26,975,093 | 27,340,245 | 365,152  | Fav   |
| YTD - \$ Service vs. Ledger     | 26,652,330 | 26,975,093 | 322,763  | Fav   |
| YTD - \$ Total Variance         |            |            | 687,915  | Fav   |

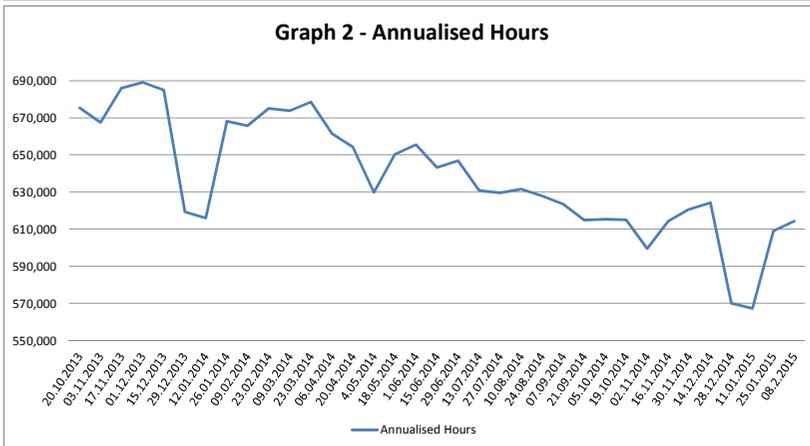
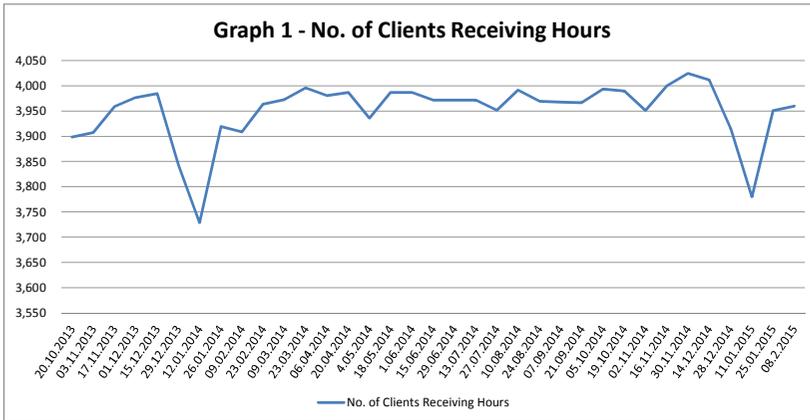
| Variance Analysis - YTD vs. Budget                           |  |                |       |
|--------------------------------------------------------------|--|----------------|-------|
| YTD Hospital Care - Price Variance                           |  | 851,518        | Fav   |
| YTD Psychogeriatric - Price Variance                         |  | 17,948         | Fav   |
| YTD Hospital Care - Volume Variance                          |  | 889,377        | Unfav |
| YTD Psychogeriatric - Volume Variance                        |  | 846,205        | Fav   |
| YTD LTC-CHC Variance                                         |  | 138,380        | Unfav |
| <b>Variance - \$ Service vs Budget</b>                       |  | <b>687,915</b> | Fav   |
| Other (including Under accrued prior year expenses of \$283) |  | 322,763        | Unfav |
| <b>Variance - \$ Ledger vs Budget (as per accounts)</b>      |  | <b>365,152</b> | Fav   |

| 13/14 FY         |              | 14/15 Estimate |            |
|------------------|--------------|----------------|------------|
| 363,303          | Fav          | 1,436,524      | Fav        |
| 123,210          | Fav          | 30,023         | Fav        |
| 2,538,824        | Unfav        | 1,495,201      | Unfav      |
| 480,057          | Fav          | 1,450,767      | Unfav      |
|                  |              | 234,925        | Unfav      |
|                  |              | 322,763        | Unfav      |
| <b>1,572,254</b> | <b>Unfav</b> | <b>864,424</b> | <b>Fav</b> |

| Financial Year-General Ledger | Actual     | Budget     | Variance |       |
|-------------------------------|------------|------------|----------|-------|
| 11/12 Year                    | 40,489,080 | 39,188,664 | -        | Unfav |
| 12/13 Year                    | 42,364,651 | 41,939,535 | -        | Unfav |
| 13/14 Year                    | 44,844,798 | 42,713,656 | -        | Unfav |
| 14/15 YTD                     | 26,975,093 | 27,340,245 | 365,152  | Fav   |
| 14/15 Forecast                | 45,794,925 | 46,415,737 | 620,812  | Fav   |

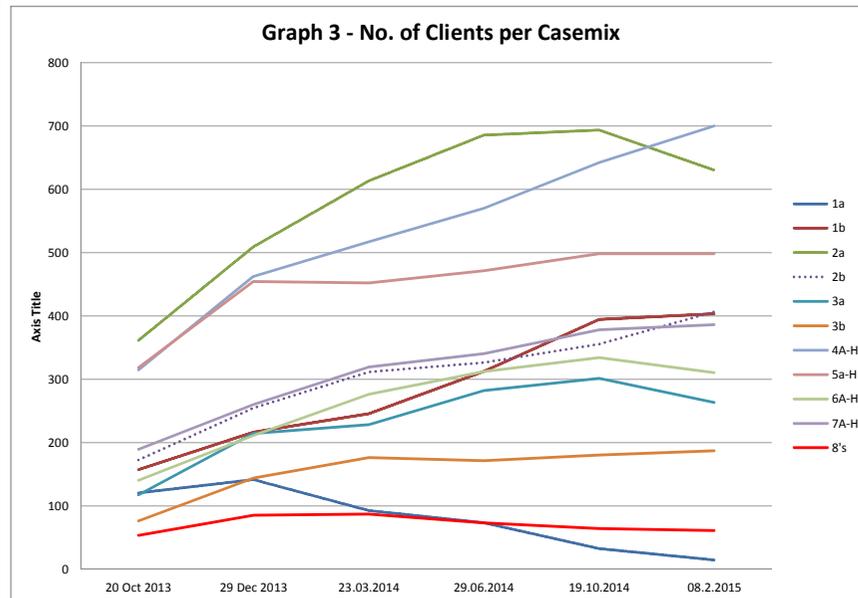


| Data Table     |               | Invoiced      |                 |                                    | Expected      |                 |                                    | Budget        |                 |                                    | Bed days                 |                          | Avg DHB Subsidy \$ |               | DHB Subsidy \$ Budget |               | Total \$ based on month of service |               |                 |            |                        |                |            |                             |                            |   |
|----------------|---------------|---------------|-----------------|------------------------------------|---------------|-----------------|------------------------------------|---------------|-----------------|------------------------------------|--------------------------|--------------------------|--------------------|---------------|-----------------------|---------------|------------------------------------|---------------|-----------------|------------|------------------------|----------------|------------|-----------------------------|----------------------------|---|
| Month          | Days in month | Hospital Care | Psychogeriatric | Total Hospital and Psychogeriatric | Hospital Care | Psychogeriatric | Total Hospital and Psychogeriatric | Hospital Care | Psychogeriatric | Total Hospital and Psychogeriatric | # Hospital Care Bed Days | Psychogeriatric Bed Days | Total bed days     | Hospital Care | Psychogeriatric       | Hospital Care | Psychogeriatric                    | Hospital Care | Psychogeriatric | Total      | BASED ON FORECAST BEDS | General ledger | Budget     | Variance Service vs. Ledger | Variance Ledger vs. budget |   |
| 11/12 Total    |               | 286,188       | 35,836          | 322,024                            |               |                 |                                    | 271,284       | 36,912          | 308,196                            | 9,411                    | 1,178                    | 10,590             | 123.69        | 147.50                | -             | -                                  | 35,398,400    | 5,285,054       | 40,683,455 |                        | 40,489,080     | 39,188,664 | 194,375                     | 1,300,416                  |   |
| 12/13 Total    |               | 295,187       | 37,233          | 332,420                            |               |                 |                                    | 289,005       | 37,340          | 326,345                            | 9,707                    | 1,224                    | 10,931             | 125.56        | 149.59                | -             | -                                  | 37,065,204    | 5,569,574       | 42,634,779 |                        | 42,364,651     | 41,939,535 | 270,127                     | 425,116                    |   |
| 13/14 Total    |               | 313,254       | 34,480          | 347,734                            |               |                 |                                    | 293,165       | 37,674          | 330,839                            | 10,300                   | 1,133                    | 11,433             | 125.23        | 146.70                | 126.38        | 150.32                             | 39,226,145    | 5,059,765       | 44,285,910 |                        | 44,844,798     | 42,713,656 | -                           | 558,888                    |   |
| Jul-14         | 31            | 27,192        | 2,414           | 29,606                             | 27,192        | 2,414           | 29,606                             | 27,165        | 3,231           | 30,396                             | 877                      | 78                       | 955                | 124.77        | 147.60                | 127.08        | 149.22                             | 3,392,656     | 356,308         | 3,748,964  | 3,771,261              | 3,872,980      | 3,942,010  | 101,719                     | 69,030                     |   |
| Aug-14         | 31            | 27,740        | 2,416           | 30,156                             | 27,740        | 2,416           | 30,177                             | 27,165        | 3,231           | 30,396                             | 895                      | 78                       | 973                | 124.41        | 147.23                | 127.08        | 149.22                             | 3,451,203     | 355,715         | 3,806,918  | 3,833,931              | 4,086,648      | 3,942,010  | 252,717                     | 144,638                    |   |
| Sep-14         | 30            | 27,347        | 2,431           | 29,778                             | 27,347        | 2,431           | 29,778                             | 26,289        | 3,126           | 29,415                             | 912                      | 81                       | 993                | 123.99        | 147.16                | 127.08        | 149.22                             | 3,390,695     | 357,742         | 3,748,437  | 3,782,230              | 3,383,166      | 3,815,099  | -                           | 399,064                    |   |
| Oct-14         | 31            | 28,346        | 2,456           | 30,801                             | 28,346        | 2,456           | 30,801                             | 27,165        | 3,231           | 30,396                             | 914                      | 79                       | 994                | 122.16        | 148.58                | 127.08        | 149.22                             | 3,462,869     | 359,926         | 3,822,795  | 3,854,741              | 3,974,375      | 3,942,010  | 119,634                     | 32,366                     |   |
| Nov-14         | 30            | 27,472        | 2,213           | 29,686                             | 27,472        | 2,213           | 29,686                             | 26,289        | 3,126           | 29,415                             | 916                      | 74                       | 990                | 121.97        | 148.53                | 127.08        | 149.22                             | 3,350,643     | 328,765         | 3,679,408  | 3,709,365              | 3,663,363      | 3,815,099  | -                           | 46,002                     |   |
| Dec-14         | 31            | 28,541        | 2,350           | 30,891                             | 28,541        | 2,350           | 30,891                             | 27,165        | 3,231           | 30,396                             | 921                      | 76                       | 996                | 121.61        | 150.10                | 127.08        | 149.22                             | 3,470,908     | 352,706         | 3,823,614  | 3,861,704              | 4,050,155      | 3,942,010  | 188,451                     | 108,146                    |   |
| Jan-15         | 31            | 28,695        | 2,399           | 31,094                             | 28,714        | 2,418           | 31,132                             | 27,165        | 3,231           | 30,396                             | 926                      | 77                       | 1,003              | 120.34        | 149.92                | 127.08        | 149.22                             | 3,453,106     | 359,684         | 3,812,790  | 3,839,097              | 3,944,406      | 3,942,010  | 105,308                     | 2,396                      |   |
| Feb-15         | 28            | -             | -               | -                                  | -             | -               | -                                  | -             | -               | -                                  | -                        | -                        | -                  | -             | -                     | -             | -                                  | -             | -               | -          | -                      | -              | -          | -                           | -                          | - |
| Mar-15         | 31            | -             | -               | -                                  | -             | -               | -                                  | -             | -               | -                                  | -                        | -                        | -                  | -             | -                     | -             | -                                  | -             | -               | -          | -                      | -              | -          | -                           | -                          | - |
| Apr-15         | 30            | -             | -               | -                                  | -             | -               | -                                  | -             | -               | -                                  | -                        | -                        | -                  | -             | -                     | -             | -                                  | -             | -               | -          | -                      | -              | -          | -                           | -                          | - |
| May-15         | 31            | -             | -               | -                                  | -             | -               | -                                  | -             | -               | -                                  | -                        | -                        | -                  | -             | -                     | -             | -                                  | -             | -               | -          | -                      | -              | -          | -                           | -                          | - |
| Jun-15         | 30            | -             | -               | -                                  | -             | -               | -                                  | -             | -               | -                                  | -                        | -                        | -                  | -             | -                     | -             | -                                  | -             | -               | -          | -                      | -              | -          | -                           | -                          | - |
| 14/15 YTD      |               | 195,333       | 16,679          | 212,012                            | 195,401       | 16,735          | 212,957                            | 188,403       | 22,406          | 210,808                            | 6,360                    | 543                      | 6,903              | 122.75        | 148.16                | 127.08        | 149.22                             | 23,972,081    | 2,470,845       | 26,442,926 | 26,652,330             | 26,975,093     | 27,340,245 | 322,763                     | 365,152                    |   |
| 14/15 Forecast |               | 331,612       | 28,316          | 359,927                            | 331,727       | 28,411          | 361,532                            | 319,846       | 38,038          | 357,884                            | 10,797                   | 922                      | 11,719             | 122.75        | 148.16                | 127.08        | 149.22                             | 40,705,194    | 4,195,216       | 44,900,409 | 45,246,979             | 45,794,925     | 46,415,737 | 894,516                     | 620,812                    |   |



### Appendix 3 - Health of Older People Bulk Funding for Restorative Home & Community Support Services (HCSS) - Feb 15

|               |                |
|---------------|----------------|
| Access - MARC | 220,998        |
| HCNZ          | 229,600        |
| RDNSNZ        | 164,970        |
| <b>TOTAL</b>  | <b>615,568</b> |
| <b>BUDGET</b> | <b>630,000</b> |





**Memo to:** WellSouth Contracted Providers  
**From:** Ian Macara, Chief Executive  
**Date:** 19 February 2015  
**Subject:** WellSouth Primary Health Network – IT SERVICES

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**UPDATE No.4** - our first for 2015.

**Changeover to WellSouth IT Services at 1 January 2015.**

We were very pleased that the transition to the new Health System Solution (HSS) – WellSouth IT services was completed successfully on 1 January 2015, with minimal issues. Our thanks to all practice staff involved.

We are delighted that the feedback from practices is strongly endorsing the value and how easy it is to use the various programmes, especially DrInfo, Patient Dashboard, ERMS (Electronic Request Management System) and in particular the WellSouth Portal for programme claiming. (*Attached please see a copy of Clutha Health First CEO Ray Anton's letter*).

Our **WellSouth Web Portal** enables practices to claim payment for programmes electronically, have the claim acknowledged and accepted in real time and then payment is made, without delay, in WellSouth's payment cycles. The Portal is 'up and running' for the following programmes: CarePlus, High Needs Smears, CVD Risk Assessments, U6s After-hours, Palliative Care and Sexual Health. Other programmes: CVD Management, Insulin Initiation, Diabetes management, Cellulitis IV antibiotics and Rheumatic fever will be added soon.

**We encourage practices to use the WellSouth Portal – it provides excellent efficiencies for your practice and business.**

While manual claims can be made for programmes – direct to WellSouth: [claims@wellsouth.org.nz](mailto:claims@wellsouth.org.nz), we have targeted that all practices use our Web Portal by 1 March 2015. Please contact us to have it installed.

WellSouth is committed to fully supporting practices to maximize the use and benefits of the new programmes. On-site training is available to practice teams and peer groups. Please contact us at WellSouth to arrange a session: phone 0800 477 117. Dr Keith Abbott, WellSouth's Clinical Advisor can demonstrate to GPs and practice nurses in practices how to use the various programmes. CME points are allocated. Keith can be contacted at [keith.abbott@wellsouth.org.nz](mailto:keith.abbott@wellsouth.org.nz)

Development of products is ongoing, so please send in your questions and suggestions so that we can continue to improve the user experience.

**Kyle Forde** has been employed by WellSouth as our Chief Information Officer. Kyle starts his position on 20<sup>th</sup> February 2015 and will ensure continuity and leadership as our IT Strategy is implemented. Kyle was Project Manager for the successful changeover to the new HSS - WellSouth IT system in January 2015. [kyle.forde@wellsouth.org.nz](mailto:kyle.forde@wellsouth.org.nz)

We acknowledge the thanks from practices that WellSouth provided new larger screen monitors to for the optimal use of Patient Dashboard. We were pleased to provide this valuable enhancement for IT services provision.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ian Macara", with a horizontal line underneath.

Ian Macara  
**Chief Executive**

**Dunedin Office**  
 PO Box 218  
 Level 1, 333 Princes Street  
 Dunedin 9054  
 Tel: 03 477 1163  
 Fax: 03 477 1168

**Invercargill Office**  
 PO Box 649  
 40 Clyde Street  
 Invercargill 9840  
 Tel: 03 214 6436  
 Fax: 03 214 0325

**Satellite offices in:**  
 Wanaka  
 Alexandra  
 Oamaru  
 Cromwell  
 Queenstown



12<sup>th</sup> February 2015

Mr Ian Macara  
Chief Executive Officer  
WellSouth PHO  
PO Box 218  
Dunedin 9054

Dear Ian

Over the recent months the general practice has participated in the roll out of the WellSouth Patient Dashboard application and its supporting programmes. The CCHCL Board would like to extend its congratulations to you on what has been a very successful and problem free implementation into our practice.

To date the Patient Dashboard has been universally well received by our nursing and clinical staff for the quality of its development, the way in which it presents clinical information and its overall ease of use. Even at this very early stage we understand that it is beginning to drive new processes by which the practice can support and anticipate the health needs of our patients.

We look forward to our continued collaboration with WellSouth PHO as the Patient Dashboard roll out continues and in all future developments.

Yours sincerely

Ray Anton  
Chief Executive Officer

**More Heart and Diabetes Checks 2014/15 Q2 - Final Results by DHBs**

Based on Adjusted Row Data Supplied by DHB Shared Services

| DHB                | Maori     |             | Pacific   |             | Other     |             | Total     |             | 2014/15 Q1 Results |            |      |
|--------------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|--------------------|------------|------|
|                    | Numerator | Denominator | Numerator | Denominator | Numerator | Denominator | Numerator | Denominator | CVD Risk           | Difference |      |
| Auckland           | 9,869     | 11,163      | 22,779    | 25,286      | 108,017   | 116,681     | 140,665   | 153,130     | 92.6%              | 91.7%      | 0.2% |
| Bay of Plenty      | 11,381    | 13,963      | 680       | 843         | 47,032    | 52,434      | 59,093    | 67,240      | 89.7%              | 87.1%      | 0.7% |
| Canterbury         | 6,863     | 9,813       | 2,280     | 3,224       | 101,611   | 131,309     | 110,754   | 144,346     | 77.4%              | 71.1%      | 5.6% |
| Capital and Coast  | 7,011     | 8,558       | 5,977     | 7,029       | 58,116    | 65,989      | 71,104    | 81,576      | 88.1%              | 86.3%      | 0.9% |
| Countries Manukau  | 17,274    | 19,966      | 28,996    | 31,817      | 77,243    | 83,512      | 123,513   | 135,295     | 92.5%              | 91.1%      | 0.2% |
| Hawkes Bay         | 9,157     | 10,918      | 1,173     | 1,401       | 33,261    | 37,414      | 43,591    | 49,733      | 88.9%              | 86.2%      | 1.5% |
| Hutt               | 4,802     | 6,021       | 2,750     | 3,322       | 26,941    | 31,279      | 34,493    | 40,622      | 86.1%              | 87.4%      | 0.3% |
| Lakes              | 9,365     | 11,539      | 602       | 751         | 19,933    | 21,802      | 29,900    | 34,092      | 91.4%              | 83.2%      | 1.7% |
| Mid Central        | 5,531     | 7,247       | 906       | 1,140       | 33,332    | 38,572      | 39,769    | 46,959      | 86.4%              | 86.0%      | 1.3% |
| Nelson Marlborough | 2,721     | 3,548       | 408       | 532         | 37,860    | 43,945      | 40,989    | 48,025      | 86.2%              | 82.1%      | 3.2% |
| Northland          | 14,447    | 16,606      | 608       | 722         | 34,412    | 36,821      | 49,467    | 54,149      | 93.5%              | 90.6%      | 0.8% |
| Southern           | 672       | 925         | 116       | 153         | 15,029    | 17,669      | 15,817    | 18,747      | 85.1%              | 83.6%      | 0.7% |
| Southern           | 4,600     | 6,352       | 1,016     | 1,354       | 65,118    | 80,755      | 70,734    | 88,461      | 80.6%              | 79.6%      | 0.3% |
| Tairāwhiti         | 6,083     | 7,111       | 241       | 284         | 5,863     | 7,563       | 13,187    | 14,958      | 90.7%              | 87.8%      | 0.4% |
| Taranaki           | 4,079     | 4,844       | 228       | 266         | 25,037    | 27,558      | 29,344    | 32,668      | 90.9%              | 88.2%      | 1.6% |
| Waikato            | 17,908    | 21,565      | 2,251     | 2,709       | 77,042    | 85,913      | 97,201    | 110,187     | 89.7%              | 86.1%      | 2.1% |
| Wairarapa          | 1,534     | 1,889       | 202       | 256         | 10,923    | 12,078      | 12,659    | 14,223      | 90.4%              | 88.9%      | 0.1% |
| Waitemata          | 10,211    | 12,080      | 8,671     | 9,846       | 111,195   | 122,264     | 130,077   | 144,190     | 90.9%              | 89.7%      | 0.5% |
| West Coast         | 940       | 1,016       | 56        | 68          | 7,701     | 9,318       | 8,597     | 10,402      | 82.4%              | 78.9%      | 3.7% |
| Whanganui          | 4,029     | 4,600       | 310       | 373         | 14,437    | 15,770      | 18,776    | 20,743      | 91.5%              | 91.0%      | 0.5% |
| All DHBs           | 148,377   | 179,724     | 80,250    | 91,376      | 911,103   | 1,038,646   | 1,139,730 | 1,309,746   | 87.7%              | 85.7%      | 1.3% |

**Notes:**

Numbers here cover period up to 31 December 2014 and the current target for More Heart and Diabetes Checks is 90%.

The performance for Rotorua Area Primary Health Services Limited is shown completely under Lakes DHB.

Numerators for Canterbury DHB include manually submitted number of risk-assessment-related discussions for their PHOs (mostly from Pegasus) as agreed with the Ministry.

Total number of risk-assessment-related discussions for Canterbury DHB since January 2013 is 12,678 and this increases their performance by 9% this quarter.

**Definitions:**

**Numerator:** Enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years.

**Denominator:** Count of enrolled people in the PHO who are eligible for a CVD risk assessment.

**Eligible population** is defined as those who are enrolled with a PHO and meet the following criteria:

- Males of Maori, Pacific, or Indian sub-continent ethnicity aged 35-74 years at the end of the reporting period
- Females of Maori, Pacific, or Indian sub-continent ethnicity aged 45-74 years at the end of the reporting period
- Males of any other ethnicity aged 45-74 years at the end of the reporting period
- Females of any other ethnicity aged 55-74 years at the end of the reporting period

**Data Source:**

The data is sourced from DHB Shared Services as well as PHO enrolment datasets

Data is summarised by DHB of practice location e.g. Procure practices are attributed to the three metro Auckland DHBs and the NHC, Cosine and Alliance Health Plus practices are attributed to their local DHBs.

**Better Help for Smokers to Quit (Primary Care) 2014/15 Q2 - Final Results by DHBs**

*Based on Adjusted Raw Data Supplied by DHB Shared Services*

| DHB                | Indicator 1: Smoking Status Ever Recorded |             |       | Indicator 2*: Current Smoker Recorded |           |             | Indicator 3*: Brief Advice |                                  |           | Indicator 4: Cessation Support |       |                                  |
|--------------------|-------------------------------------------|-------------|-------|---------------------------------------|-----------|-------------|----------------------------|----------------------------------|-----------|--------------------------------|-------|----------------------------------|
|                    | Numerator                                 | Denominator | Rate  | Difference from Previous Quarter      | Numerator | Denominator | Rate                       | Difference from Previous Quarter | Numerator | Denominator                    | Rate  | Difference from Previous Quarter |
| Auckland           | 377,658                                   | 402,114     | 93.9% | 0.5%                                  | 46,937    | 377,658     | 12.4%                      | 0.1%                             | 44,124    | 45,150                         | 97.7% | 2.1%                             |
| Bay of Plenty      | 134,859                                   | 144,856     | 93.1% | 1.1%                                  | 25,012    | 134,859     | 18.5%                      | 0.1%                             | 22,192    | 22,920                         | 96.8% | 4.2%                             |
| Canterbury         | 332,526                                   | 365,915     | 90.9% | 0.9%                                  | 54,628    | 332,526     | 16.4%                      | 0.3%                             | 44,536    | 51,392                         | 86.7% | 12.6%                            |
| Capital and Coast  | 209,930                                   | 220,552     | 95.2% | 0.2%                                  | 27,191    | 209,930     | 13.0%                      | 0.1%                             | 19,537    | 25,054                         | 78.0% | 18.1%                            |
| Countries Manukau  | 319,558                                   | 334,795     | 95.4% | 0.4%                                  | 60,731    | 319,558     | 19.0%                      | 0.1%                             | 55,583    | 56,086                         | 95.5% | 6.2%                             |
| Hawkes Bay         | 97,923                                    | 108,611     | 90.2% | 0.4%                                  | 20,215    | 97,923      | 20.6%                      | 0.0%                             | 18,885    | 19,655                         | 96.1% | 5.7%                             |
| Hutt               | 91,281                                    | 98,829      | 92.4% | 1.3%                                  | 16,636    | 91,281      | 18.2%                      | 0.0%                             | 15,955    | 15,498                         | 83.6% | 16.6%                            |
| Lakes              | 71,093                                    | 75,652      | 94.0% | 0.5%                                  | 15,611    | 71,093      | 22.0%                      | 0.1%                             | 14,092    | 16,504                         | 85.4% | 15.2%                            |
| Mid Central        | 103,398                                   | 109,988     | 94.0% | 0.1%                                  | 19,585    | 103,398     | 18.9%                      | 0.1%                             | 12,582    | 17,237                         | 73.0% | 19.9%                            |
| Nelson Marlborough | 98,027                                    | 102,568     | 95.6% | 0.6%                                  | 14,914    | 98,027      | 15.2%                      | 0.2%                             | 13,829    | 14,217                         | 97.3% | 3.9%                             |
| Northland          | 100,006                                   | 110,383     | 90.6% | 1.0%                                  | 23,846    | 100,006     | 23.8%                      | 0.0%                             | 20,739    | 21,961                         | 94.4% | 8.0%                             |
| North Canterbury   | 38,219                                    | 41,640      | 91.8% | 1.4%                                  | 6,938     | 38,219      | 18.2%                      | 0.2%                             | 5,472     | 6,372                          | 85.9% | 13.7%                            |
| Southern           | 188,877                                   | 213,440     | 88.5% | 1.3%                                  | 32,965    | 188,877     | 17.5%                      | 1.9%                             | 18,424    | 31,919                         | 57.7% | 20.1%                            |
| Tairāwhiti         | 31,343                                    | 34,422      | 91.1% | 0.1%                                  | 8,863     | 31,343      | 28.3%                      | 0.1%                             | 7,572     | 8,017                          | 94.4% | 7.1%                             |
| Taranaki           | 73,585                                    | 75,799      | 97.1% | 0.0%                                  | 13,892    | 73,585      | 18.9%                      | 0.1%                             | 10,987    | 12,817                         | 85.7% | 14.1%                            |
| Waikato            | 254,545                                   | 264,754     | 96.1% | 0.4%                                  | 49,558    | 254,545     | 19.5%                      | 0.0%                             | 39,863    | 45,913                         | 86.8% | 11.1%                            |
| Waikarapa          | 28,907                                    | 30,280      | 95.5% | 0.2%                                  | 6,033     | 28,907      | 20.9%                      | 0.0%                             | 4,974     | 5,525                          | 90.0% | 9.9%                             |
| Waitemata          | 339,821                                   | 363,073     | 93.6% | 0.5%                                  | 46,298    | 339,821     | 13.6%                      | 0.2%                             | 44,235    | 44,326                         | 99.8% | 1.0%                             |
| West Coast         | 21,641                                    | 22,758      | 95.1% | 2.0%                                  | 5,163     | 21,641      | 23.9%                      | 0.2%                             | 3,808     | 4,861                          | 78.3% | 17.1%                            |
| Whanganui          | 41,834                                    | 44,310      | 94.4% | 0.2%                                  | 8,722     | 41,834      | 20.8%                      | 0.1%                             | 7,079     | 8,123                          | 87.1% | 10.3%                            |
| All DHBs           | 2,955,031                                 | 3,161,739   | 93.5% | 0.6%                                  | 503,738   | 2,955,031   | 17.0%                      | 0.2%                             | 419,468   | 473,547                        | 88.6% | 10.2%                            |

**Notes:**

The data is for the quarterly period up to 31 December 2014. The target is 90% for Indicator 3. The performance for Rotorua Area Primary Health Services Limited is shown completely under Lakes DHB. The denominators for indicator 2 represent the number of people who have ever been recorded as being a smoker i.e. numerators for indicator 1 - this is different from what PHOs reported on. Indicator 3 here uses adjusted denominators and is therefore equivalent to 'indicator 5' of the guidance document for the primary tobacco health target.

**Definitions:**

Numerators for Indicator 3 represent the number of 15 to 74 year-old patients who have received brief advice to quit smoking within the last 12 months. Denominators for Indicator 3 represent the number of 15 to 74 year-old current smokers ('current' within the last 15 months) estimated to have received consultation from their GPs within the last 12 months. Denominators were estimated using the proportion of 15 to 74 year-olds within each PHO who have received consultation within 12 months. This includes non-smokers as we have no way to separate them out in the underlying PHO enrolment dataset.

**Data Source:**

The data is sourced from DHB Shared Services as well as PHO enrolment datasets. Data is summarised by DHB of practice location e.g. Procure practices are attributed to the three metro Auckland DHBs and the NHC, Cosine and Alliance Health Plus practices are attributed to their local DHBs.

SOUTHERN DISTRICT HEALTH BOARD

|                                                                               |                                                                                                                             |  |                |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|----------------|
| Title:                                                                        | PUBLIC HEALTH SERVICE REPORT                                                                                                |  |                |
| Report to:                                                                    | Community & Public Health Advisory Committee                                                                                |  |                |
| Date of Meeting:                                                              | 1 April 2015                                                                                                                |  |                |
| Summary:                                                                      | The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ Public Health Service activity</li> </ul> |  |                |
| Specific implications for consideration (financial/workforce/risk/legal etc): |                                                                                                                             |  |                |
| Financial:                                                                    | Nil                                                                                                                         |  |                |
| Workforce:                                                                    | Nil                                                                                                                         |  |                |
| Other:                                                                        | Nil                                                                                                                         |  |                |
| Document previously submitted to:                                             | N/A                                                                                                                         |  | Date: dd/mm/yy |
| Approved by Chief Executive Officer:                                          | No                                                                                                                          |  | Date: dd/mm/yy |
| Prepared by:                                                                  | Presented by:                                                                                                               |  |                |
| Lynette Finnie                                                                | Dr Keith Reid                                                                                                               |  |                |
| Date: 19/3/15                                                                 |                                                                                                                             |  |                |
| RECOMMENDATIONS:                                                              |                                                                                                                             |  |                |
| 1. That CPHAC note this report.                                               |                                                                                                                             |  |                |

8.1

**PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB  
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE  
1 April 2015**

**RECOMMENDATION:**

It is recommended that the Community and Public Health Advisory Committee note this report.

**Orientation Week**

There has been widespread concern over the focus on North Dunedin due to events in and around Orientation Week. These concerns relate to anti-social behaviour by young people and its impact on safety and on the city's image. The latter point being underscored by the scrutiny afforded Dunedin as a result of hosting the Cricket World Cup events during orientation week and the presence of international media and visitors.

The Otago University Students Union (OUSA) has adopted a series of harm reduction approaches over recent years which have reduced the levels of intoxication and harm associated with Orientation Week events.

This year there have been a higher than usual number of incidents of fire-setting in North Dunedin during the period leading up to Orientation Week. There have also been several instances of highly publicised parties leading to large gatherings.

In response, the tertiary education institutions, Dunedin City Council, Police, Fire and the Southern District Health Board have combined to examine the issues further and to formulate a plan of action. This plan will be multi-factorial and will include measures looking to restrict the supply of alcohol within North Dunedin; measures to improve the physical environment of the area including the standard of housing and the street-scene; and measures taken by the education institutions to reinforce acceptable standards of behaviour.

The Emergency Department has been busy with alcohol related presentations during both the week before and Orientation Week itself. One in every eight people seen during Orientation Week were there as a result of alcohol. The number of university students referred to Student Health for alcohol issues during the two week period was: 53 (38 during Orientation week). During the same period one Polytechnic student was referred for further treatment. However, 68 young people were referred to community alcohol services during the same two week period. This figure emphasises that the impact of Orientation Week activities and social events in North Dunedin is not restricted to students but spills over into the wider community.

These measures will contribute to the development of the DHB alcohol harm reduction strategy that PHS has been leading.

**Smokefree**

Between June 2014 and February 2015, 80 non-registered health professionals have attended Quitcard training delivered by the Public Health Service. These people are now registered Quitcard providers and can complete a Quitcard (or exchange voucher) which enables the people they work with who smoke, to access subsidised Nicotine Replacement Therapy to support their stop smoking attempts. The participants have come from a range of professions including Social Work; General Practice non-clinical staff; Youth Workers; Community Fitness Centres; NGO's; Breast Feeding Peer Support Counsellors; Work and Income and CYFs. In order for us to reach the goal of New Zealand becoming a smokefree nation by 2025, the smokefree agenda cannot sit in health alone. The work needs to extend out into the wider community with more people engaged in the 2025 goal.

Free stop smoking groups are now running in both Dunedin and Invercargill Hospitals. The Public Health Services have set up a free phone number (0800 SFSDHB or 0800 737 342) and welcome anyone wishing to stop smoking e.g. people on surgical waiting lists, people wanting to stop smoking for their children, and those wishing to save money. All are welcome and the nicotine patches, gum and lozenges are available free of charge. People just need to phone the 0800 number and book their place in the group.

### **The BURP (Breastfeeding's Ultimate Refuel Place)**

The BURP website and android app were launched regionally in February in partnership with WellSouth. The app has been designed to navigate parents to breastfeeding friendly venues throughout Southland and Otago. Currently, there are 142 venues featured. In three weeks since the launch there have been:

|                                   | <b>Total downloads/users</b> | <b>Total sessions</b> |
|-----------------------------------|------------------------------|-----------------------|
| <b>Android App</b>                | 143                          | 580                   |
| <b>Website<br/>(incl iPhones)</b> | 694                          | 1200                  |
| <b>Total</b>                      | 837                          | 1780                  |

Encouraging is the 6117 page views to the adjoining BURP website. This shows people are also going to other website sections, hence will provide a good forum to disseminate information. There were also 22 responses to the pop-up survey in which all liked the app and six reviews of venues. To assist with streamlining the app and catering for iPhone users, development of an app for iPhone is being explored.

BURP will continue to be promoted through maternity hospitals, midwives and agencies involved in WellChild, Breastfeeding groups and Physical Activity and Nutrition networks. Media coverage in a regional newspaper included the launch at Ironic Cafe, Dunedin in which health professionals and mothers attended. Other media included community newspapers and television.

The BURP project will be presented at the Agencies for Nutrition Action conference in May 2015.

## SOUTHERN DISTRICT HEALTH BOARD

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                          |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Southern DHB Draft Suicide Prevention and Postvention Plan 2014-18                                                                                                                                                                                                       |                               |
| Report to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Disability Support and Community & Public Health Advisory Committees                                                                                                                                                                                                     |                               |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01 April 2015                                                                                                                                                                                                                                                            |                               |
| <p>Summary: The production of a Suicide Prevention plan is a requirement of the 2014-15 District Annual Plan and the Ministry of Health. This plan was developed by Southern DHB's Suicide Prevention Coordinator and is presented together with consultation summaries from two consultation rounds in November 2014 and January 2015. The plan was presented to the Southern DHB Management Advisory Group Māori Health at their January 2015 meeting. It was approved (with two minor recommendations) by the Iwi Governance Committee at their February meeting.</p> <p>The Plan focuses on four key areas of work as required by the Ministry of Health:</p> <ul style="list-style-type: none"> <li>• Workforce development (community and clinical services)</li> <li>• Development and Support of Postvention Groups</li> <li>• Support the development of systems and processes in community stakeholders and clinical services.</li> <li>• Supporting wellbeing programmes of the Public Health Service and other public health providers.</li> </ul> |                                                                                                                                                                                                                                                                          |                               |
| Specific implications for consideration (financial/workforce/risk/legal etc):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                               |
| Financial:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The plan includes an indicative budget needed to complete the workforce development component of the plan. Planning and Funding have proposed funding to support the workforce development outlined in Appendix 1 of the Suicide Prevention Draft Action Plan 2015-2018. |                               |
| Workforce:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The plan targets suicide prevention training for clinical services provided by the Southern DHB and primary health care.                                                                                                                                                 |                               |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |                               |
| Document previously submitted to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Management Advisory Group Māori Health, Iwi Governance Committee, Public Health Leadership Team, Women's, Children's, Public Health and Support Directorate Leadership Team.                                                                                             | Date: 28/01/2015 & 04/02/2015 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Approved by Provider Arm Executive                                                                                                                                                                                                                                       | 25/03/2015                    |
| Approved by Chief Executive Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          | Date: 25/03/2015              |
| Prepared by:<br>Tom Scott<br>Team Leader Healthy Environments<br>Date: 26/02/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Presented by:<br>Dr Keith Reid<br>Medical Officer of Health                                                                                                                                                                                                              |                               |
| <p>RECOMMENDATION:</p> <p>That the Committees recommend the Southern DHB's Suicide Prevention and Postvention Plan to the Southern District Health Board for approval pending final approval by the Ministry of Health.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                               |



# **Revised Draft Southern District Suicide Prevention Action Plan 2015– 2018**

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February 2015

Prepared by Paul Martin

Public Health South

## Executive Summary:

This draft document has been developed to provide the Southern District Health Board (DHB) and the wider Southern community guidance for action over the next three years to reduce suicide in the District and enhance postvention processes.

The objectives in this draft document reflect the actions required in the Ministry of Health's New Zealand Suicide Prevention Action Plan 2013-2016.<sup>1</sup> The proposed actions found in this document are derived from feedback received earlier in 2014, described in the document, "Analysis and Recommendations from the Southern DHB Postvention Survey",<sup>2</sup> as well as the previous Southern DHB's "Suicide Prevention Action Plan (2013-2014)".<sup>3</sup>

This document is subject to approval by the Southern District Health Board before it has to be submitted to the Ministry of Health before the end of Quarter 3 2014-15. This document will be the guiding document for not only the DHB but also community postvention groups, suicide prevention agencies and the wider Southern community. It focuses on the priorities for the next three years, which aim to reduce the impact of suicide in our Southern communities.

The key proposals found in the Draft Action Plan are:

- Facilitating the development of effective community postvention coverage and best practice in the Southern District.
- Facilitating more suicide prevention training across the District.
- Working alongside mental health services to minimise suicide attempts.
- Investigating the development of a district-wide Reference Group on suicide prevention.
- Working alongside key employers to improve mental wellbeing and reduce suicide risk in their workforce.
- Identifying and working alongside at risk groups in the Southern community to reduce suicide.

## **The Consultation Process:**

Southern DHB conducted a first round of consultation on this document in November 2014. A revised document was prepared which incorporated where possible, and appropriate the feed-back from the 16 submissions received. The Ministry of Health then informed all DHBs that they are delaying the date that this document was to be submitted to them for consideration. As a consequence, Southern DHB was then able to undertake a second round of consultation for 2 weeks in early 2015.

Seven submissions were received in that second round of consultation, and further modifications were consequently made to this document.

## Introduction:

Each year approximately 500 people take their own lives in New Zealand,<sup>4</sup> on average 40 of these people reside in the Southern District.

Multiple risk factors and life events are involved in a person ending their life. The link between mental illness and suicidal behaviour is well known, but other risk factors include exposure to trauma, a lack of social support, poor family relationships and difficult economic circumstances.<sup>1</sup> Individual family and whānau, local communities and local and state agencies do much to address these issues through multiple mechanisms; many of which do not directly have a focus on suicide prevention.

This draft Southern District Suicide Prevention Action Plan 2015-2018 takes a population health and community development approach to suicide prevention, and highlights priority actions for suicide prevention and postvention in the Southern District. It aims to reflect current strategic directions, acknowledge national actions being delivered, while responding to local community needs and priorities. Emphasis has been placed on ensuring outcomes are realistic within identified timeframes. The action plan below notes specific work needing to be undertaken alongside at-risk groups in the Southern community including Māori, Pasifika, people who are lesbian, gay, bisexual, transgender or intersex (LGBTI), older people and the rural community.

The significant geographical dispersion of the Southern population also necessitates a whole of community-centric approach to postvention and prevention, rather than a purely urban-centric approach to suicide prevention and postvention.

### **Purpose of this document**

The purpose of this document is to inform the Ministry of Health of the work being undertaken in the Southern DHB District while implementing the national Suicide Prevention Strategy and Action Plan. It also provides guidance to the DHB on suicide prevention and postvention actions recommended to be undertaken over the next three years. It will also assist government and non-government agencies in the region to collaborate effectively, with the aim of reducing completed and attempted suicides in the District.

This document identifies a number of community projects and initiatives in the District. While not always specifically mentioning suicide, many of these indirectly reduce suicide risk through the development of a sense of purpose, hope and connectedness while raising awareness in the community of the importance of seeking help and the organisations and networks available in people's own community for support.

This strategy also acknowledges the key role that Southern communities and individuals outside of the formal support agencies have to play in reducing suicide risk. Examples of this support include: increasing social wellbeing, increasing resilience and connectedness and also supporting those at risk; and can include neighbours, whānau, schools, churches, sports groups, youth groups, rural communities, neighbourhood groups, older person's groups, etc.

The action plan has been developed taking into account current fiscal constraints by the Southern DHB and other agencies. Should further resources become available, adjustments to targets may be possible.

While the plan emphasises that developing effective responses to suicide risk is a whole of community response, the Southern DHB acknowledges it is also a key agent in our Southern District.

### **Background**

The Ministry of Health's New Zealand Suicide Prevention Action Plan 2013-2016<sup>1</sup> continues to work towards the goals of the New Zealand Suicide Prevention Strategy 2008-2012<sup>4</sup> and sets clear objectives to:

- Support families, whānau, hapu, iwi and communities to prevent suicide and reduce the impact of suicide.
- Improve the range, coverage and targeting of suicide prevention services.
- Lift the quality of information and evidence for effective suicide prevention.

This Southern DHB Suicide Prevention Action Plan incorporates the vision of the New Zealand Suicide Prevention Strategy where all people feel they:

1. are valued and nurtured,
2. value their own life,
3. are supported and strengthened if they experience difficulties,
4. do not want to take their lives or harm themselves.

He Korowai Oranga, the Māori Health Strategy<sup>16</sup> notes reducing suicide as a core health and disability priority for Māori. As a result, the Ministry of Health via their Kia Piki programme, fund a range of Kaupapa Māori all-ages suicide prevention services including Nga Kete Matauranga Pounamu Charitable Trust, who provide suicide prevention services to the Murihiku <sup>(Figure 1)</sup> area. In 2014, Te Roopu Tautoko Ki Te Tonga (Inc) and Te Hau Ora; both based in Dunedin, received short-term contracts via Te Rau Matatini to provide Māori suicide prevention services under the Waka Hourua framework.

Kia Piki te Ora is a national Maori suicide prevention programme provided by nine Māori health and social providers across Aotearoa, New Zealand with Nga Kete Matauranga Pounamu based in Invercargill. delivering the only Southern Kia Piki service. Kia Piki te Ora aims to:

- Promote mental health and well being for Māori
- Engage with all communities in the prevention of suicide for Māori
- Reduce access to the means of suicide, and contribute to reducing the harmful effect and impact associated with suicide and suicidal behaviour on whanau and the wider community. Tikanga Maori principles and practices are central to the programme with an emphasis on whānau, hapu, and iwi development. A Māori world view is essential and a means to strengthen a Māori community response to suicide.

The Waka Hourua programme aligns with the New Zealand Suicide Prevention Action Plan's action 1.1, to:

- Build the capacity and capability of Māori whānau, hapū, iwi, Pasifika families and communities to prevent suicide and to respond safely and effectively when and if suicide occurs.
- Ensure that culturally relevant education and training are available to Māori whānau, hapū, iwi, Pacific families and communities that focus on building resilience and leadership.
- Build the evidence base of what works for Māori whānau, hapū, iwi, Pasifika families and communities to prevent suicide, through research carried out by, with and for these groups, and
- Build the leadership for suicide prevention.

Te Roopu ki te Tonga in Dunedin are undertaking development of an e-referral system between Dunedin GPs and Te Roopu ki Te Tonga, facilitating suicide prevention awareness as part of Dunedin schools' Traumatic Incident Planning. Additionally, Te Roopu are also developing a secure cloud-based database of initially at risk Māori clients in Dunedin which can be shared in real time between key agencies.

Te Hou Ora Whanau Services (THOWS) is a Kaupapa Māori social service that is currently supporting suicide prevention in our own unique way. THOWS is focusing on 'Live Life' and will develop and facilitate three Noho Marae that will be filled with fun activities and life learning skills while still incorporating suicide prevention information and strategies as well as Sports Days. THOWS are also establishing an Interagency Cluster Group to meet every 6 to 8 weeks and identify at risk young people and whānau. This Cluster Group will ensure at risk whānau get the information and support they need. The Group will draw on social media, education, law enforcement and health providers to target organisations that can offer support to those most at risk through already established channels.

Collaborative approaches between the Southern DHB and providers of Kia Piki te Ora, Waka Hourua and Kaupapa Māori services aim to strengthen suicide prevention outcomes for both Māori and non-Māori.

Alongside the New Zealand Suicide Prevention Strategy, a commitment to create better services through primary (community based) and secondary (hospital based) settings is highlighted in the Ministry of Health's policy of Better, Sooner, More Convenient Health Care in the Community.<sup>5</sup> This commitment will be achieved by enhancing collaborative relationships to provide effective health care earlier.

In addition, the Ministry of Health's document, Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2018<sup>6</sup> focuses on:

1. making better use of resources,
2. improving integration between primary and secondary services,
3. cementing and building on gains for people with high needs,
4. delivering increased access for all age groups (with a focus on infants, children and youth, older people and adults with common mental health and addiction disorders such as anxiety and depression).

The Southern District's Raise Hope: Hapai te Tumanako – the Southern District Health Board Mental Health and Addictions Strategic Plan<sup>7</sup> identifies the strategic directions of:

1. prevent mental illness/ addiction and intervene early,
2. intervene in targeted, effective ways across the life-course,
3. locate support close to consumers and communities,
4. work as one sector, with a systems approach,
5. constantly improve sector quality, capability, productivity and capacity.

The Raise Hope Strategy is being implemented over the next five years to 2019.

The Southern DHB District Annual Plan<sup>18</sup> references four key areas of suicide prevention and postvention work required in the district. They are:

- Deliver a suicide prevention training programme designed for health workers and community stakeholders using QPR and ASIST training packages.
- Two primary care focussed training programmes delivered by the end of the fourth quarter.
- Continue work to support and build community postvention capacity.
- Two additional communities supported to develop postvention plans by the end of fourth quarter.
- Southern DHB suicide response plan developed for the management of suicide clusters/contagion.
- Southern DHB suicide response plan developed by the end of the fourth quarter.

This document acknowledges that while mental health services are a core component of reducing completed and attempted suicides in our District, suicide in itself is not exclusively a mental health issue, but rather a whole of community issue and responsibility.

### **Suicide Statistics in the Southern District**

There are two main sources of data for completed suicides nationally. One is the Ministry of Health's data<sup>8</sup> which is published annually and refers to suicides up to 3 years before the date of publication; the second is the coronial data<sup>9</sup> released annually by the Chief Coroner, which includes "provisional" suicides (i.e. not finally confirmed by the coroner as a suicide), but which is able to be broken down by council area.

The latest Ministry of Health data notes that in 2011 the national rate of suicide was 10.6 deaths per 100,000. From 2006-2010 the suicide rates in Otago were 12.1 deaths per 100,000 and in Southland 16.4 deaths per 100,000. This data identifies that Southland had a suicide rate significantly higher than the national average over that period, although the specific reasons for this higher Southland rate are unknown. However the July 2013 to end of June 2014 data<sup>9</sup> from the Chief Coroner for suspected and completed suicides in the Southern District saw a reduction of 11 deaths across the region from the previous year, with the majority of the reduction coming from a significant decrease in deaths in Southland. The Southern DHB regrettably cannot attribute the drop in deaths at this point to any of the excellent work currently being undertaken in raising awareness of suicide issues and postvention work in the Southern District.

In the Southern District one in 10 people who die by suicide are Māori. Within this there are regional variations; one in 16 people who die by suicide in Otago are Māori and one in 7 who die by suicide in Southland are Māori.<sup>8</sup> These averages are below

the national average that reports one in five people who died by suicide are Māori.<sup>8</sup> Nonetheless the lower proportion of Māori to total population in the Southern District compared to the national population may indicate a comparable death rate of Māori by suicide in the Southern District to that observed in more northern populations.

Nationally Māori youth suicide rates are two and a half times higher when compared to non-Māori youth suicide rates.<sup>1</sup>

Southern District comparisons of youth suicide rates are not available due to the sample size being too small to draw statistically robust conclusions. Ministry of Health data<sup>8</sup> notes that for the period 2006-2010 Otago had a rate of youth suicide of 15.8 per 100,000, with Southland having a rate of 34.3 and the national average being 18.1, indicating a significant concern with Southland youth suicides at that time. However we know that of the 33 reported deaths by suicide between July 2013 and end of June 2014 in Otago/Southland, 5 of those were under the age of 24, or just over 15%. In 2011 nationally, there were 127 deaths by suicide by people under 24, out of a total of 478 deaths, or 26%. As younger people are more at risk from the contagion of suicide, the proportion of younger people completing suicide in the district can change significantly year by year when suicide clusters occur.

**Table1: Southern DHB Region Provisional Suicide data<sup>9</sup>**

*1 July 2007 to 31 June 2014 (by District Area)*

| District         | 2007/<br>2008 | 2008/<br>2009 | 2009/<br>2010 | 2010/<br>2011 | 2011/<br>2012 | 2012/<br>2013 | 2013/<br>2014 | Total      |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| Central Otago    | 2             | 1             | 1             | 4             | 6             | 4             | 1             | 19         |
| Clutha           | 2             |               | 4             | 5             | 2             |               | 2             | 15         |
| Dunedin          | 12            | 26            | 23            | 21            | 15            | 17            | 17            | 131        |
| Queenstown Lakes | 4             | 4             | 6             | 4             | 1             | 1             | 3             | 23         |
| Southland        | 13            | 13            | 15            | 10            | 11            | 17            | 7             | 86         |
| Waitaki          | 1             | 2             | 4             | 2             | 6             | 7             | 5             | 27         |
| <b>Total</b>     | <b>34</b>     | <b>46</b>     | <b>53</b>     | <b>46</b>     | <b>41</b>     | <b>46</b>     | <b>35</b>     | <b>301</b> |

Note: the above data is not available as a rate per 100,000

### **Current Suicide Prevention and Postvention Groups in the Southern District**

The Southern District currently has eight community led suicide prevention groups in operation. These are based in Invercargill, Gore, Queenstown, Alexandra, Dunedin and Oamaru (Figure 1). Each group operates differently; some have a sole focus on postvention, others are focussed on general suicide prevention while others take a more global approach to suicide issues. Four of the groups have now signed up to a Postvention Plan process, which was initially developed by both the Otago and Southland DHBs and after May 2010, the Southern DHB, with the guidance of the national Clinical Advisory Services Aotearoa (CASA) which is funded by the Ministry of Health. CASA's Community Postvention Response Service (CPRS) assists communities experiencing suicidal contagion or suicide clusters. A suicide cluster may be defined as<sup>10</sup>

*“A group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community.”*

The CASA team can help a community assess if there is a cluster emerging or occurring and how best to respond to the situation. The development of each community postvention group uses a strong community development approach to ensure community ownership and engagement with the process.

The four postvention community groups have adapted a template jointly developed by the Southern DHB and CASA which formalises their role and the key community agencies involved with the postvention process in their community and obligations for privacy and confidentiality. These community agreements are linked to the DHB signed Memorandum of Understanding on the sharing of coronial and CASA information to reduce further risk after a suicide.

Bereavement support after a suicide is an area noted in this plan as requiring further development, but is not currently identified as part of the formal postvention process. However individual community postvention groups may respond to that need.

Ministry of Health Suicide Prevention objectives also require the DHB to develop a response to 'intentional self-harm'. Hospital data currently records those who self-harm, but the data does not identify intent; i.e. it is unknown how many of those who "self-harm" are actually attempting suicide. International research<sup>19</sup> suggests that most people who initially self-harm without suicidal intent will not go on to attempt suicide, although a proportion will make an attempt or complete suicide. The need for the development of accurate data on levels of self-harm with suicidal intent in the District and associated suicidal risk, as well as the development of a proactive response to attempted suicide, are consequently identified in this draft plan. While self-harm without suicidal intent is a risk factor for later suicidal ideation, along with other factors such as bullying, abuse, mental health issues etc; it is considered to be beyond the scope of this plan to recommend strategies to reduce self-harm which does not include suicidal intent.

In contrast to completed suicides, the true number of people who attempt suicide each year in the Southern District is currently unknown, but estimates from people accessing emergency departments and emergency psychiatric services for suicide attempts have

been recorded by services as being just over 200 per year. The actual number of attempted suicides is likely to be substantially higher.

**Figure 1: Southern DHB catchment and current community postvention locations**



(Note: the orange area delineates the Murihiku catchment)

The Southern District (Otago/Southland) Suicide Prevention Coordinator (SPC) role is based at the Southern DHB's Public Health Service in Dunedin, and consequently takes a "population health" and community development approach to suicide prevention. The Suicide Prevention Coordinator's role is to implement the DHB objectives arising from the Ministry of Health's New Zealand Suicide Prevention Action Plan 2013-2016.<sup>1</sup>

Each of the current eight Southern community suicide prevention groups has followed a different journey since their inception. Most of those groups were established following a suicide event within a community. As the frequency of suicides in each community inevitably decreases after the initial case/cluster, the perceived need to maintain regular meetings naturally tends to drop away. There also tends to be a transition of focus away from postvention towards suicide prevention, and this shift often results in a change of participants at meetings.

Community postvention and prevention groups within the Southern District are neither funded by the Southern DHB, nor from any other explicit suicide prevention source. Any work undertaken is done so under the auspices of employee's roles or by volunteers, and typically utilises existing resources. Given the infrequency of suicide events in smaller communities, maintaining a group that retains the skills and knowledge of previous suicide community responses, even when no suicides are occurring, is considered essential.

The first meeting of a district-wide suicide prevention meeting of key agencies directly involved suicide prevention and postvention was held in December 2014. The purpose of this activity was to develop a collaborative network where information, ideas and projects can be freely shared and resources pooled.

**Regional or national engagement**

Newly revitalised relationships with South Canterbury DHB (at both the Coordinator and community level) began in December 2014. This activity has been supported by CASA who also enables the sharing of information and risk issues across DHB boundaries where appropriate. In addition to these activities, the Southern DHB Suicide Prevention Coordinator participates in monthly teleconferences with other DHB suicide prevention coordination roles, and attends national meetings on suicide prevention coordinated by the Ministry of Health where appropriate.

Work has been initiated to ensure where possible that all DHB staff involved in prevention and postvention coordination across the country are able to participate in these monthly teleconferences. In addition the Ministry of Health’s ongoing development of a “DHB Toolkit” will assist with a best practice approach to suicide prevention.

**Figure 2: The Southern Postvention journey travelled to date**

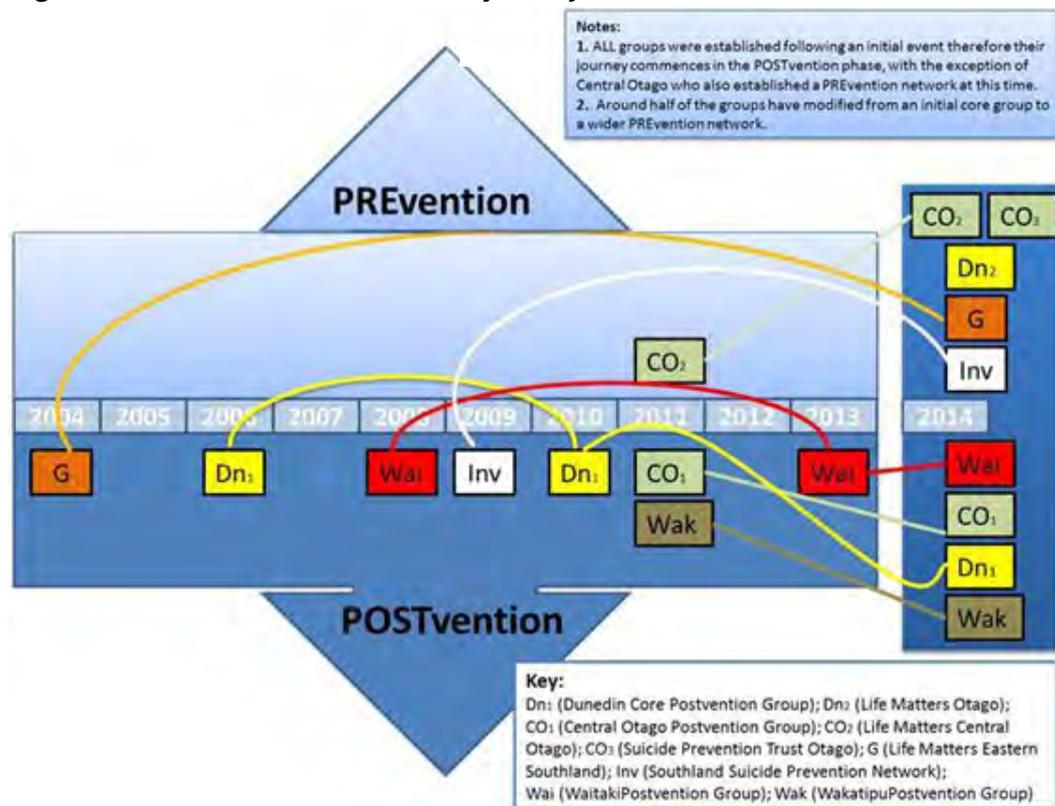


Figure 2 above illustrates how the community groups have changed over time. The vertical column on the right of the figure notes whether each group is now primarily “prevention” i.e. delivers strategies aimed at preventing suicides from happening

(above the median timeline), or primarily “postvention” i.e. delivers services after a suicide to ensure those affected are properly supported with the aim of preventing any “contagion”.’ (below the median timeline).

### **The Action Plan Template**

The draft Objectives on the following pages are based on the previous Southern DHB Suicide Prevention Action Plan 2013-2014,<sup>3</sup> which in turn reflects the objectives and required actions of the Ministry of Health’s objectives for DHBs in its New Zealand Suicide Prevention Action Plan 2013-16.<sup>1</sup>

The draft Target Areas and Intended Outcomes are drawn largely from the Southern DHB’s document ‘Analysis and Recommendations from the Southern DHB Postvention Survey’.<sup>2</sup>

There are limited resources available from the DHB to implement suicide prevention and postvention in the Southern District. Consequently, delivering effective outcomes to reduce suicide and the impacts of suicide within the Southern District requires a collaborative and community resourced approach to suicide prevention alongside the Southern DHB.

Suicide prevention training has been consistently identified as a priority in community meetings around the District. The various types of suicide prevention training can be categorised as follows:

1. community meetings/hui that raise awareness of suicide generally, (these meetings need to ensure support and information is available to those attendees who may be vulnerable)
2. gatekeeper training (e.g. Safe TALK and QPR online),
3. more in-depth Community and Public Health approaches to suicide prevention, (e.g. QPR Advanced Triage training and Lifeline’s ASIST training)
4. suicide risk assessment (triaging) for clinical roles,
5. suicide bereavement training and programmes.

It will be important to ensure that all of these five categories of suicide prevention training and awareness-raising are delivered systematically across the district and that training is targeted at the right level to the right audience; e.g. in most cases mental health clinicians will require more in-depth training which includes suicide assessment, rather than entry-level gatekeeper training.

As noted previously, financial constraints by the Southern DHB and other key agencies will limit the amount of training that can be implemented in any one year, but a strong effort will be made to maximise resources for suicide prevention training wherever possible.

The five types of suicide prevention training outlined above, mirror the approach taken by Southern DHB to reduce suicides in the District through:

1. whole population initiatives,
2. providing support to those groups of people who may be at risk statistically, and
3. providing suicide prevention support to specific individuals at risk of suicide.

**Abbreviations: Agencies or individuals identified in the tables below**

|       |                                                                           |           |                                              |
|-------|---------------------------------------------------------------------------|-----------|----------------------------------------------|
| CASA  | Clinical Advisory Services Aotearoa                                       | NGO       | Non government organisation                  |
| CYF   | Child Youth and Family                                                    | NKMPCT    | Nga Kete Matauranga Pounamu Charitable Trust |
| DPSM  | Department of Preventive and Social Medicine                              | PHN       | Public Health Nursing                        |
| ED    | Emergency Department                                                      | PHS       | Public Health Service                        |
| HR    | Human Resources                                                           | SDHB      | Southern District Health Board               |
| LGBTI | Lesbian gay bisexual transgender or intersex                              | SDHB P&F  | Southern DHB Planning and Funding            |
| MHAID | Southern DHB Mental Health & Intellectual Disability Services Directorate | SF        | Supporting Families                          |
| MHF   | Mental Health Foundation                                                  | SPC       | Southern DHB Suicide Prevention Coordinator  |
| MOE   | Ministry of Education                                                     | UoO       | University of Otago                          |
| MOH   | Ministry of Health                                                        | WellSouth | WellSouth Primary Health Network             |
| MSD   | Ministry of Social Development                                            |           |                                              |

| <b>Objective 1: Support families, whanau, hapu, iwi and communities to prevent suicide and promote wellbeing</b>                                                                                                       |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Target Area</b>                                                                                                                                                                                                     | <b>Intended Outcomes</b>                                                                                                                                                                       | <b>Actions</b>                                                                                                                                                                                                                                                        | <b>Timing</b>                        | <b>Agencies involved</b>                                                                                                                                                               |
| 1.1 Suicide Prevention training is widely disseminated across the Southern region agencies and the wider community.                                                                                                    | 1.1.1 Suicide prevention training is delivered at the right level to the right people to as many agencies, communities and individuals as resources permit, resulting in reduced suicide risk. | a) Deliver suicide prevention training programmes designed for health workers and community individuals using SafeTALK, <sup>11</sup> QPR and QPR Online, <sup>12</sup> “Keeping the Balance” <sup>13</sup> (WellSouth) and/or ASIST training packages. <sup>11</sup> | 2015-2018                            | SPC; national & local training agencies & local trainers; community funders; Southern NGOs; community groups.                                                                          |
|                                                                                                                                                                                                                        | 1.1.2 Primary care services are trained to identify, support and refer people at risk safely and appropriately.                                                                                | a) Develop relationship with WellSouth to ensure suicide prevention is a priority in their training to primary care practitioners.<br><br>b) At least two primary care focussed training programmes are delivered.                                                    | By end of 2015<br><br>By end of 2016 | WellSouth; SPC; national & local training agencies & local trainers, community funders.<br><br>WellSouth; SPC; national & local training agencies & local trainers; community funders. |
| 1.2 Train community health and social support service staff, families, whanau, hapu, iwi and community members to identify and support individuals at risk and refer them to agencies that can help where appropriate. | 1.2.1 DHB and NGO staff in the district are effective in supporting people at risk of suicide in a wide variety of environments through effective suicide prevention training.                 | a) Support District providers to host further SafeTALK and ASIST train the trainer workshops in the Southern District, resulting in at least 6 SafeTALK training workshops delivered in the District each year.                                                       | 2015-2018                            | Supporting Families in Mental Illness & other NGOs; Lifeline; SDHB; Māori providers &Runaka; community suicide post & prevention groups.                                               |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                | b) Support local providers to deliver SafeTALK gatekeeper suicide prevention training.                                                                                                                                                                                | By end of 2016                       | Suicide Prevention & mental health training agencies; trainers; postvention groups; SDHB.                                                                                              |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                | c) Investigate the implementation of targeted and relevant suicide prevention training at the appropriate level across all Southern DHB locations ensuring effective coverage for all Southern DHB staff.                                                             | 2015-2016                            | SDHB MHAID; PHS; PHN.                                                                                                                                                                  |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                | d) Work to ensure the inclusion of suicide prevention and postvention training as priority issues in the SDHB’s “Raise Hope” workforce development plan.                                                                                                              | 2015-2016                            | SDHB MHAID; PHS; PHN; NGOs; SDHB P&F.                                                                                                                                                  |
|                                                                                                                                                                                                                        |                                                                                                                                                                                                | e) Investigate compulsory suicide prevention training for people who frequently encounter high risk people, e.g.ED workers, PHN and mental health workers.                                                                                                            | 2015-2018                            | Suicide Prevention and mental health training agencies, NGOs, community groups, service groups, community coordinators, PHN, Southern Rural Health Trust, rural community              |

| <b>Objective 1: Support families, whānau, hapu, iwi and communities to <u>prevent</u> suicide and promote wellbeing</b> |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Target Area</b>                                                                                                      | <b>Intended Outcomes</b>                                                                                                                                                                               | <b>Actions</b>                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Timing</b>              | <b>Agencies involved</b>                                                                                                                                                                                                                        |
|                                                                                                                         |                                                                                                                                                                                                        | f) Investigate the delivery of gatekeeper training to community interested organisations e.g. service groups, multinational groups, church groups and the like.                                                                                                                                                                                                                                                | 2017-18                    | coordinators, national awareness raising groups & individuals, trainers, southern community suicide post & prevention groups, Māori health providers & Runaka.<br><br>National & local trainers.                                                |
|                                                                                                                         | 1.2.2 District wide training is coordinated and targeted to maximise outcomes and reduce risks, within the resources available.                                                                        | a) Conduct a district-wide annual stocktake and develop a publicly accessible annual calendar for suicide awareness and suicide prevention training including target groups and locality of training, and where appropriate, subsidies.                                                                                                                                                                        | 2015-2018                  | SPC, Community prevention & postvention groups, national suicide prevention trainers.                                                                                                                                                           |
|                                                                                                                         | 1.2.3 All training delivered is evidence based and reflects best practice with effective quality controls.                                                                                             | a) Investigate opportunities for undertaking outcome effectiveness research of suicide prevention training including reference to train the trainer programmes and their relevance and usefulness to target audiences via UoO DPSM.                                                                                                                                                                            | 2015-2018                  | SPC, DPSM.                                                                                                                                                                                                                                      |
|                                                                                                                         | 1.2.4 Agencies who provide community support for older people, people with disabilities and people with mental health issues are skilled in suicide prevention practice.                               | a) Explore options for greater inclusion of suicide prevention training in health and social support care workers' training.                                                                                                                                                                                                                                                                                   | 2016-2018                  | SPC, Industry Training Organisations, Home Support providers and other NGO community support agencies.                                                                                                                                          |
| 1.3 Build the capacity of families, whānau and communities to prevent suicide.                                          | 1.3.1 District wide (Otago/Southland) suicide prevention initiatives are supported and encouraged through more effective collaboration and information sharing.                                        | a) Improve relationships between and with relevant providers (e.g. SDHB directorates, WellSouth, alcohol and drug service providers; Health Promoting Schools; Kaupapa Māori services and Runaka; community NGOs, workplaces, and specific community projects, to ensure more effective suicide prevention outcomes, greater communication and collaboration.                                                  | 2015-2018                  | PHS, Government and NGO's, community postvention groups and individuals, rural trusts, PHN, SDHB P&F, mental health consumer groups, family violence groups, Māori suicide prevention providers, SDHB Directorates.                             |
|                                                                                                                         | 1.3.2 Ensure positive and proactive relationships with Māori agencies and other at-risk groups to reduce risks of suicide in those at-risk groups and support self-management of those at-risk groups. | a) Further development of relationships with the region's Māori health providers, Runaka and Māori suicide prevention providers (NKMPCT, Te Hou Ora and Te Roopu Tautoko Ki Te Tonga Inc) as well as other Māori health and services in the District which can assist with identifying gaps and potential solutions.<br><br>b) Facilitate the development of projects working alongside at-risk target groups. | 2015-2018<br><br>2015-2018 | Community postvention groups, NKMPCT, Te Hou Ora and Te Roopu Tautoko Ki Te Tonga Inc, Māori health providers, training agencies, PHS, SPC, LGBTI, rural, youth, Alcohol and Drug service users, mental health service users, older people etc. |

| <b>Objective 1: Support families, whanau, hapu, iwi and communities to prevent suicide and promote wellbeing</b> |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                                                                                                |
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| <b>Target Area</b>                                                                                               | <b>Intended Outcomes</b>                                                                                                                                                                                                                               | <b>Actions</b>                                                                                                                                                                                                                                                                                                                                                                           | <b>Timing</b> | <b>Agencies involved</b>                                                                                                       |
|                                                                                                                  | 1.3.3 Ensure positive and proactive relationships on suicide prevention with government agencies in the south to minimise suicide risk of clients of those agencies and ensure effective risk management information sharing with the wider community. | a) Relationships with relevant local and central government agencies are identified, established and maintained for the benefit of community postvention and suicide prevention processes and reducing suicide risk through maintaining awareness and developing suicide risk management issues with their clients through maintaining awareness and developing suicide risk management. | 2015-2018     | Prisons, Police, Corrections, CYF, Work and Income, MOE, schools, city and district councils.                                  |
|                                                                                                                  | 1.3.4 All social wellbeing strategies and projects in the Southern District include suicide prevention as a key component of their planning and implementation.                                                                                        | a) Incorporation of suicide risk management into agencies with social wellbeing strategic plans and activities.                                                                                                                                                                                                                                                                          | 2015-2018     | SPC, Community Coordinators, MSD Social Sector Trials, local authorities, MSD.                                                 |
|                                                                                                                  | 1.3.5 SDHB contracting requirements include suicide prevention as a component of the contracted work where appropriate.                                                                                                                                | a) Investigate the potential for mental health, and addictions, older people's services, PHN and other relevant DHB service specifications having a suicide prevention component.                                                                                                                                                                                                        | 2015-2018     | SDHB P&F PHS.                                                                                                                  |
|                                                                                                                  | 1.3.6 Assessment and support models in clinical settings for people at risk of suicide reflect evidence based best practice.                                                                                                                           | a) Explore options with the SDHB MHAID, such as the Canterbury DHB "Zero Suicide" initiative, the CASE assessment model and other evidence based projects.                                                                                                                                                                                                                               | 2015-2018     | SDHB MHAID, SPC, ED, Research groups.                                                                                          |
|                                                                                                                  | 1.3.7 Build resilience to reduce suicide risk in communities.                                                                                                                                                                                          | a) Work collaboratively with communities, schools and funders to support projects and initiatives that increase community and individual psycho/social wellbeing resiliency, wellbeing and persistence.                                                                                                                                                                                  | 2015-2018     | PHS, MHF, mental health consumer groups, NGOs, MOE, schools, MSD, Social Sector Trials, local councils, community initiatives. |
|                                                                                                                  | 1.3.8 Suicide prevention is recognised as a key issue in workplaces and education settings and agencies have effective systems in place to reduce risk.                                                                                                | a) Facilitate southern employers to develop good practice staff mental wellbeing practice and suicide prevention. (e.g. SafeTALK, Mates in Construction, <sup>14</sup> MH101, and 'Keeping the Balance').                                                                                                                                                                                | 2015-2018     | PHS, employers (management and HR).                                                                                            |

| <b>Objective 1: Support families, whanau, hapu, iwi and communities to <u>prevent</u> suicide and promote wellbeing</b> |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                     |
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| <b>Target Area</b>                                                                                                      | <b>Intended Outcomes</b>                                                                                                                                                      | <b>Actions</b>                                                                                                                                                                                                                                                                                                | <b>Timing</b> | <b>Agencies involved</b>                                                                                                                                                            |
|                                                                                                                         | 1.3.9 Tertiary students are well supported to improve mental wellbeing and reduced suicide ideation.                                                                          | a) Reciprocal partnership built between district suicide prevention coordination role and UoO Student Health Services, SDHB mental health services and UoO HR staff services to support improved resource sharing and suicide pre and postvention planning.                                                   | 2015-2018     | SPC, Student Health Services, UoO HR, UoO Chaplaincy services, MHAID, Dunedin Postvention Group, other Southern tertiary agencies as resources allow.                               |
|                                                                                                                         | 1.3.10 All training and support undertaken in the district to reduce suicide risk is evidence based. Innovative options to reduce suicide in the district are evidence based. | a) Maintain and develop relationships with key research agencies and individuals and investigate the potential for the development of long term relationships such as a Memorandum of Understanding with DPSM and other similar research units who work in suicide prevention and improving mental wellbeing. | 2015-2018     | UoO research facilities especially DPSM, the Senior Research Fellow in suicidology, South Auckland Clinical School, School of Medicine, and other leading researchers in this area. |
|                                                                                                                         |                                                                                                                                                                               | b) Research into suicide prevention training efficacy, fidelity issues etc are circulated widely                                                                                                                                                                                                              | 2015-2018     | DPSM, the Fellow in suicidology, South Auckland Clinical School, School of Medicine, and other leading researchers in this area.                                                    |

| <b>Objective 2: Support Families, whanau, hapu, iwi and communities <u>after</u> a suicide</b>                               |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                                                                                                                                         |
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| <b>Target Area</b>                                                                                                           | <b>Intended Outcomes</b>                                                                                                                                                      | <b>Actions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Timing</b>                                                            | <b>Agencies involved</b>                                                                                                                                                                                                |
| 2.1 Support communities to respond to suicide, especially when there are concerns of suicide clusters and suicide contagion. | 2.1.1 The Southern District has best practice, safe and effective community postvention groups that cover the district and meet the needs of their communities.               | <p>a) SPC and SDHB support the development of at least two additional community postvention groups in the Southern District –e.g. Invercargill, Balclutha, Invercargill, Central/Western Southland, Fiordland, Eastern Southland and other Southern communities as appropriate.</p> <p>b) All Southern postvention groups operate under the current postvention template co-developed by CASA, the SDHB and their community.</p> <p>c) Ensure that all parties involved in the postvention processes are aware of back-up contacts where key contacts e.g. SPC, government, DHB or NGO services are unavailable</p> <p>d) CASA templates include a requirement for an annual review of effectiveness of the postvention group, including a community survey</p> | <p>2015-2018</p> <p>2015-2018</p> <p>By end of 2015</p> <p>2015-2016</p> | <p>PHS, community prevention and postvention group, NGOs, government agencies.</p> <p>PHS, community postvention groups, CASA, MOH.</p> <p>SPC, PHS, CASA, Postvention groups.</p> <p>SPC, CASA, Postvention groups</p> |
|                                                                                                                              | 2.1.2 Suicide prevention key stakeholders are well informed of current best practice suicide prevention issues, including training, new projects and research.                | <p>a) Provision of information to whanau/families, communities, agencies and frontline staff on postvention and suicide prevention issues by SPC.</p> <p>b) Other options for information dissemination of suicide prevention issues across the district are explored e.g. stand-alone website, social media platform, newsletter etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>2015-2018</p> <p>2016-2018</p>                                        | <p>SPC, suicide prevention and postvention groups, SDHB Communications team, NGOs.</p> <p>SPC, suicide prevention and postvention groups, SDHB Communications team, NGOs.</p>                                           |
|                                                                                                                              | 2.1.3 Māori health providers in the district provide evidence based suicide prevention initiatives and reduce suicide risk for Māori.                                         | a) Relationships continue to be developed with the district's Māori health providers, Runaka and Māori suicide prevention providers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2015-2018                                                                | Community postvention groups, NKMPCT, Te Hou Ora and Te Roopu Tautoko Ki Te Tonga Inc Māori health providers, training agencies, PHS, other NGOs, SPC.                                                                  |
|                                                                                                                              | 2.1.4 People bereaved by suicide within the district are well supported, their risks reduced, and bereavement support is integrated into the continuum of suicide prevention. | a) Evidence based bereavement support groups (both curriculum based and peer support group models) are established across the district.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2015-2018                                                                | Skylight, (WAVES), PHS, community funders, Community suicide prevention groups. Māori suicide prevention agencies, Māori and Pacifica providers, SF Southland, NGOs generally.                                          |

| <b>Objective 3: Improve Services and Support for people at high risk of suicide</b>                                 |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                                                                                                                                              |
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| <b>Target Area</b>                                                                                                  | <b>Intended Outcomes</b>                                                                                                                                                                    | <b>Actions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Timing</b>                                                | <b>Agencies involved</b>                                                                                                                                                                                                                                                                     |
| 3.1 Improve services and support of people experiencing mental health problems and alcohol and other drug problems. | 3.1.1 Workforce development plans for SDHB directorates and NGOs acknowledge and respond to the issues of suicide risk associated with mental health issues, substance abuse and self-harm. | a) SPC works alongside PHS Mental Health Promotion Advisors in a facilitation role to identify and work with Workforce Development facilitators in key health and social service sectors to reduce the risks from depression, anxiety, binge drinking and inappropriate use of other drugs; particularly for those who are depressed, and investigate linkages between SDHB ED, SDHB MHAID and Drug and Alcohol services.<br><br>b) Links to the SDHB "Raise Hope" Implementation Plan and the district-wide 'Network for Mental Health' are formalised.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2015-2018<br><br>2015-2016                                   | PHS, PHN, Primary Health Services, Māori Health Providers, SDHB MHAID services, Workforce development trainers, NGOs.<br><br>PHS, SDHB P&F, SDHB MHAID services, NGOs.                                                                                                                       |
|                                                                                                                     | 3.1.2 People at risk of suicide have clear pathways to the services in an appropriate and timely way which minimises risk at all points along the pathway.                                  | a) The SPC acts as a resource as services and organisations develop pathways that support the timely and appropriate access to services for those people who attempt suicide or are at risk of suicide. This work is mandated via the Raise Hope Implementation Plan, and will have a whole of system focus and include further development of suicide prevention risk assessment and management discharge and follow-up in early intervention services (e.g. the Brief Intervention Service, GPs and Practice Nurses).<br><br>b) Investigate current guidelines to include appropriate involvement of whanau/family with the intent to enhance client safety along their pathway and ensure the cultural responsiveness of the agency<br><br>(c)The SPC will establish a link with the MHAID and the wider health sector to explore the implementation of mandatory training in suicide prevention that is consistent with national policy guidelines and contemporary practice that is practicable, achievable and sustainable within current resources. This will include workers in emergency department and medical and surgical departments. | 2015-2018<br><br>2015-2018<br><br>2016-2018<br><br>2015-2018 | Primary Health Services, Mental Health and Addictions Network, Police, MHAID, NGOs.<br><br>PHS, WellSouth, SDHB MHAID, NGOs, SDHB P&F.<br><br>SDHB MHAID, Police, WellSouth, NGOs, school counsellors, Pre and postvention groups.<br><br>PHS, MHAID, SDHB P&F community mental health NGOs. |
|                                                                                                                     | 3.1.3 At-risk groups are enabled to self-manage evidence based support for people at risk of suicide.                                                                                       | a) Facilitate the development of projects working alongside at-risk target groups (e.g. Pasifika, LGBTI, youth, rural, A&D, older people etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2015-2018                                                    | PHS Mental Health Promotion team, relevant NGOs, Social sector trials, local authorities, relevant consumer groups, SPC.                                                                                                                                                                     |
|                                                                                                                     | 3.1.4 Development of new programmes that encourage resiliency & wellbeing protective factors.                                                                                               | a) Facilitate support for agencies to plan and resource innovative evidence-based programmes which may be rolled out across the District as appropriate (DHB and community suicide prevention and postvention processes).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2015-2018                                                    | SPC.                                                                                                                                                                                                                                                                                         |

| Objective 4: Strengthen the infrastructure for suicide prevention                                                                                                                                  |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                              |
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| Target Area                                                                                                                                                                                        | Intended Outcomes                                                                                                                                                    | Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Timing    | Agencies involved                                                                                                                            |
| 4.1 Make better use of data related to suicide deaths and self-harm (attempted suicide) incidents.                                                                                                 | 4.1.1 Southern and national data is used to identify trends and demographic issues of completed suicides.                                                            | a) A stocktake of completed suicide data currently collected by a range of Southern District agencies is undertaken.                                                                                                                                                                                                                                                                                                                                                              | 2015-2016 | SPC, SDHB, government agencies, NGOs.                                                                                                        |
|                                                                                                                                                                                                    |                                                                                                                                                                      | b) Regional suicide data received continues to be recorded and used in an ethical and systematic way by the Southern DHB.                                                                                                                                                                                                                                                                                                                                                         | 2015-2018 | PHS, SDHB MHAID.                                                                                                                             |
|                                                                                                                                                                                                    |                                                                                                                                                                      | c) Data is shared with relevant agencies on request and as per the CASA Memorandum of Understanding.                                                                                                                                                                                                                                                                                                                                                                              | 2015-2018 | Public Health Service, CASA, postvention groups.                                                                                             |
|                                                                                                                                                                                                    | 4.1.2 Collated data is used to enable the development of effective strategies to mitigate the issues identified by the data.                                         | a) An annual summary of suicide trends in the District is collated and any emerging trends documented via the proposed Regional Advisory Group.                                                                                                                                                                                                                                                                                                                                   | 2016-2018 | SPC, PHS, District Advisory Group.                                                                                                           |
|                                                                                                                                                                                                    |                                                                                                                                                                      | b) An evidence based systemic response is developed to any emerging trends in local suicide.                                                                                                                                                                                                                                                                                                                                                                                      | 2016-2018 | Pre and Postvention groups, Public Health Service.                                                                                           |
|                                                                                                                                                                                                    | 4.1.3 Key issues regarding self-harm (including attempted suicides) are identified and evidence based responses to reduce attempted suicides implemented.            | a) SPC identifies key stakeholders involved with self-harm and attempted suicide intervention in the District.                                                                                                                                                                                                                                                                                                                                                                    |           | 2015-2017                                                                                                                                    |
| b) Data is collated and analysed across the Southern District to identify numbers, issues and demographics associated with self-harm and attempted suicide.                                        |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2016-2018 | SPC, Police, WellSouth, SDHB ED, SDHB MHAID, Research groups, CYF, MOE, MOH, PHN.                                                            |
| c) The SPC works alongside DHB services, statutory and community agencies to further the development of evidence based harm minimisation strategy for people who attempt suicide and/or self-harm. |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2016-2018 | SPC, Police, WellSouth, ED, SDHB MHAID, Research groups, CYF, MOE, MOH, PHN.                                                                 |
| d) Investigate the potential for SDHB ICD data to identify "intent" in self-harm to differentiate non suicidal intent                                                                              |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2015-2016 | SPC, SDHB data analysts                                                                                                                      |
| 4.2 Enhance infrastructure in the Southern District for suicide prevention.                                                                                                                        | 4.2.1 Best practice planning and support by the SPC is achieved through effective use of information, ideas and concerns from all those who are impacted by suicide. | a) The development of a district-wide Reference Group is continues to be supported, which includes key stakeholder representation from community prevention and postvention groups and their relationships with other key stakeholders; e.g. (ED, Adult Mental Health Services, Specialist Mental Health Services, and Combined Mental Health Services, postvention, primary care, research groups, PHN, older adult care, as well as at-risk sectors such as Māori and Pasifika. | 2015-2018 | PHS, MHAID, all key southern prevention and postvention groups, and Māori agencies funded to provide suicide prevention, tertiary services.  |
|                                                                                                                                                                                                    |                                                                                                                                                                      | b) SDHB investigates the development of an advisory group of people who have either attempted suicide or a family member (see Australian Suicide Prevention Australia "Lived Experience Committee" <sup>15</sup> for the purpose of providing advice to Southern                                                                                                                                                                                                                  | 2015-2018 | SPC, Mental health consumer advisors and mental health consumer led groups, SF, Dunedin Life Matters Suicide Prevention Trust, Otago Suicide |

| <b>Objective 4: Strengthen the infrastructure for suicide prevention</b> |                                                                                                                              |                                                                                                                                                                                               |               |                                                                                             |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------|
| <b>Target Area</b>                                                       | <b>Intended Outcomes</b>                                                                                                     | <b>Actions</b>                                                                                                                                                                                | <b>Timing</b> | <b>Agencies involved</b>                                                                    |
| 4.3 Resourcing for Cluster Management.                                   | 4.3.1 Suicide cluster management is effective and speedy and its effectiveness is not constrained by insufficient resources. | a) SDHB works with the MOH to develop a model of resourcing for community postvention groups, in the event of a specified need to respond intensively to suicide clusters. (Likely via CASA). | 2015-2016     | PHS, CASA, MOH, Southern community pre and postvention groups, Southern Rural Health Trust. |

**Monitoring and evaluation**

Key deliverables of this plan will be incorporated as part of District Annual Plans for the Southern DHB and will be subject to the reporting processes of these plans.

In addition other actions and outcomes identified in this document will be monitored monthly through Public Health Service management review of staff monthly reports.

As part of internal project planning processes, all projects developed by Southern DHB staff at the Public Health Service are required to submit an implementation plan which includes an evaluation plan. Each project plan must be approved prior to implementation and is reviewed both during and after the project concludes.

**Identification and mitigation of risk**

Where postvention groups or the Suicide Prevention Coordinator identify postvention risks that are not easily managed or have not been confronted before, support is sought from CASA and also internally from the Southern DHB Medical Director for Women's and Children's and Public Health.

The Suicide Prevention Coordinator may also identify more systemic postvention and prevention risk issues in his monthly and six monthly reports which are provided to Southern DHB management. All future reports created by the Suicide Prevention Coordinator will use this adopted Action Plan as a template for reporting against ensuring outcomes and risk and opportunities can be identified. The Suicide Prevention Coordinator will also escalate immediate and urgent non clinical risk issues within the Public Health Service.

The Suicide Prevention Coordinator regularly meets with a wide range groups and individuals in the District with an interest, in and involvement in, suicide prevention and postvention. Feedback and risk issues identified at these meetings is collated, checked and responded to and reported on, where appropriate.

## References:

1. Ministry of Health (2013) *New Zealand Suicide Prevention Action Plan 2013-2016*.
2. Southern DHB (2014) *Analysis and Recommendations from the Southern DHB Postvention Survey*, Dunedin.
3. Southern DHB (2013) *Southern District Suicide Prevention Action Plan (2013-2014)*
4. Ministry of Health (2008) *New Zealand Suicide Prevention Strategy 2008-2012*
5. Ministry of Health (2011). *Better, Sooner, More Convenient Health Care in the Community*.
6. Ministry of Health (2012) *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–201*
7. Southern District Health Board (2012). *Raise Hope – HapaiteTumanako Strategic Plan. The Southern DHB Mental Health and Addiction Strategic Plan*.
8. Ministry of Health. (2014) *Suicide facts: Deaths and intentional self-harm hospitalisations 2011*.
9. *2013-2015 Annual Provisional Suicide figures* - Office of the Chief Coroner NZ (2014)
10. Center for Disease Control and Prevention (CDC), referenced from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm> on 30/10/14
11. *SafeTalk and ASIST* (Lifeline) suicide prevention training packages retrieved from [http://www.livingworks.org.nz/Programmes\\_554.aspx](http://www.livingworks.org.nz/Programmes_554.aspx) on 28/10/14
12. *QPR (Question, Persuade, Refer)* suicide prevention training packages retrieved from <http://www.qpr.org.nz/> on 28/10/14
13. Mental Health 101 mental wellbeing training package retrieved from <http://www.mh101.co.nz/> on 28/10/14
14. *Mates in Construction*, suicide prevention training for people in the construction industries referenced from [www.matesinconstruction.com.au](http://www.matesinconstruction.com.au) on 30/10/14
15. Suicide Prevention Australia “*Lived Experience Committee*”, referenced from <http://suicidepreventionaust.org/project/lived-experience/> on 30/10/14
16. He Korowai Oranga; Māori Health Strategy, (2002) Ministry of Health
17. WakaHourua(2014)<http://www.wakahourua.co.nz/suicide-prevention-strategy>
18. Southern DHB ( 2014). *SDHB Mental Health and Addiction Service Plan*.
19. About Self-Harm and Non-Suicidal Self-Injury (NSSI) Retrieved from <http://www.suicidepreventionstudies.org/index.php?page=selfharm> on 02/02/15

**Appendix 1:**

**Indicative Suicide Prevention Budget 2015-16**

|                                                                |                                  |                 |
|----------------------------------------------------------------|----------------------------------|-----------------|
| Clinical Support for Postvention/Bereavement Support groups    |                                  | \$4,000         |
| Resource Development and printing                              |                                  | \$2,000         |
| Bereavement Support                                            | Wave Course x 2                  | \$5,000         |
| SafeTalk Training (for Clinical Services as well as community) |                                  | \$11,000        |
| QPR Gatekeeper Training (Community)                            |                                  | \$3,000         |
| QPR Triage (Advanced for Clinical Staff)                       |                                  | \$10,000        |
| Asist (for Community from previously trained trainers)         | Delivered by Supporting Families | \$0             |
| Keeping the Balance (Community)                                | Delivered by WellSouth           | \$0             |
| Asist (Train the Trainer programme aimed at clinical staff)    | 3 trainers trained               | \$15,000        |
|                                                                |                                  | <b>\$50,000</b> |



## Summary of Changes

### **Revised Draft Southern DHB Suicide Prevention Action Plan 2015-2018**

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#### **Consultation Process – Round one (November 2014)**

This document reports changes made to the Draft Southern DHB Suicide Prevention Action Plan 2015-2018 which was widely circulated in November 2014 for comment. A total of 16 submissions were received. Feedback received was found to be very beneficial and best attempts have been made to incorporate these details into the revised document. The commendations received were also very much appreciated.

The document is divided into three tables and should be read in conjunction with the revised Draft Southern DHB Suicide Prevention Action Plan 2015-2018. The first table describes general comments received about the document or general text and the second describes specific comments received about the tables. The third describes comments received from Planning and Funding and also the Suicide Prevention Coordinator and/or supporting Public Health Service staff.

Table one has been divided into three columns; the first describes the issue raised, the second describes the type of amendment made (page numbers relate to the revised January 2015 document), and the third column describes feedback provided where appropriate. Tables two and three do not include the third column.

#### **Consultation Process – Round two (January 2015)**

The consultation period was from 15<sup>th</sup> January to 6<sup>th</sup> February 2015, with further direction to those making feedback, provided in the revised document on page 3.

#### **Beyond this consultation**

Following this second round of consultation, feedback was again incorporated into the document, and will then proceed through the Southern DHB internal approval process before being submitted to the Ministry of Health. Once approved, this document will be widely disseminated.

| <b>Table One</b> |                                                                                                                                                                                                                                                     |                                                                                                                                   |                                       |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                  | <b>General Comments</b>                                                                                                                                                                                                                             | <b>Type of amendments made</b>                                                                                                    | <b>Feedback provided</b>              |
| 1                | Misunderstanding of the association between the Suicide Prevention Action Plan 2015-2018 and the SDHB's 2014 Postvention Survey; some of the latter's content was used to assist in the development Draft Suicide Prevention Action Plan 2015-2018. | Nil.                                                                                                                              | Contact made via email.               |
| 2                | Where are the guiding principles and values for this document, which specifically support reducing inequalities?                                                                                                                                    | Amendments made to document (pg4) more explicitly referencing the Ministry of Health's Suicide Prevention Strategy.               |                                       |
| 3                | Document lacking reference to over-representation of Maori in national suicide rates.                                                                                                                                                               | Nil, details already documented (pg5).                                                                                            |                                       |
| 4                | Details on Maori providers delivering suicide prevention services need updating.                                                                                                                                                                    | Amendments made to document (pg4).                                                                                                |                                       |
| 5                | Feedback acknowledged effort made by Southern DHB to reduce suicide rates in the region.                                                                                                                                                            | Nil, for noting purposes only.                                                                                                    |                                       |
| 6                | Social wellbeing strategy actions identified by local council which closely align with prevention work led by SDHB.                                                                                                                                 | Amendment made (1.3.4).                                                                                                           |                                       |
| 7                | The role of local government is not explicit throughout the document.                                                                                                                                                                               | Several amendments made to action plan – see lead agencies column.                                                                |                                       |
| 8                | Request to access suicide data for local authority planning.                                                                                                                                                                                        | Amendments made (4.1.1).                                                                                                          |                                       |
| 9                | References to evidenced-based programmes need strengthening.                                                                                                                                                                                        | References reviewed and changes made. Amendments made (1.3.10; 1.3.6; 3.1.2).                                                     | Meeting was held to discuss concerns. |
| 10               | Format and language used in document was disliked "reminiscent of a cold, instrumental business plan."                                                                                                                                              | Nil, document designed to provide direction to groups and agencies in the community.                                              |                                       |
| 11               | Recommendation that intended outcomes and actions are reviewed to ensure outcomes stated are not actions.                                                                                                                                           | Major amendments made to all 4 objectives.                                                                                        |                                       |
| 12               | Concerned that document is only for 3-year duration and not longer.                                                                                                                                                                                 | Nil, timeframe directed by SDHB P&F.                                                                                              |                                       |
| 13               | Request for medical language to be minimised throughout the document.                                                                                                                                                                               | Nil, language deemed to be acceptable for the intended audience of the document.                                                  |                                       |
| 14               | Action plan is recommended to be revised to focus on the moral climate surrounding an individual rather than on the individual themselves.                                                                                                          | Nil, causes of suicide has been covered in the national suicide prevention strategy which guides the content of this action plan. |                                       |
| 15               | Clarity sought around what community involvement means, i.e. contracted services v's building community capacity.                                                                                                                                   | Amendments made (pg3).                                                                                                            |                                       |

| <b>Table One</b> |                                                                                                                                          |                                                                                                                                                               |                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                  | <b>General Comments</b>                                                                                                                  | <b>Type of amendments made</b>                                                                                                                                | <b>Feedback provided</b> |
| 16               | Acknowledgement of social wellbeing activities undertaken at a community level needs more recognition.                                   | Amendments made (1.3.4, 1.3.7).                                                                                                                               |                          |
| 17               | Questioned the number of lead agencies identified in Objectives tables.                                                                  | Amendment made to title of column and (3.1.2).                                                                                                                |                          |
| 18               | Some statements relating to socio-political-cultural-economic situations need to be considered.                                          | Nil, commentary sits outside the scope of this document.                                                                                                      |                          |
| 19               | Concerns raised that communities should be self sustaining to support their own community rather than referring onto agencies.           | Nil, action plan describes training and support to be offered to communities at all levels.                                                                   |                          |
| 20               | Request that any reference to Maori and Non-Maori should be grouped together as "all people".                                            | Nil, not appropriate to combine ethnicities under our obligations of the Treaty of Waitangi.                                                                  |                          |
| 21               | Clarity sought around a statement quoted from a Ministry of Health document.                                                             | Nil, quotes cannot be amended (pg5).                                                                                                                          |                          |
| 22               | Request to reframe the use of "suicide prevention" as the "promotion of individual and community flourishing/well-being".                | Object 1 is a MOH requirement so unable to change. Amendments made to (1.3.4, 1.3.7, 1.3.9).                                                                  |                          |
| 23               | Commendation of plan content being positive clear and thorough.                                                                          | Nil; for noting purposes only.                                                                                                                                |                          |
| 24               | Request for clarity of definition of "what is a community".                                                                              | Described in new section (pg3) covering the purpose of the document.                                                                                          |                          |
| 25               | Commendation of plan "very comprehensive and very well written".                                                                         | Nil, for noting purposes only.                                                                                                                                |                          |
| 26               | Commendation of plan "document is comprehensive".                                                                                        | Nil, for noting purposes only.                                                                                                                                |                          |
| 27               | Concern that processes around the sharing of timely information after a suicide needed addressing.                                       | Amendment made (2.1.1).                                                                                                                                       | Email sent.              |
| 28               | Concerns about the accuracy of suicide data collection, including attempts, but identified there are limitations.                        | Nil, for noting purposes only.                                                                                                                                |                          |
| 29               | Recommendation that any reference to the local PHO is reported as "WellSouth Primary Health Network and other Primary health providers". | Recommendation not supported but wording changed to read "Primary Health Services" where the intent of an activity is to reach primary care beyond WellSouth. |                          |
| 30               | Clarification of levels of suicide prevention training and awareness requested.                                                          | Amendments made (pg10).                                                                                                                                       |                          |
| 31               | Recommendation to develop a reciprocal relationship with Student Health Services.                                                        | Amendments made (1.3.9).                                                                                                                                      | Email sent.              |

| <b>Table One</b> |                                                                                                                                                                                           |                                                                                                |                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|
|                  | <b>General Comments</b>                                                                                                                                                                   | <b>Type of amendments made</b>                                                                 | <b>Feedback provided</b>          |
| 32               | Commendation on the development of the action plan including the identification of groups and associated responsibilities.                                                                | Nil, for noting purposes only.                                                                 |                                   |
| 33               | Observation of emphasis on clinical and govt services rather than community groups and services who are often closer to the situation.                                                    | Amendments made to agencies involved column to include more NGO's.                             |                                   |
| 34               | Request to broaden training to include service groups, multi-nation groups, rural networks and community coordinators.                                                                    | Amendments made (1.2.1, 1.3.4) .                                                               |                                   |
| 35               | Commendation: "document is a great way forward and hope it can be picked up so it makes a difference for all those who lose hope and their whanau/families".                              | Nil, for noting purposes only.                                                                 |                                   |
| 36               | Recommendation of sequential training programmes for all frontline staff beginning with QPR online, then QPR advanced triage, then ASIST together with the development of a Zero Suicide. | Amendments made (1.3.6, 3.1.2), extent of training provided is limited by available resources. |                                   |
| 37               | Improvements are recommended to the suicide crisis assessment in mental health especially in Emergency Psychiatric Services.                                                              | Amendment made (1.3.6).                                                                        |                                   |
| 38               | Recommendation that more than one inpatient bed is made available to the emergency Psychiatric Services.                                                                                  | Outside of the scope of this action plan.                                                      | Recommendation referred to MHAID. |
| 39               | Recommendation that communication and interface between Medical and Mental Health Directorates are reviewed in order to gain improvements.                                                |                                                                                                |                                   |
| 40               | Interface of services for mental health patients along the patient pathway from community through to inpatient services are improved.                                                     | Amendment made (3.1.2).                                                                        |                                   |
| 41               | Support is recommended to be provided to Tertiary Education providers to enable them to support and reduce the risk of suicide.                                                           | Amendment made (1.3.9).                                                                        |                                   |
| 42               | Greater involvement by family/whanau of mental health clients is recommended, including informing family if client is deemed "at-risk".                                                   | Amendments made (3.1.2).                                                                       | Recommendation referred to MHAID. |
| 43               | Awareness raising recommended so that families are aware of community support services and how to access them.                                                                            |                                                                                                |                                   |
| 44               | Recommendation that more education is provided to families to support their at-risk loved one.                                                                                            | Amendment made (2.1.2).                                                                        |                                   |
| 45               | Recommend that free postvention and bereavement support is provided to people who are both grieving and at increased risk of suicide.                                                     | Amendment made (2.1.4).                                                                        |                                   |
| 46               | Review the dissemination of information between SDHB and the community.                                                                                                                   | Amendment made (2.1.2).                                                                        |                                   |
| 47               | Figure 2 is unclear doesn't include Life Matter Suicide Prevention Trust.                                                                                                                 | Amendment made (figure 2).                                                                     |                                   |

| <b>Table One</b> |                                                                     |                                    |                          |
|------------------|---------------------------------------------------------------------|------------------------------------|--------------------------|
|                  | <b>General Comments</b>                                             | <b>Type of amendments made</b>     | <b>Feedback provided</b> |
| 48               | Request to view document prior to submission to Ministry of Health. | Nil.                               |                          |
| 49               | Request for youth suicide information to be specified.              | Amendment made (pg6).              |                          |
| 50               | Request that data found in table 1 is shown as rates per 100,000.   | No change, unable to convert data. |                          |

| <b>Table Two</b> |                                                                                                                                                                                      |                                                                                                                             |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                  | <b>General Comments from author or SDHB Planning and Funding</b>                                                                                                                     | <b>Type of amendments made</b>                                                                                              |
| 1                | Request for heading to be changed.                                                                                                                                                   | Amendment made (pg5).                                                                                                       |
| 2                | Error located in Table 1.                                                                                                                                                            | Amendment made (table 1).                                                                                                   |
| 3                | Clarification of the difference between self-harm and attempted suicide required.                                                                                                    | Amendments made (pg8, 4.1.3).                                                                                               |
| 4                | Agree with objectives identified.                                                                                                                                                    | Nil, for noting purposes only.                                                                                              |
| 5                | Request for NGO's to be added to the list of agencies for a number of outcomes across all four objectives.                                                                           | Numerous amendments made.                                                                                                   |
| 6                | Recommend adding reference to "Raise Hope" Implementation Plan.                                                                                                                      | Amendments made (1.2.1, 3.1.1).                                                                                             |
| 7                | Change wording reference from "all professionals" to "all relevant staff".                                                                                                           | Amendment made (3.1.2).                                                                                                     |
| 8                | Add reference to the new district-wide network group.                                                                                                                                | Amendment made (3.1.1).                                                                                                     |
| 9                | Recommend deleting outcome 4.2.1c due to repetition.                                                                                                                                 | Deleted outcome.                                                                                                            |
| 10               | Ministry of Health provided a draft template for Suicide Prevention Action Plans in early December 2014. Most key areas were already covered but additional material has been added. | New sections (pg21): Monitoring and evaluation; Identification and mitigation of risk<br>Governance: Amendments made (pg8). |
| 11               | Additional step recommended regarding the understanding of current data through the undertaking of a stock-take.                                                                     | New action (4.1.1).                                                                                                         |
| 12               | Recommendation for WellSouth to prioritise suicide prevention training in their workforce development programme.                                                                     | New action (1.1.2).                                                                                                         |
| 12               | Format of tables altered to improve readability.                                                                                                                                     | Amendments made to all tables describing objectives                                                                         |
| 13               | Recommendation that references to SDHB Mental Health and Addiction Service Development Plan be included.                                                                             | Insertion of references to SDHB Mental Health and Addiction Service Development Plan (pg 6).                                |
| 14               | Recommended revisions to Monitoring and Evaluation wording.                                                                                                                          | Wording revised (pg 21).                                                                                                    |
| 15               | Recommendation that the order of reference to postvention processes be revised.                                                                                                      | Paragraph order on postvention processes revised (pg 8).                                                                    |

The table below describes changes made that have previously not been addressed above.

| Table Three |                                                                                                                                                  |                                                                                                                                                                                                        |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Specific comments for tables                                                                                                                     | Type of amendments made                                                                                                                                                                                |
| 1           | Recommendation that Public Health Nursing should be noted as an agency involved in a variety of activities.                                      | Additions made (1.2.1, 1.3.1, 3.1.1, 4.1.3).                                                                                                                                                           |
| 2           | Prioritisation of training programmes offered should occur and decisions should be based on evidence.                                            | New action (1.2.3).                                                                                                                                                                                    |
| 3           | Training timing, revision, coverage questioned.                                                                                                  | Not addressed – this level of detail not captured in this action plan.                                                                                                                                 |
| 4           | Reference to improved sharing opportunities between community mental health and public health service providers recommended.                     | Supported but outside the scope of this action plan.                                                                                                                                                   |
| 5           | Recommendation of training venues to include Marae and rural areas.                                                                              | Amendments made (1.2.2).                                                                                                                                                                               |
| 6           | Improved coordination of suicide prevention training recommended.                                                                                | Amendment made (1.2.2).                                                                                                                                                                                |
| 7           | Request that more energy and effort should be invested into the community through targeted training.                                             | No change made, limited resource exists, therefore targeted training is required.                                                                                                                      |
| 8           | Request consideration is given to providing subsidised training to expand the knowledge-base of the community beyond existing targeted training. | Amendment made (1.2.2).                                                                                                                                                                                |
| 9.          | Recommend that family violence groups and mental health consumers groups are added to agencies involved, where appropriate.                      | Amendment made (1.3.1).                                                                                                                                                                                |
| 10          | Recommendation to create a referral process similar to HazDrink to be actioned by Police and/or Emergency departments.                           | Not specifically referenced however maybe considered as part of the review of the pathway process.                                                                                                     |
| 11          | Desire for discretionary funding to be made available to promote resilience and protective factors/positive wellbeing in young people.           | New action (3.1.4).                                                                                                                                                                                    |
| 12          | Ensure local research is disseminated.                                                                                                           | No change, covered in (2.1.2).                                                                                                                                                                         |
| 13          | Reiterate the need to include lead investigators in suicidology to inform future planning including collaborative approaches.                    | No change, covered in (1.3.7, 1.3.10).                                                                                                                                                                 |
| 14          | Reiterate the need for timely and accurate information of people at risk including non-family members of people who have completed suicide.      | No change, covered in CASA informed postvention process (pg9).                                                                                                                                         |
| 15          | Recommendation to identify future areas for the establishment of community postvention groups.                                                   | Amendment made (2.1.1).                                                                                                                                                                                |
| 16          | Request for support for community based suicide prevention groups to provide postvention and bereavement support.                                | No change. Postvention support must be delivered by groups that have agreed to follow the CASA postvention framework and have appropriate systems in place. Bereavement support is covered in (2.1.4). |
| 17          | Commend the regular communication from the SPC.                                                                                                  | For noting only.                                                                                                                                                                                       |

| <b>Table Three</b> |                                                                                                                                                    |                                                                                                                                                                                                  |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <b>Specific comments for tables</b>                                                                                                                | <b>Type of amendments made</b>                                                                                                                                                                   |
| 18                 | Recommend that communication from the SPC is compiled into a regular newsletter rather than on an ad hoc basis.                                    | Amendment made (2.1.2).                                                                                                                                                                          |
| 19                 | Concern raised that local victim support are being excluded from the postvention risk management.                                                  | No change. Beyond the scope of this plan.                                                                                                                                                        |
| 20                 | Recommendation that hui be facilitated on local marae.                                                                                             | No change is made. This recommendation will be discussed with current Maori Suicide prevention Providers for them to consider, as general public hui are not undertaken by the SPC at this time. |
| 21                 | Addition of youth as an at-risk group for project work is recommended.                                                                             | Amendment made (3.1.3).                                                                                                                                                                          |
| 22                 | Recommendation that gate keeper programmes similar to "Mates in Construction" be offered.                                                          | No change, covered in (1.3.8).                                                                                                                                                                   |
| 23                 | Higher prioritisation of bereavement support recommended.                                                                                          | Amendment made (2.1.4).                                                                                                                                                                          |
| 24                 | Recommend to compile a list of registered practitioners who can provide additional support to those bereaved by suicide.                           | No change. This recommendation will be discussed with postvention groups for them to action.                                                                                                     |
| 25                 | Plan needs to be more inclusive of the community and prevention groups.                                                                            | Amendments made to include new suicide prevention groups and NGOs where appropriate.                                                                                                             |
| 26                 | Management of clusters recommended to include attempted suicides as well as completed.                                                             | Amendment made (4.1.3).                                                                                                                                                                          |
| 27                 | More money and time will be required to realise outcomes in prevention of suicide risk.                                                            | Noted.                                                                                                                                                                                           |
| 28                 | Recommendation for a formal channel between the University of Otago's critical incident team and SPC.                                              | Supported and will be actioned by SPC. This level of detail is not shown in plan.                                                                                                                |
| 29                 | MH101 is recommended to be advocated to workplaces.                                                                                                | No change, workplace training covered in (1.3.8).                                                                                                                                                |
| 30                 | Commendation around addressing binge drinking.                                                                                                     | Nil, for noting purposes only.                                                                                                                                                                   |
| 31                 | Screening tool similar to ABC for smoking and domestic violence recommended to be developed and/or sourced.                                        | No change, recommendation has been referred to MHAID.                                                                                                                                            |
| 32                 | Recommendation mental health teams review assessment tools for risk of suicide.                                                                    | Amendment made referencing CASE assessment model (1.3.6).                                                                                                                                        |
| 33                 | Recommendation that client pathways be reviewed.                                                                                                   | No change, covered in (3.1.2, 3.1.2).                                                                                                                                                            |
| 34                 | Mandating of training is strongly supported for all relevant staff working in mental health services.                                              | Nil, for noting purposes only.                                                                                                                                                                   |
| 35                 | Recommendation that the feedback loop is strengthened, to ensure that the referrer of an at-risk client has engaged successfully with the referee. | No change, covered in (3.1.2, 3.1.2).                                                                                                                                                            |
| 36                 | Recommendation that the Student Health Service consultant psychiatrist                                                                             | Noted and referred to MHAID.                                                                                                                                                                     |

| <b>Table Three</b> |                                                                                                                                                                   |                                                                                                                                                                                    |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <b>Specific comments for tables</b>                                                                                                                               | <b>Type of amendments made</b>                                                                                                                                                     |
|                    | service continue to be resourced by SDHB.                                                                                                                         |                                                                                                                                                                                    |
| 37                 | Clarification recommended around further development of suicide prevention and early intervention services.                                                       | Amendment made (3.1.2).                                                                                                                                                            |
| 38                 | Concern expressed around the lack of feedback to CASA after a postvention event.                                                                                  | Amendment made (pg9).                                                                                                                                                              |
| 39                 | Recommendation that a research workforce representative be included in a regional reference group for suicide prevention.                                         | No change but will be discussed as an agenda item by this group.                                                                                                                   |
| 40                 | Recommend that community prevention agencies be included in any actions which enhance suicide prevention.                                                         | Amendment made (4.2.1).                                                                                                                                                            |
| 41                 | Support of the formation of the regional reference group.                                                                                                         | Nil, for noting purposes only.                                                                                                                                                     |
| 42                 | Strong support for creation of a advisory group of people with lived experience of suicide.                                                                       | Nil, for noting purposes only.                                                                                                                                                     |
| 43                 | Commendation around development of advisory group of people with lived experience of suicide but some concerns around confidentiality, respect and stigma issues. | Noted, will be addressed within the terms of reference.                                                                                                                            |
| 44                 | Recommendation that membership of the advisory group with lived experience includes student and or staff representation from the University of Otago.             | Noted, will be considered in the development of terms of reference.                                                                                                                |
| 45                 | Commendation on the formation of a advisory group of people with lived experience.                                                                                | Nil, for noting purposes only.                                                                                                                                                     |
| 46                 | Concerns raised if membership of the advisory group of people with lived experience includes individuals who do not have personal lived experience of suicide.    | Noted, will be considered in the development of terms of reference.                                                                                                                |
| 47                 | Greater support recommended for whanau/families of people who self-harm.                                                                                          | Following clarification from the Ministry of Health, self-harm which is not associated with suicide ideation is not a component of this plan, therefore no changes have been made. |



## **Summary of Changes**

### **Revised Draft Southern DHB Suicide Prevention Action Plan 2015-2018**

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#### **Consultation Process – Round two (January 2015)**

This document reports changes made to the Draft Southern DHB Suicide Prevention Action Plan 2015-2018 which was first widely circulated in November 2014 for comment and then re-circulated for comment after revisions as a result of that earlier feedback. A total of 6 submissions were received. Feedback received was found to be very beneficial and best attempts have been made to incorporate these details into the revised document.

The document is divided into two tables and should be read in conjunction with the second revision to the Draft Southern DHB Suicide Prevention Action Plan 2015-2018. The first table describes general comments received about the document or general text and the second describes specific comments received about the tables. Table one has been divided into three columns; the first describes the issue raised, the second describes the type of amendment made (any pages numbers of numbering relates to the revised January 2015 document), and the third column describes feedback provided where appropriate. Table does not include the third column.

#### **Consultation Process – Round two (January 2015)**

The consultation period was the 15<sup>th</sup> January – 9<sup>th</sup> February 2015, with further direction provided in the revised document on page 3.

#### **Beyond this consultation**

Following this second round of consultation, feedback will again be incorporated into the document and will then proceed through the Southern DHB internal approval process before being submitted to the Ministry of Health. Once approved, this document will be widely disseminated.

| <b>Table One</b> |                                                                                                                                             |                                                                                                                                                                        |                                       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                  | <b>General Comments</b>                                                                                                                     | <b>Type of amendments made</b>                                                                                                                                         | <b>Feedback provided</b>              |
| 2                | Change to Action point 1.3.9 re addition of U of O chaplaincy services recommended                                                          | addition of chaplaincy services made (Page 15)                                                                                                                         | Nil                                   |
| 3                | Change in reference to DPSM in action point 1.3.10                                                                                          | Deletion of reference to Injury Prevention Research Unit and change in emphasis (page 15)                                                                              |                                       |
| 4                | Recommended deletion of reference to Student Health Services in 3.1.2 implying it is a lead agency in this area of work                     | Reference to Student Health Services in action point 3.1.2 deleted                                                                                                     |                                       |
| 5                | Re-recommendation for a screening tool for suicide risk assessment                                                                          | No action taken- the recommended review of risk assessment tools covers this issue.                                                                                    |                                       |
| 6                | Greater support and clarification of the issues recommended for people who self-harm                                                        | Further clarification of the issues of self-harm versus attempted suicide noted in page 8)                                                                             |                                       |
| 7                | Re-recommendation for more mental health crisis beds for those who attempt suicide.                                                         | Mental health services note that a crisis bed exists in Invercargill, but in Dunedin at risk patients are transferred to inpatient MH wards.                           |                                       |
| 8                | Re-recommendation of mandated suicide prevention training for relevant staff                                                                | Noted but the reference remains that mandatory training will be investigated (resources permitting) 3.1.2d) page 17                                                    | Submission referred to MH Directorate |
| 9                | Recommendation that MH patients not be transferred between SDHB hospitals where there is a shortage of beds                                 | Noted and referred to Mental Health directorate for comment                                                                                                            |                                       |
| 10               | Statement that: "as both a clinician and an academic I am disheartened and demoralised by this plan"                                        | Noted                                                                                                                                                                  |                                       |
| 11               | Feedback that paucity of data on the effectiveness of any interventions noted in the plan                                                   | Noted. Research does indicate evidence based positive outcomes for some but not all interventions, and thus the need for more evidence based research                  |                                       |
| 12               | Statement that the plan is "driven by central authority with no engagement with researchers or clinicians"                                  | Noted: there has been engagement with several researchers in the development of this plan and feedback from within the SDHB MH Directorate. Further engagement needed. |                                       |
| 13               | Statement that the plan "refers to and inherits the flaws of the "Raising Despair" (Raise Hope) and 'missing the targets', the SDHB and MoH | Noted                                                                                                                                                                  |                                       |

| <b>Table One</b> |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                          |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                  | <b>General Comments</b>                                                                                                                                                                                                                | <b>Type of amendments made</b>                                                                                                                                                                                                                | <b>Feedback provided</b> |
|                  | Planning respectively”                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |                          |
| 14               | Statement that requests the plan is shelved “until there is a systematic review of the evidence for interventions”                                                                                                                     | Noted                                                                                                                                                                                                                                         |                          |
| 15               | Statement that “there needs to be much more involvement by the DHB beyond public health. You need psychiatry and emergency medicine and general practice all committed to change and training. if you are to achieve systemic changes” | Noted. Plan currently lists areas of client pathway review, suicide prevention training, risk assessment tools etc, in mental health services and primary health                                                                              |                          |
| 16               | Request that the plan makes a clear distinction between postvention and bereavement support after a suicide.                                                                                                                           | Clarification added (page 8)                                                                                                                                                                                                                  |                          |
| 17               | Request that that the plan provides greater clarity on the issues of self-harm and attempted suicide and a reference                                                                                                                   | Further clarification added (page 8) and a reference added.                                                                                                                                                                                   |                          |
| 18               | Request that the issue of “intent” in self-harm is explored further                                                                                                                                                                    | Additional action in 4.1.3d to identify “intent”                                                                                                                                                                                              |                          |
| 19               | Statement that it doesn’t matter that completely accurate data on attempts is not available.                                                                                                                                           | Noted                                                                                                                                                                                                                                         |                          |
| 20               | Statement that there is not enough involvement of DHB mental health services in postvention.                                                                                                                                           | Noted. In most cases, postvention response does include mental health directorate involvement                                                                                                                                                 |                          |
| 21               | Statement that awareness raising community meetings do not provide training and so shouldn’t be included in a “training portfolio”                                                                                                     | Noted. The plan sees community awareness as part of the continuum of community training on suicide prevention. Additional point noted (page 11) that awareness raising meetings need to include support for the vulnerable who may attend.    |                          |
| 22               | Statement that it is dangerous to have awareness raising meetings without gatekeeper training                                                                                                                                          | Noted: safety mechanism noted as in point 21 above                                                                                                                                                                                            |                          |
| 23               | Query why QPR 4 and 8 hour training was not also advocated for on page 11                                                                                                                                                              | Noted: point 3 now explicitly refers to QPR 8 hour triage training. QPR 4 hour training is already noted in point 2 (page 11)                                                                                                                 |                          |
| 24               | Statement that the SDHB has clearly made a decision to use ASIST and not QPR. And needs to provide justification for this, including concerns re lack of fidelity of tri8an the trainers programmes                                    | Noted: SDHB has not made a decision to preference ASIST or other Lifeline programmes over QPR. While there are some concerns regarding train the trainers fidelity (which are being addressed by Lifeline) ; train the trainers programme are |                          |

| Table One |                                                                                                                                                                                                                             |                                                                                                                                    |                                                |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|           | General Comments                                                                                                                                                                                                            | Type of amendments made                                                                                                            | Feedback provided                              |
|           |                                                                                                                                                                                                                             | more cost-effective to ensure maximum spread of training. QPR currently does not provide train the trainer programmes.             | Email to submittor clarifying SDHB's position. |
| 25        | Comment that the Introduction should note the widespread nature of Southern's population                                                                                                                                    | Addition on page 4 noting the geographic dispersion of the Southern population                                                     |                                                |
| 26        | Addition to Introduction suggested with the wording: <i>while raising awareness in the community of the importance of seeking help and the organisations and networks available in people's own community for support..</i> | Included page 4                                                                                                                    |                                                |
| 27        | Suggested of relocation of commentary about SDHB's "Raise Hope" Strategy be moved forward in the "Background" paragraphs                                                                                                    | Moved forward (page 6)                                                                                                             |                                                |
| 28        | Suggested addition of wording to commentary on the place of mental health services in suicide prevention to: <i>but rather a whole of community issue and responsibility.</i>                                               | Added (page 6)                                                                                                                     |                                                |
| 29        | Request that the issue about the different types of suicide data be re-formatted into a table                                                                                                                               | Noted, but not changed.                                                                                                            |                                                |
| 30        | Request that the map of the Southern region on page 10 be of one colour to reflect the integration of Otago and Southland DHBs                                                                                              | Changed                                                                                                                            |                                                |
| 31        | 1.3.5 suggested deletion of NGOs and MH Directorate from 'Agencies Involved', as this will be a Planning and Funding's decision.                                                                                            | Changed 1.3.5                                                                                                                      |                                                |
| 32        | Noted that the Memorandum of Understanding between MHAID and Student Health has just been reviewed.                                                                                                                         | Mental Health services (MHAID) added to "Agencies Involved" in 1.3.9                                                               |                                                |
| 33        | Query as to how suicide prevention training reviews and research is recorded and monitored                                                                                                                                  | An addition recorded in 3.1.10 b as Research into suicide prevention training efficacy, fidelity issues etc are circulated widely  |                                                |
| 34        | Query as to how we monitor the integrity of postvention groups (audit?, annual WoF?, feedback from community etc?)                                                                                                          | Addition included in 2.1.1d) CASA templates include annual review of effectiveness of postvention group including community survey |                                                |
| 35        | Comment that there is lots of information circulating about suicide prevention in this district. How do we know what's best practice?                                                                                       | Noted.                                                                                                                             |                                                |
| 36        | Comment re 2.1.4a) on suicide bereavement groups and how to measure their effectiveness                                                                                                                                     | Noted: Process to review suicide bereavement groups not known at this point.                                                       |                                                |
| 37        | Query on objective 3.1.1 whether the work described is manageable for the SPC                                                                                                                                               | 3.1.1 a) Action reframed to note that the SPC role is a facilitation one, not a developmental role                                 |                                                |

| <b>Table One</b> |                                                                                                                                                                               |                                                                                  |                          |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|
|                  | <b>General Comments</b>                                                                                                                                                       | <b>Type of amendments made</b>                                                   | <b>Feedback provided</b> |
| 38               | Statement that Objective 3.1.1 involves more than just mental health issues, but is also a community response and ED issue                                                    | Noted                                                                            |                          |
| 39               | Comment that work on referral pathways is already noted in the plan in Action 1.3.1a)                                                                                         | Reference to 'referral pathways' deleted in Action 1.3.1a                        |                          |
| 40               | Changes to wording recommended re role of SPC in the pathways work in 3.1.2 a)                                                                                                | 3.1.2a amended                                                                   |                          |
| 41               | Deletion of Action 3.1.2b as this is a duplication of action 3.1.2a)                                                                                                          | Deleted                                                                          |                          |
| 42               | Recommendation that Action 3.1.2d (now c) be amended to include reference to other mandated training issues and resourcing                                                    | Amended                                                                          |                          |
| 43               | Amendment suggested for Action 3.1.4a) to include 'innovative evidence-based projects that can be used district-wide, as appropriate'                                         | Amended                                                                          |                          |
| 44               | Amendment suggested to Action 4.1.3c) to acknowledge previous and current work undertaken on harm minimisation strategies.                                                    | Amended                                                                          |                          |
| 45               | Amendment suggested to Action 4.1.1a) to include a wider range of MHAID services                                                                                              | Amended                                                                          |                          |
| 46               | Comment that 4.3.1a) acknowledges the need for "out-of-normal work hours and the back-up processes needed to ensure postvention response are able to be actioned at any time. | Noted and Action point 2.1.1c) strengthened to acknowledge this issue            |                          |
| 47               | Comment that SDHB IT may be able to assist with accessing and analysing trending data                                                                                         | Noted but not included in Action Plan (but will be actioned)                     |                          |
| 48               | Comment that "feedback loops from and to the community need to be included somehow so that this work is transparent and out there'                                            | Addition to "Monitoring and Evaluation included on Page 22                       |                          |
| 49               | Recommendation to more accurately describe the contracted services delivered to Maori under Kia Piki and Te Rau Matatini on Page 5                                            | Amended (Page 5)                                                                 |                          |
| 50               | Correction to the Maori wording for 'Raise Hope' recommended                                                                                                                  | Amended (Page 7)                                                                 |                          |
| 51               | Comment that the table at Figure 2 is hard to understand                                                                                                                      | Figure 2 amended with clarifying commentary (Page 12)                            |                          |
| 52               | Comment that having both an "Action Area" and "Actions" in the tables is confusing and "Action Area" needs to be amended to "Target Area"                                     | Amended (Pages 12 to 19)                                                         |                          |
| 53               | Recommendation to add "identifying gaps and potential solutions" to Action 1.3.2                                                                                              | Amended (Page 13)                                                                |                          |
| 54               |                                                                                                                                                                               |                                                                                  |                          |
| 55               | Recommendation to integrate targets and actions under "Workforce Development", "Service Integration", "Planning and Building Capacity",                                       | Noted. Ministry of Health guidelines recommend the current structure to the plan |                          |

| <b>Table One</b> |                                                                                             |                                |                          |
|------------------|---------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
|                  | <b>General Comments</b>                                                                     | <b>Type of amendments made</b> | <b>Feedback provided</b> |
|                  | 'Responsiveness" and "Data Collection" headings.                                            |                                |                          |
| 56               | Recommendation that Target Area 3.1 include reference to "improved cultural responsiveness" | Amended (Page 17) 3.1.2b)      |                          |

SOUTHERN DISTRICT HEALTH BOARD

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------|
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Southern Strategic Health Plan (SSHP) Implementation Plan              |                 |
| Report to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CPHAC/DSAC                                                             |                 |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 April 2015                                                           |                 |
| Summary:<br>The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ The tasks, actions and outputs required for the delivery of the SSHP</li> <li>▪ The success factors for SSHP implementation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                 |
| Specific implications for consideration (financial/workforce/risk/legal etc):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                 |
| Financial:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                    |                 |
| Workforce:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                    |                 |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                 |
| Document previously submitted to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Executive Team for feedback                                            | Date: 16 /03/15 |
| Approved by Chief Executive Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | Date: 25/03/15  |
| Prepared by:<br>Liz Disney, Senior Manager Integration and Innovation<br>Date: 17/03/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Presented by:<br>Liz Disney, Senior Manager Integration and Innovation |                 |
| <p>RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Committees note the SSHP Implementation Plan</li> <li>2. The Committees note the following key dates for reports to be presented for consideration:                     <ol style="list-style-type: none"> <li>a. June 2015 – Implementation Plan for Performance Excellence and Quality Improvement Strategy</li> <li>b. August 2015 – Leadership Action Plan</li> <li>c. October 2015 – one page conceptual graphic of the future Southern health system</li> <li>d. March 2016 – proposal around development of a ‘third hub’ in addition to Dunedin and Invercargill</li> <li>e. June 2016 – proposal around role of rural hospitals</li> <li>f. June 2016 – proposal around role and service provision within Southern DHB Hospitals</li> <li>g. September 2016 – proposed Southern Workforce Plan</li> <li>h. December 2016 – proposal outlining the required development and upgrade of Dunedin Hospital produced</li> </ol> </li> </ol> |                                                                        |                 |



# **Southern Strategic Health Plan Strategic Implementation Plan**

**March 2015**  
**Prepared by Liz Disney, Senior Manager System Integration and Innovation**

## Introduction

### *Purpose of this Implementation Plan*

This Strategic Implementation Plan (SIP) indicates a series of actions, tasks and outputs which will enable the DHB to transform health care provision; it details a high level approach allowing us to empower our organisation and stakeholders to transform the 'What' and the 'Why' contained in the Southern Strategic Health Plan (SSHP) into the 'How' of action.

The SSHP will be used to inform all other organisational plans and be influential sector wide. This SIP demonstrates how we can realise our vision utilising the skills of our people.

### *Approach*

Each of the agreed six priorities in the SSHP has its own Action Plan. The sequences of tasks are documented in line with the SSHP Roadmap (Figure 10).

Each of the Action Plans will be developed over time, with further discussion and consultation to be completed over the coming months.

## Overall timeline

### *Phases of implementation*

- Phase One for completion by end June 2015
  - Begin working on success factors (see later section Success Factors for Implementation)
  - Set up governance structure for the implementation of the SSHP
  - Agree more detailed work programmes with key stakeholders to deliver the Plan's headline actions and any additional necessary actions
  - Produce an overall Gantt Chart (included as Appendix One) for SSHP Implementation showing key milestones and dependencies
- Phase Two for completion by end December 2015
  - Continue working on success factors
  - Deliver short/medium-term actions detailed in work programmes
  - Development of a monitoring framework including agreeing the performance measures for the SSHP implementation and production of measure reports
- Phase Three for completion by end December 2016
  - Continue working on success factors
  - Deliver medium/longer-term actions detailed in work programmes
  - Full application of monitoring framework
- Phase Four
  - Continue working on success factors
  - Deliver longer-term actions detailed in work programmes
  - Begin work on further round of actions to fully achieve the vision of the SSHP

### Key Milestones

The following table shows the key milestones in the SIP up until December 2016. The milestones are in chronological order of planned delivery.

| Ref | Deliverable                                                                                                                                                                                                        | Date delivered |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 4.4 | XcelR8 leadership training programme underway                                                                                                                                                                      | May 2015       |
| 1.2 | Alliance South produces work programme aligned with the SSHP priorities                                                                                                                                            | June 2015      |
| 4.2 | Improvement Network formed and produces Implementation Plan for the Performance Excellence and Quality Improvement Strategy                                                                                        | June 2015      |
| 4.4 | Role of DHB Clinical Council formalised                                                                                                                                                                            | June 2015      |
| 1.5 | Clinical Locality Networks and Consumer Locality Networks are formed and begin meeting                                                                                                                             | July 2015      |
| 4.4 | Leadership Action Plan produced                                                                                                                                                                                    | August 2015    |
| 1.3 | A documented conceptual vision of the future shape of health services including answering key questions around the expectations of primary care, rural provision, and specialist and tertiary services is produced | October 2015   |
| 4.1 | Provider Arm work plans in place to lift performance                                                                                                                                                               | December 2015  |
| 1.4 | Alliance South Acute Demand Service Level Alliance Team (SLAT) produce a report and analysis on whether a third hub (in addition to Dunedin and Invercargill) should be developed                                  | March 2016     |
| 1.6 | Service provision at each Rural Hospital determined (report and recommendations produced)                                                                                                                          | June 2016      |
| 2.2 | SLATs and Work streams complete agreed pieces of work (as prioritised in the SSHP) using recognised methodology                                                                                                    | June 2016      |
| 3.2 | Future of specialist Hospital services to be delivered within Southern DHB understood and planned for (report and recommendations produced)                                                                        | June 2016      |
| 5.4 | Workforce Plan produced                                                                                                                                                                                            | Sept 2016      |
| 5.3 | Report outlining the required development and upgrade of Dunedin Hospital produced                                                                                                                                 | December 2016  |

**Action Plans**

| <b>Priority One: Develop a coherent Southern system of care</b> |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                 |                                                                                                        |                                                                                         |                      |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|
| <b>1</b>                                                        | <b>Headline Action and Outcome</b>                                                                                                                                                                                                                                              | <b>Tasks</b>                                                                                                                                                                              | <b>DHB Executive Leadership Team Owner</b>                                                                      | <b>Stakeholders/participants</b>                                                                       | <b>Milestones/progress</b>                                                              | <b>Completed by:</b> |
| 1.1                                                             | <p>Within the South Island Alliance, define the regional direction and key principles that will inform specialist service configuration, development and infrastructure</p> <p>Outcome: Southern DHB has arrangements in place for sustainable specialist service provision</p> | Understand the impact of the South Island Alliance specialist regional work priorities for 2015/16: cardiac services, elective surgery, palliative care, stroke and major trauma services | <p>Executive Director Planning and Funding (EDP&amp;F)</p> <p>Executive Director of Patient Services (EDPS)</p> | <p>South Island Alliance</p> <p>DHB Provider Arm</p> <p>DHB Planning and Funding</p>                   | Feedback from regional working informs work of Alliance South throughout implementation | On-going             |
| 1.2                                                             | <p>Align Alliance South’s work programme with the SSHP’s strategic priorities and roadmap</p> <p>Outcome: Alliance work programme delivers strategically relevant pieces of work</p>                                                                                            | Workshop with Alliance South around content of SSHP and intended single organisational planning framework                                                                                 | EDP&F<br>EDPS                                                                                                   | Alliance South                                                                                         | Workshop held                                                                           | May 2015             |
|                                                                 |                                                                                                                                                                                                                                                                                 | Alliance South produces work programme aligned with SSHP                                                                                                                                  | EDP&F<br>EDPS                                                                                                   | Alliance South                                                                                         | Work programme produced                                                                 | June 2015            |
|                                                                 |                                                                                                                                                                                                                                                                                 | Establish use of care pathways and a work programme for Health Pathways                                                                                                                   | EDP&F<br>EDPS                                                                                                   | Alliance South                                                                                         | Prioritised list of pathways for development produced                                   | Oct 2015             |
| 1.3                                                             | Define intended future roles , capabilities, responsibilities, and relationships of the core entities within the Southern health system                                                                                                                                         | Hold a series of professionally facilitated workshops involving clinicians, managers and consumers. Key questions to be answered:                                                         | EDP&F<br>EDPS                                                                                                   | <p>DHB Planning and Funding</p> <p>DHB Provider Arm</p> <p>DHB Communications</p> <p>WellSouth PHO</p> | Workshops held with key questions addressed                                             | Oct 2015             |

|     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                         |                                                                                                      |               |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------|
|     | Outcome: A documented vision of the future shape of health services including answering key questions around what are the expectations of primary care, rural provision, and specialist and tertiary services | <ul style="list-style-type: none"> <li>- What do we need from primary care services, rural services and specialist and tertiary services over the next five to ten years?</li> <li>- How does our system need to work together and what tools do we need to help with this?</li> <li>- What will successful implementation of the SSHP look like?</li> </ul> |                                         | <p>GPs<br/>Rural Hospitals<br/>Alliance South<br/>Aged Residential Care<br/>Community health providers<br/>NGOs<br/>Consumer groups</p> |                                                                                                      |               |
|     |                                                                                                                                                                                                               | Produce a one-page infographic which is conceptual and non-specific to location. Infographic shows the planned future roles, responsibilities and relationships between tertiary services, Southern DHB Hospitals, rural Hospitals, and primary and community care                                                                                           | Executive Director Communications (EDC) | DHB Communications                                                                                                                      | Infographic produced and shared as part of planned communication updates                             | Nov 2015      |
| 1.4 | Strengthen the planning and delivery of local and district-wide acute and urgent care, and link effectively with South Island services                                                                        | Alliance South Acute Demand Service Level Alliance Team (SLAT) produce a report and analysis on whether a third hub (in addition to Dunedin and Invercargill) should be developed                                                                                                                                                                            | EDP&F<br>EDPS                           | Alliance South                                                                                                                          | Report reviewed by Alliance Leadership Team                                                          | March 2016    |
|     | Outcome: Clear system for delivery of acute and urgent care for personal and mental health                                                                                                                    | Feasibility study produced for a Medical Assessment and Planning Unit (MAPU) at Dunedin Hospital                                                                                                                                                                                                                                                             | EDPS                                    | DHB Provider Arm<br>WellSouth PHO<br>GPs                                                                                                | Feasibility study reviewed by ELT for potential Business Case requirement and implementation in 2016 | December 2015 |

|     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                              |                                                                        |               |
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|     |                                                                                                                                                                                                               | Work with current Emergency Care Coordination Team (ECCT) to understand what extra support they need to achieve most effective management of trauma and emergency patients. ECCT to develop a work programme to ensure effective management of trauma patients                                                                                                                                                                                                                      | EDPS  | DHB Provider Arm<br>Other DHBs<br>St Johns<br>Transport providers                                                                            | ECCT have work programme reviewed under overall DHB Provider work plan | December 2015 |
| 1.5 | Establish locality networks to improve planning and delivery of well-coordinated local services<br><br>Outcome: local provider and community engagement in how to best provide locality level health services | Establish the following for <u>Clinical</u> Locality networks in each of the Southern localities:<br>- Clinical Chairperson<br>- Invite list of providers to participate in the networks including local hospitals, GPs, community health providers, aged residential care facilities, NGOs, local Mayor<br>- Terms of Reference<br>Objectives specific to the local network informed by work from the workshops (1.3) and from the Urgent Care SLAT on third hub feasibility (1.4) | EDP&F | DHB Planning and Funding<br>Local Hospitals<br>WellSouth PHO<br>GPs<br>Community Health Providers<br>Aged Residential Care<br>NGOs<br>Mayors | Locality Clinical Networks are set-up and understand their role        | June 2015     |
|     |                                                                                                                                                                                                               | - Clinical network meetings commence                                                                                                                                                                                                                                                                                                                                                                                                                                                | EDP&F | DHB Planning and Funding<br>Local Hospitals<br>WellSouth PHO<br>GPs<br>Community Health Providers<br>Aged Residential Care                   | Locality Clinical Networks are meeting every other month               | July 2015     |

DSAC/CPHAC Meeting - Southern Strategic Health Plan – Implementation Plan

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|  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |       | NGOs<br>Mayors                                                                                                                               |                                                                 |                        |
|  |  | <p>Establish the following for <u>Consumer</u> Locality networks in each of the Southern localities:</p> <ul style="list-style-type: none"> <li>- Mayor as the Chairperson</li> <li>- Invite list of individuals from the local community or ask for nominations</li> <li>- Terms of Reference</li> </ul> <p>Objectives specific to the local network informed by work from the workshops (1.3)</p> | EDP&F | DHB Planning and Funding<br>Mayors<br>Local community groups<br>Local community                                                              | Locality Consumer Networks are set-up and understand their role | June 2015              |
|  |  | <ul style="list-style-type: none"> <li>- Consumer network meetings commence</li> </ul>                                                                                                                                                                                                                                                                                                              | EDP&F | DHB Planning and Funding<br>Local Hospitals<br>WellSouth PHO<br>GPs<br>Community Health Providers<br>Aged Residential Care<br>NGOs<br>Mayors | Locality Clinical Networks are meeting every other month        | July 2015              |
|  |  | <p>Clinical and Consumer Networks provide recommendations to the SSHP Steering Group on service models for their areas around:</p> <ul style="list-style-type: none"> <li>- Community-based service development and engagement</li> </ul>                                                                                                                                                           | EDP&F | DHB Planning and Funding<br>Local Hospitals<br>WellSouth PHO<br>GPs<br>Community Health Providers                                            | Local solutions developed by locality networks                  | Beginning January 2016 |

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|     |                                                                                                                                                                  | <ul style="list-style-type: none"> <li>between providers</li> <li>- Clinical pathways to be managed locally</li> <li>- Concept of ‘one-stop shop’ within locality areas</li> <li>- Role of local hospitals in triage, assessment and stabilisation of acute patients</li> <li>- Use of telemedicine</li> <li>- Referral and transfer pathways</li> </ul>                                                                                                       |       | <ul style="list-style-type: none"> <li>Aged Residential Care</li> <li>NGOs</li> <li>Mayors</li> <li>Local community groups</li> <li>Local community</li> </ul> |                                                                        |                |
| 1.6 | <p>Recognise and develop the rural hospitals’ contribution to the Southern health system</p> <p>Outcome: Service provision at each Rural Hospital determined</p> | <ul style="list-style-type: none"> <li>- Utilise the decision making from the workshops (1.3) and from the Urgent Care SLAT on third hub feasibility (1.4) as a framework for working locally on the service model for each Rural Hospital</li> </ul>                                                                                                                                                                                                          | EDP&F | DHB Planning and Funding Rural Hospitals                                                                                                                       | Future contribution of Rural Hospitals known                           | June 2016      |
|     |                                                                                                                                                                  | <p>Review how the following initiatives may provide enhanced services at Rural Hospitals:</p> <ul style="list-style-type: none"> <li>- Access to specialised advice including the use of telemedicine for patients with long term conditions</li> <li>- Strengthening discharge planning processes and developing early supported discharge teams for older people returning home or to an aged-care facility</li> <li>- Access to appropriate 24/7</li> </ul> | EDP&F | DHB Planning and Funding Rural Hospitals<br>DHB Provider Arm                                                                                                   | Appropriate localised enhanced care models in place in Rural Hospitals | September 2016 |

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|  |  | diagnostics to support early diagnosis of patients and direction onto appropriate Health Pathway |  |  |  |  |
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| <b>Priority Two: Build the Southern health system on a foundation of population health, and primary &amp; community care</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                        |                                                                                                                                   |                      |
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| <b>2</b>                                                                                                                     | <b>Headline Action and Outcome</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Tasks</b>                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DHB Executive Leadership Team Owner</b> | <b>Stakeholders/participants</b>       | <b>Milestones/progress</b>                                                                                                        | <b>Completed by:</b> |
| 2.1                                                                                                                          | <p>Through Alliance South, define the future primary &amp; community model for:</p> <ul style="list-style-type: none"> <li>- Urgent all-hours care</li> <li>- Health of Older Peoples services</li> <li>- Community Mental health services</li> <li>- Management of long term conditions</li> <li>- Management of patients with high and complex needs</li> </ul> <p>Outcome: Alliance South completes strategically relevant pieces of work</p> | <p>Alliance South to refocus their work programme by determining the respective scopes for pieces of work on:</p> <ul style="list-style-type: none"> <li>- Urgent all-hours care</li> <li>- Health of Older Peoples services</li> <li>- Community Mental health services</li> <li>- Management of long term conditions</li> <li>- Management of patients with high and complex needs</li> </ul> <p>Linked to action 1.2</p> | EDP&F<br>EDPS                              | Alliance South                         | Alliance South work programme includes a piece of work for either an existing Service Level Alliance Team (SLAT) or a Work stream | June 2015            |
| 2.2                                                                                                                          | Within the Alliance South framework, develop service level                                                                                                                                                                                                                                                                                                                                                                                       | SLATs and Work streams complete agreed pieces of work using                                                                                                                                                                                                                                                                                                                                                                 | EDP&F<br>EDPS                              | Alliance South<br>Alliance South SLATs | Strategic visions and service                                                                                                     | June 2016            |

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|     | <p>alliances as the key structure for collaborative service planning and development of new models of care</p> <p>Outcome: Service models produced for high needs or high user groups</p>                                                                                                                                   | <p>recognised methodology to guide them (Better Business Cases, The Model for Improvement, A3 Problem Solving). Recommendations will be evidence-based.</p>                                                                                                      |                           | <p>Alliance South Work streams</p>                | <p>models produced</p>                                                                                                               |                   |
| 2.3 | <p>Implement a risk stratification tool that identifies the patient cohorts at greatest risk, and design care models commensurate with risk</p> <p>Outcome:<br/>Risk profiling is used to inform teams around the health need in the local community in order to produce effective recommendations for service redesign</p> | <p>Risk profiling trialled with a GP practice to understand where there may be opportunities for greater tailoring of packages of care and for completion of gap analysis as to whether the care model exists – to inform SLAT work</p>                          | <p>EDP&amp;F</p>          | <p>DHB Planning and Funding WellSouth GPs</p>     | <p>Risk profiling trialled at local level with recommendation for service model change to meet needs of risk profiled population</p> | <p>Feb 2016</p>   |
|     |                                                                                                                                                                                                                                                                                                                             | <p>Risk profiling used by SLATs when designing service models</p>                                                                                                                                                                                                | <p>EDP&amp;F<br/>EDPS</p> | <p>Alliance South</p>                             | <p>Risk profiling evident in solutions presented from SLATs</p>                                                                      | <p>June 2016</p>  |
| 2.4 | <p>Include prevention and early intervention within the scope of the primary &amp; community teams, and foster their linkage with SDHB's health promotions programmes</p> <p>Outcome: people are kept well and</p>                                                                                                          | <p>Utilise the risk profiling data around <u>low</u> risk and <u>moderate</u> risk population groups in one locality area to define the scope and mix of health professionals that would be required to deliver preventative and early intervention services</p> | <p>EDP&amp;F</p>          | <p>DHB Planning and Funding Locality Networks</p> | <p>Risk profiling data is used in one area to understand the opportunity for enhanced preventative and early</p>                     | <p>April 2016</p> |

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|  | where needed early intervention services are available |                                                                                                                                                                                                                                                               |       |                                               | intervention service models                                     |          |
|  |                                                        | Complete a task and activity analysis for the same locality area to identify appropriate clinical and support staff input to models of care, and identify where possible staff substitution opportunities to free up time of more specialised staff may exist | EDP&F | DHB Planning and Funding<br>Locality Networks | Staff skills profile for early intervention services understood | Jan 2016 |

| <b>Priority Three: Ensure access to sustainable specialised services</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                         |                            |                      |
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| <b>3</b>                                                                 | <b>Headline Action and Outcome</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Tasks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DHB Executive Leadership Team Owner</b>     | <b>Stakeholders/participants</b>                        | <b>Milestones/progress</b> | <b>Completed by:</b> |
| 3.1                                                                      | <p>Undertake analysis to inform specialist service planning including:</p> <ul style="list-style-type: none"> <li>- Identification of services at risk of clinical and financial unsustainability</li> <li>- Analysis of inter-district (IDF) patient outflows</li> <li>- Updating the Role Delineation Model assessment of Dunedin and Southland Hospitals</li> </ul> <p>Outcome: Risk status of current Hospital service provision understood</p> | <p>Small analytical team to complete SWOT/PEST analysis around clinical services identified as being provided on the edge of the secondary/tertiary continuum, including understanding the impact and historical trends of IDF outflows. Analysis to include:</p> <ul style="list-style-type: none"> <li>- The required demand to generate sufficient volumes to warrant staffing levels that meet reasonable roster requirements and allow practitioners to maintain their skills</li> <li>- Cost per case compared with benchmarks</li> <li>- Comparative access rates to</li> </ul> | <p>Chief Medical Officer (CMO)</p> <p>EDPS</p> | <p>DHB Provider Arm</p> <p>DHB Planning and Funding</p> | <p>Analysis complete</p>   | <p>Oct 2015</p>      |

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|     |                                                                                                                                                                                                                                                                                                                            | <p>match other DHB standards</p> <p>Update the Role Delineation Model seeking to:</p> <ul style="list-style-type: none"> <li>- Expose gaps or discrepancies in services provided</li> <li>- Resources available and how well matched they are to provision</li> <li>- Services for possible discontinuation and movement out of the Hospital</li> </ul> <p>Note: this work is likely to be produced from the Population Based Funding Formula national review</p>                                                                                          | EDPS | DHB Provider Arm<br>DHB Planning and Funding                  | Role Delineation Model updated                                                | Dec 2015  |
| 3.2 | <p>Based on the analysis identify whether action within Southern DHB or through South Island collaboration is the most appropriate avenue to pursue planning and development of particular specialised services</p> <p>Outcome: future of specialist Hospital services to be delivered within Southern DHB planned for</p> | <p>Utilise results of analysis to produce proposal around provision of specialist Hospital services answering the following questions:</p> <ul style="list-style-type: none"> <li>- What are the expectations of secondary and tertiary delivery across the Southern Region?</li> <li>- How can these services be delivered?</li> <li>- What are the implications on our current models of care and resources including cost of provision?</li> <li>- What are the implications for our staff?</li> </ul> <p>Link to 1.4, 1.6 and 2.2 for total system</p> | EDPS | DHB Provider Arm<br>DHB Planning and Funding<br>WellSouth PHO | Proposal for provision of specialist services within Southern region produced | June 2016 |

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|     |                                                                                                                                                                                                                                                                                 | description                                                                                                                                                                                                            |      |                                              |                                                                                    |           |
| 3.3 | Continue South Island collaboration to refine governance, management and funding models that support provision of sustainable specialist services across DHB boundaries<br><br>Outcome: future of specialist Hospital services to be delivered outside Southern DHB planned for | Work with other DHBs with results of analysis to propose which specialised services could be provided outside of Southern DHB including:<br>- A single service across multiple sites<br>- Outsourcing to a third party | EDPS | DHB Provider Arm<br>DHB Planning and Funding | Proposal for provision of specialised services outside of Southern region produced | June 2016 |

| <b>Priority Four: Strengthen clinical leadership, engagement and quality improvement</b> |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |                                            |                                  |                                                                       |                      |
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| <b>4</b>                                                                                 | <b>Headline Action and Outcome</b>                                                                                                                                                                                                 | <b>Tasks</b>                                                                                                                                                                                                                                                                                                                                                  | <b>DHB Executive Leadership Team Owner</b> | <b>Stakeholders/participants</b> | <b>Milestones/ progress</b>                                           | <b>Completed by:</b> |
| 4.1                                                                                      | Identify the initial areas in which SDHB will lift its performance to world-class levels and develop action plans for each<br><br>Outcome: performance lifted to world-class levels through use of quality improvement methodology | Utilise the Performance Excellence Team to facilitate a workshop to identify:<br>- What are the appropriate KPIs for measuring 'world-class' performance?<br>- How can we measure them?<br>- What are our goals?<br>- What is the root cause of why we get the performance we do?<br>- Can we review evidence and develop new ideas to raise our performance? | EDPS                                       | DHB Provider Arm                 | KPIs developed, measurement commences, and ideas for change developed | Sept 2015            |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                      |                                                                                                                                                                     |           |
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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Utilise information from above Workshops to inform work plan for completion by each directorate/department/service                                                                                                                                                                                                                                                                                                   | EDPS                                                                       | DHB Provider Arm                                     | Work plans produced                                                                                                                                                 | Dec 2015  |
| 4.2 | <p>Revisit the Performance Excellence &amp; Quality Improvement Strategy to ensure its relevance and adoption as a whole-of-system approach with an appropriate governance structure and implementation plan and linkage with the work of Alliance South</p> <p>Outcome: Performance Excellence and Quality Improvement Strategy positioned as central to quality improvement activities and raising performance. There is an organised approach to improvement work.</p> | <p>Improvement Network (individuals from across the health sector with an interest and expertise in quality improvement) formed to review the Strategy to produce a proposal addressing the following:</p> <ul style="list-style-type: none"> <li>- How can we actualise the strategy?</li> <li>- Do we have the required resources and skills to implement?</li> <li>- What tools do we need to develop?</li> </ul> | <p>EDPS<br/>EDP&amp;F</p> <p>Executive Director Human Resources (EDHR)</p> | <p>DHB Provider Arm<br/>DHB Planning and Funding</p> | <p>Improvement Network formed and proposal for implementation of the Performance Excellence &amp; Quality Improvement Strategy produced and agreed by DHB Board</p> | June 2015 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Incorporate a statement about the fourfold aim into all planning document templates                                                                                                                                                                                                                                                                                                                                  | EDPS<br>EDP&F                                                              | DHB Provider Arm<br>DHB Planning and Funding         | Templates designed and agreed                                                                                                                                       | July 2015 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Improvement Network designs and implements an organised approach to improvement initiatives underway in the DHB. This includes producing an Improvement Framework for all developmental programmes of work, plans, projects and initiatives. Approach includes:                                                                                                                                                      | EDPS<br>EDP&F                                                              | DHB Provider Arm<br>DHB Planning and Funding         | Consistent and structured organisation wide programme management approach adopted – Improvement                                                                     | July 2015 |

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|     |                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>- Stratification of the type of improvement being proposed</li> <li>- The delivery mechanism for the improvement</li> <li>- The categorisation and prioritisation of the improvement</li> <li>- Standardised planning of the improvement</li> </ul> |               |                                                               | Framework produced                                                  |           |
|     |                                                                                                                                                                                                                                                                                                                                       | Improvement Network uses a specific project to showcase the benefits of the Improvement Framework                                                                                                                                                                                          | EDPS          | DHB Provider Arm<br>DHB Planning and Funding                  | Day Case Project successful in increasing the day case surgery rate | Dec 2015  |
| 4.3 | <p>Position the Performance Excellence &amp; Quality Improvement Strategy as a key vehicle for ensuring financial sustainability, by explicitly linking quality improvement with value gain</p> <p>Outcome: Performance Excellence and Quality Improvement Strategy makes a difference to the progress of the DHB's savings plans</p> | Proposal for Implementation of Performance Excellence & Quality Improvement Strategy and Improvement Framework applied to existing DHB savings plans and used to enhance plans                                                                                                             | EDPS<br>EDP&F | DHB Provider Arm<br>DHB Planning and Funding                  | Savings plans bolstered through structured approach                 | July 2015 |
| 4.4 | Clarify the intended nature and role of clinical leadership in the Southern health system, and ensure supportive structures and processes are in place                                                                                                                                                                                | Survey current medical workforce around their current engagement, their perceptions of clinical leadership and how it could be enhanced                                                                                                                                                    | EDHR<br>CMO   | DHB Provider Arm<br>DHB Planning and Funding<br>WellSouth PHO | Survey completed and responses analysed                             | June 2015 |
|     |                                                                                                                                                                                                                                                                                                                                       | Utilise the results of the survey and                                                                                                                                                                                                                                                      | EDHR          | DHB Provider Arm                                              | Leadership                                                          | Aug 2015  |

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| Outcome: clinical leaders are highly effective in steering the organisation in partnership with managerial colleagues | any new ideas through development of a leadership action plan. Plan aims to explicitly define the organisation's expectations of clinical leaders and endorse a series of activities to support leadership       | CMO                                                                                                                                                                         | DHB Planning and Funding<br>WellSouth PHO                     | Action Plan produced                                                                |           |
|                                                                                                                       | Understand and formalise the role of the DHB Clinical Council including setting one year objectives                                                                                                              | Chief Executive Officer (CEO)<br>EDP&F<br>CMO<br>Executive Director of Nursing and Midwifery (EDON)<br>Executive Director of Allied Health, Scientific and Technical (EDAH) | DHB Provider Arm<br>DHB Planning and Funding                  | Role and function of Clinical Council understood, one-year objectives set           | June 2015 |
|                                                                                                                       | Hold workshop with clinical and managerial leaders from the SSHP Steering Group, Clinical Council and senior management to discuss their respective roles on those groups and how they need to be supported      | EDHR<br>CEO                                                                                                                                                                 |                                                               | Support required understood and informs the development of XCeIR8                   |           |
|                                                                                                                       | Provide leadership training for clinical and managerial leaders through programme adopted from Canterbury DHB's XceIR8 Programme. Include Performance Excellence Team staff in the localisation of the Programme | EDHR                                                                                                                                                                        | DHB Provider Arm<br>DHB Planning and Funding<br>WellSouth PHO | Leadership training underway including clinicians and managers from the DHB and PHO | May 2015  |

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| 4.5 | Develop locality networks as a forum for building the effective clinical relationships that will support local service improvement and integration | See action 1.5 | See action 1.5 | See action 1.5 | See action 1.5 | July 2015 |
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| <b>Priority Five: Optimise system capacity and capability</b> |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                            |                                                                     |                                                          |                      |
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| <b>5</b>                                                      | <b>Headline Action and Outcome</b>                                                                                                                                                                                                                                                                                                                             | <b>Tasks</b>                                                                                                                                                                                                                                                                 | <b>DHB Executive Leadership Team Owner</b> | <b>Stakeholders/participants</b>                                    | <b>Milestones/progress</b>                               | <b>Completed by:</b> |
| 5.1                                                           | Mandate the existing Joint Education Committee (or equivalent) as the cross-organisational leadership body to collaboratively plan and develop the Southern workforce based on intended models of care, workforce roles, and demand and supply forecasts<br><br>Outcome: Effective operational relationships are formed across the health and education sector | Presentation delivered to Joint Education Committee on the Implementation Plan for the SSHP and the intended input for workforce planning. Engage with the Committee in whether they can take on the role of the cross-organisational leadership body for workforce planning | EDHR<br>CMO                                | DHB Provider Arm<br>DHB Planning and Funding<br>University of Otago | Presentation delivered                                   | June 2015            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                | Joint Education Committee members (or alternative) are involved in actions 1.4 (Third Hub discussions), 1.6 (Rural Hospital provision), 2.2 (SLAT priorities) and 3.2 (Southern Hospital service provision) in relation to workforce planning                                | EDHR                                       | DHB Provider Arm<br>DHB Planning and Funding<br>University of Otago | Workforce planning informs actions 1.4, 1.6, 2.2 and 3.2 | June 2016            |
| 5.2                                                           | Expand SDHB professional leader roles to include whole-system scope across primary care, NGOs                                                                                                                                                                                                                                                                  | Identify and consult professional leaders on how to move from current to whole-system scope including                                                                                                                                                                        | CMO<br>EDON<br>EDAH                        | DHB Provider Arm<br>WellSouth PHO<br>NGOs                           | Opportunity for expansion of professional                | Dec 2015             |

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|     | <p>and rural health services , with a focus on standards, credentialing, continuing professional development and advice</p> <p>Outcome: supervision and support available across the care continuum</p>                                                                                                                    | <p>identifying the benefits and risks</p>                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                    | <p>leader role understood</p>                                               |                  |
| 5.3 | <p>Complete detailed district-wide facility capacity planning to inform business case development of an upgrade of prioritised Dunedin Hospital buildings</p> <p>Outcome: requirement for upgraded building understood</p>                                                                                                 | <p>Output of actions 1.4 (Third Hub discussions), 1.6 (Rural Hospital provision), 2.2 (SLAT priorities) and 3.2 (Southern Hospital service provision) used to produce recommendations report on planning for Dunedin Hospital including:</p> <ul style="list-style-type: none"> <li>- Forecasting population changes</li> <li>- Incidence and prevalence of long term conditions</li> </ul>                   | <p>EDPS</p>                           | <p>DHB Provider Arm<br/>DHB Planning and Funding</p>                                                               | <p>Report on recommending requirements for Dunedin Hospital development</p> | <p>Dec 2016</p>  |
| 5.4 | <p>Develop a Southern health system workforce plan, beginning with a stocktake of the district’s current health workers, and including clear priorities for workforce development based on the strategic direction in the SSHP</p> <p>Outcome: innovative approach to workforce planning aligned to new models of care</p> | <p>Southern Workforce Plan developed taking into account system redesign. Includes addressing:</p> <ul style="list-style-type: none"> <li>- Promotion of multidisciplinary teams, rural services and primary &amp; community services</li> <li>- Assessment of interdisciplinary training in rural areas</li> <li>- Building on the existing Incubator Programme</li> <li>- Accommodating clinical</li> </ul> | <p>EDHR<br/>CMO<br/>EDON<br/>EDAH</p> | <p>DHB Provider Arm<br/>DHB Planning and Funding<br/>University of Otago<br/>WellSouth PHO<br/>Rural Hospitals</p> | <p>Workforce Plan produced</p>                                              | <p>Sept 2016</p> |

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|  |  | placements<br>- Development of new workforce roles<br>- Development of increased rural health service roles including hospital medicine specialists, increased registrar positions, general practice training and rural nursing and allied health specialist roles |  |  |  |  |
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| Priority Six: Living Within Our Means |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                    |                           |                                                                                |               |
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| 6                                     | Headline Action and Outcome                                                                                                                                                                                                                                 | Tasks                                                                                                                                                                                                                              | DHB Executive Leadership Team Owner                | Stakeholders/participants | Milestones/progress                                                            | Completed by: |
| 6.1                                   | Strengthen analysis and communication of where SDHB funds are spent across the Southern health system, the outputs delivered, and the outcomes and value<br><br>Outcome: information is useful, shared regularly and used appropriately for decision making | Workshop with key operational managers and clinical leaders to understand: <ul style="list-style-type: none"> <li>- What information do they require?</li> <li>- How frequently?</li> <li>- How should it be presented?</li> </ul> | EDP&F<br>EDPS<br>Executive Director, Finance (EDF) | DHB Provider Arm          | Reports provided on regular basis to operational managers and clinical leaders | June 2015     |
|                                       |                                                                                                                                                                                                                                                             | Production Planning adopted for all elective/planned services                                                                                                                                                                      | EDPS                                               | DHB Provider Arm          | Production planning                                                            | Oct 2015      |
|                                       |                                                                                                                                                                                                                                                             | Reports and Production Plans available for all managerial meetings and tabled quarterly at clinical department meetings (wherever appropriate)                                                                                     | EDPS                                               | DHB Provider Arm          | Reports reviewed on a regular basis at operational and clinical                | Oct 2015      |

|     |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |               |                                              |                                                                           |            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------|---------------------------------------------------------------------------|------------|
|     |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |               |                                              | meetings                                                                  |            |
| 6.2 | <p>Increase use of benchmarking with other DHBs and providers as a basis for budget setting and productivity improvement</p> <p>Outcome: SDHB improves productivity and focusses on known areas of high spend</p> | Analysis to be completed of overall DHB funding allocation including understanding spend by output class                                                                                                                                                                                                            | EDP&F         | DHB Planning and Funding                     | Analysis report on spend produced                                         | June 2015  |
|     |                                                                                                                                                                                                                   | Health Round Table data to be utilised for benchmarking key KPIs. KPIs to be agreed in partnership with managers, clinicians and Improvement Network for planning purposes                                                                                                                                          | EDPS          | DHB Provider Arm                             | KPIs reviewed and benchmarked to ascertain improvement goal               | July 2015  |
|     |                                                                                                                                                                                                                   | <p>Specific focus projects to be scoped around current spending on:</p> <ul style="list-style-type: none"> <li>- Age-residential care</li> <li>- Community pharmaceuticals</li> <li>- Southern DHB personnel costs</li> </ul> <p>Aim to better understand situation and set specific pieces of improvement work</p> | EDPS<br>EDP&F | DHB Provider Arm<br>DHB Planning and Funding | Project scopes produced (may be incorporated in Alliance South work plan) | Sept 2015  |
| 6.3 | <p>Develop a SDHB prioritisation framework to inform resource allocation</p> <p>Outcome: new ideas, pieces of work and resource utilisation are prioritised accordingly</p>                                       | <p>Explore options around use of 1000 Minds prioritisation tool (or similar) for prioritising:</p> <ul style="list-style-type: none"> <li>- Model of care change proposals</li> <li>- Capital spend ideas</li> <li>- Programme Office resource</li> <li>- Disinvestment decisions</li> </ul>                        | EDP&F<br>EDPS | DHB Planning and Funding<br>DHB Provider Arm | 1000 Minds tool (or alternative) in place                                 | Oct 2015   |
| 6.4 | <p>Tighten Provider Arm cost management including moderating recent FTE cost growth in key personnel areas</p>                                                                                                    | Investigate and appraise options for a DHB wide costing system                                                                                                                                                                                                                                                      | EDF           | DHB Finance Team                             | Costing system implemented                                                | Dec 2015   |
|     |                                                                                                                                                                                                                   | Produce relevant costing reports showing budget holders their current                                                                                                                                                                                                                                               | EDF           | DHB Finance Team<br>DHB Provider Arm         | Costing system reports available                                          | March 2016 |

|     |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |               |                  |                                           |            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------------------------|------------|
|     | Outcome: costs are understood and reduced                                                                                                                                                                                                                                           | position and the impact of volume (delivery) combined with cost                                                                                                                                                                                                                                                                  |               |                  |                                           |            |
| 6.5 | Use the Performance Excellence and Quality Improvement Strategy as the framework for lifting performance to world-class levels in prioritised areas and to reduce waste<br><br>Outcome: organisational focus on improving productivity and reducing waste through improving quality | Define organisational KPIs, utilise statistical process control as a method of measurement and consider an organisational programme of work to raise performance.<br>Indicators may include Ambulatory Sensitive Hospitalisations, Average Length of stay, readmission rate, admissions, day case surgery rate and bed occupancy | EDPS          | DHB Provider Arm | Provider-arm programme of work underway   | April 2016 |
| 6.6 | Develop a Strategic Investment Fund to support shift of resource to prioritised high value services                                                                                                                                                                                 | Examine opportunities for and the potential role of a Strategic Investment Fund                                                                                                                                                                                                                                                  | EDP&F<br>EDPS | DHB-wide         | Strategic Investment Fund role understood | June 2016  |

## Success Factors for SSHP Implementation

It is vitally important that we consider the success factors for the implementation of the SSHP. These factors should be treated with as high a degree of importance as the Action Plans themselves with adequate time and resource made available. Resource will be needed for explicitly working on development areas such as clinical leadership, evaluation frameworks and governance structures and also for provision of regular communication updates. Specific Action Plans for this are included as Appendix Two.

### *Our people - ownership and participation*

We need to invest time and creative thought into how we can embark upon organisational will-building and buy-in. We should recognise that there are people both within and outside of our organisation that are unaware, don't understand, don't care for and are not engaged with the Plan. Time should be invested in utilising the proposed Communications Plan and also holding some workshop style sessions with a cross-section of the organisation; engaging staff in order to spread a sense of ownership and participation in the Plan's implementation. We need to ask:

- Do you want to make a difference?
- Do you care about making a difference?
- Will you do what it takes to make a difference?

Alongside these questions we need to take action around making the right thing the easy thing, and allowing our people the time and space to think about their role in the delivery of the Plan and what it means for them.

### *Our people – community engagement and leadership*

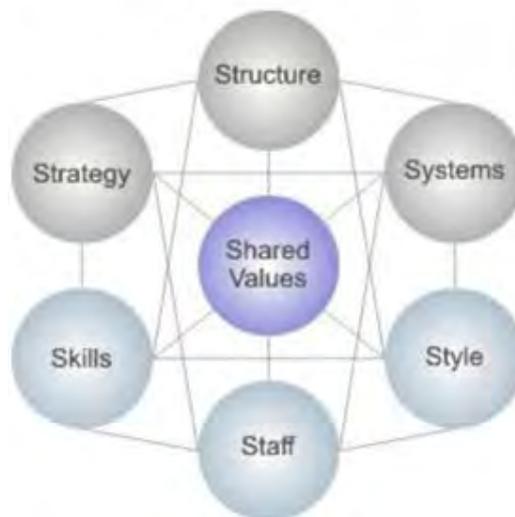
We need to increasingly welcome the view of the consumer into our decision making processes. We should be developing from an informative/engagement model through to a collaborative model where we partner with consumers and communities using co-design principles. The following practical recommendations would allow greater consumer involvement:

- Asking consumers to review any publications, presentations or documents that have the purpose of communicating with the public
- Inviting consumers to participate in project teams, committees and in the development of work programmes
- Inviting a consumer to sit on the proposed SSHP Steering Group
- Using real stories to highlight success and areas for improvement
- Utilising the proposed Consumer Locality Networks for local solutions developed by local communities

### *Our people - clinical leadership and managerial partnership*

We need to work closely with existing clinical and managerial leaders to elevate the understanding of the role of leadership within our organisation. The 7-S Model proposed by McKinsey (and shown below in Figure One) suggests there are 7 inter-dependent elements that should be considered when working on improving a particular facet of an organisation.

Figure 1: The McKinsey 7S Model



Whilst we have begun to develop the relevant structures and staff roles for effective leadership, the 7-S model may assist us in considering the remaining factors for leadership including the required strategy and systems, and the softer elements of skills, style, and shared values.

The Action Plans included in this SIP outline a task around the localisation and delivery of the Canterbury XcelR8 programme and the development of a Leadership Action Plan. We will need to develop further explicit actions around the development of clinical leadership and how clinicians and managers will work in partnership.

*Our Mission, Vision and Values*

We need to build on the publication of the Southern Way and revitalise a sense of mission, vision and values within the organisation. We should begin work on a Mission Statement that encapsulates in a short sentence why we are here and what we will do. Furthermore, our organisational values should be revisited to answer ‘how we do things here’ and also ‘what’s important to us’. A one-line message about the intention and purpose of the SSHP should also be developed giving a clear sense of the SSHP’s objective.

*Our Communication Plan*

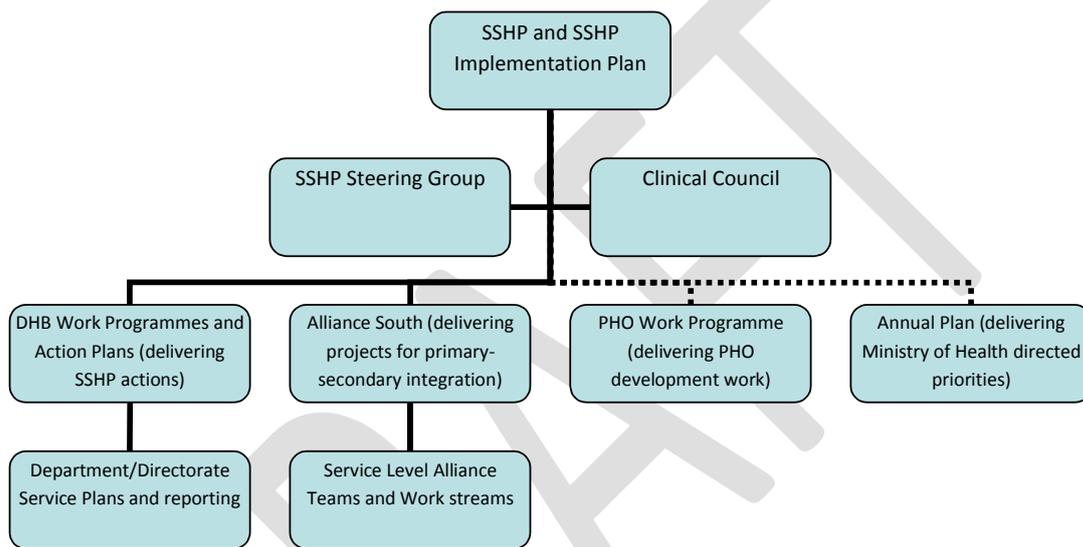
Our Communication Plan should have two areas of focus:

1. Key messaging around ‘what does the Plan mean for me’
2. Mechanisms for updating people on the Plan’s progress

The Communications Plan will be produced by June 2015. We need to recognise the public’s desire for answers to key questions such as ‘what is happening with Dunedin Hospital?’, ‘Will my local hospital still be open?’, ‘Where will I have to go for certain services?’ Our Communications Plan should provide some clarity around when the answers to these types of question will be available and what the DHB is doing in the lead-up.

*A single Southern health planning framework*

The publication of the SSHP has heralded a new beginning in the planning and implementation of the DHB’s work. We must now realign our work programmes, groups, committees, projects and every day work around the strategic intention of the SSHP, and cascade planning should become the norm. The SSHP should direct every piece of strategic development work completed by the DHB. Individuals within the DHB should be able to know how and what they are contributing to the SSHP through the development of relevant Service Level Plans both within the DHB Provider Arm and Planning and Funding. The following planning framework is proposed with a dashed line showing the relationship of WellSouth’s work and the priorities as included in the Annual Plan.



**The Implementation Plan and Māori and Pacific Health**

There is an expectation that the actual implementation of the Action Plans will apply relevant guidance from Equity of Health Care for Māori: A Framework. Where there are specific service changes recommended, the Health Equity Assessment Tool (HEAT) should also be employed to ensure health access gain for Māori and Pacifica. There will be Māori representation on the SSHP Implementation Steering Group and input will be sought into the development of relevant KPIs to ensure reduction in health inequalities.

**SSHP Implementation Governance and managing risk**

It is proposed that a SSHP Implementation Steering Group be formed that will have the following role:

- Responsible for scrutinising the overall progress of the SIP
- Responsible for monitoring and evaluation of the SSHP’s success
- Responsible for understanding any emerging risks or critical issues which may compromise implementation success and to provide advice on remedial action
- Receive status updates from key pieces of work contributing to each of the SSHP priorities as outlined in the Action Plans

- Work on the Success Factors outlined in this SIP
- Understand the linkages between pieces of work to ensure no duplication of effort

The Group will be chaired by the Chief Executive and owners of actions contained in this Plan will be required to provide status updates for progress monitoring and application of a Programme Management approach.

DRAFT



Appendix Two – Success Factors Action Plans

| <b><i>Our People - Ownership and Participation</i></b> |                                                                                                                             |                                                                                                                                                                                                                                                                                         |                                            |                                                                     |                      |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|----------------------|
| <b>Success Factor 1</b>                                | <b>Outcome</b>                                                                                                              | <b>Tasks</b>                                                                                                                                                                                                                                                                            | <b>DHB Executive Leadership Team Owner</b> | <b>Milestones/ progress</b>                                         | <b>Completed by:</b> |
| SF 1.1                                                 | DHB staff are aware of the objectives and key tasks for delivery of the SSHP                                                | The SSHP Communications Plan contains focussed actions to ensure regular communication on progress of the implementation of the SSHP                                                                                                                                                    | EDC                                        | Communications Plan finalised                                       | June 2015            |
|                                                        |                                                                                                                             | A one-page infographic of the SSHP’s objectives and key tasks is produced                                                                                                                                                                                                               | EDC                                        | Infographic produced                                                | June 2015            |
|                                                        |                                                                                                                             | Consideration given to including an update on the SSHP implementation as a standing agenda item for all DHB meetings                                                                                                                                                                    | CEO                                        | Decision on inclusion on meeting agendas taken                      | June 2015            |
| SF 1.2                                                 | DHB staff have the opportunity to influence the implementation of the SSHP thus taking ownership of the strategic direction | Expression of Interest process used alongside invitation for the set up of: <ul style="list-style-type: none"> <li>- SSHP Steering Group membership (2 places)</li> <li>- Alliance South SLATs and Work stream membership</li> <li>- Locality Provider and Consumer Networks</li> </ul> | CEO                                        | DHB staff members on formal SSHP implementation groups              | June 2015            |
|                                                        |                                                                                                                             | Any consultations resulting from proposed change should be used as genuine opportunities for idea gathering                                                                                                                                                                             | CEO                                        | Consultation feedback incorporated in change process                | Ongoing              |
| SF 1.3                                                 | DHB staff have the time and resource to work on the delivery of the SSHP                                                    | Executive Management Team to consider required support mechanisms for staff around delivery of operational requirements versus strategic development                                                                                                                                    | CEO                                        | Balanced approach to operational delivery and strategic development | April 2015           |
|                                                        |                                                                                                                             | Departments/directorates/teams/units review their current pieces of work (projects and initiatives) in the form of a Stock take                                                                                                                                                         | EDPS<br>EDP&F<br>CMO<br>EDON<br>EDAH       | Stock take completed                                                | May 2015             |
|                                                        |                                                                                                                             | Stock take information reviewed by Executive Management Team to ensure alignment with SSHP priorities and to determine                                                                                                                                                                  | CEO                                        | All current work reviewed by EMT and supported,                     | June 2015            |

|  |  |                                                           |  |                     |  |
|--|--|-----------------------------------------------------------|--|---------------------|--|
|  |  | position within single Southern health planning framework |  | refocused or ceased |  |
|--|--|-----------------------------------------------------------|--|---------------------|--|

| <b><i>Our People – Community Engagement and Leadership</i></b> |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                          |                       |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|
| <b>Success Factor 2</b>                                        | <b>Outcome</b>                                                                                              | <b>Tasks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>DHB Executive Leadership Team Owner</b> | <b>Milestones/ progress</b>                                                              | <b>Completed by:</b>  |
| SF 2.1                                                         | SDHB partners with consumers and communities using co-design principles                                     | Consumer representatives invited on to: <ul style="list-style-type: none"> <li>- SSHP Implementation Steering Group</li> <li>- Alliance South SLATs and Work streams</li> <li>- Groups reviewing total service models for population groups and/or condition groups e.g. Health of Older People’s strategy group</li> </ul>                                                                                                                                                                                      | CEO<br>EDP&F<br>EDPS                       | Consumer views represented on decision making and steering groups                        | June 2015             |
|                                                                |                                                                                                             | Quarterly SSHP implementation updates and presentations for the public are reviewed by a Consumer before being published/shared                                                                                                                                                                                                                                                                                                                                                                                  | EDC                                        | Communications consistently reviewed by a Consumer                                       | Ongoing               |
| SF 2.2                                                         | Locality Networks (provider and consumer) successfully support the implementation of the SSHP               | A senior manager from the DHB (Planning and Funding Portfolio Managers or Provider Arm General/Service Managers) are linked to one locality area to be the contact point and conduit of information both out from and in to the DHB                                                                                                                                                                                                                                                                              | EDP&F<br>EDPS                              | Each locality has a named DHB Support Manager                                            | April 2015            |
| SF 2.3                                                         | Chairs and leaders from groups/committees implementing the SSHP have a standardised induction to their role | Workshop sessions run every six months for Chairs and leading members of existing and new groups (including consumers where appropriate) covering the following: <ul style="list-style-type: none"> <li>- Managing relationships in diverse groups</li> <li>- Consumer engagement and co-design</li> <li>- Use of HEAT for ensuring no increase in health inequalities</li> <li>- Use of population risk profiling for service model design</li> <li>- Methods and approaches for quality improvement</li> </ul> | EDHR                                       | All Chairs and leaders implementing the SSHP are trained and have an opportunity to meet | Commenced August 2015 |

| <b><i>Our Mission, Vision and Values</i></b> |                                                                                    |                                                                                                                                                                                                                                                                                                                |                                            |                                                                            |                      |
|----------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|----------------------|
| <b>Success Factor 3</b>                      | <b>Outcome</b>                                                                     | <b>Tasks</b>                                                                                                                                                                                                                                                                                                   | <b>DHB Executive Leadership Team Owner</b> | <b>Milestones/ progress</b>                                                | <b>Completed by:</b> |
| SF 3.1                                       | A Southern DHB Mission Statement that inspires, motivates and supports improvement | <p>Organisation wide process asking staff to input one line suggested mission statements covering the following four key questions:</p> <ul style="list-style-type: none"> <li>- What do we do?</li> <li>- How do we do it?</li> <li>- Whom do we do it for?</li> <li>- What value are we bringing?</li> </ul> | CEO                                        | Mission Statement agreed in support of SSHP implementation and SDHB vision | October 2015         |
| SF 3.2                                       | Revised organisational values                                                      | Review The Southern Way to ensure applicability and currency in line with the SSHP                                                                                                                                                                                                                             | EDHR                                       | The Southern Way revitalised as the DHB's approach                         | December 2015        |
| SF 3.3                                       | One-line objective for the SSHP                                                    | SSHP Implementation Steering Group to determine a one-line objective for the SSHP                                                                                                                                                                                                                              | CEO                                        | SSHP objective developed                                                   | June 2015            |

| <b><i>The Implementation Plan and Māori and Pacific Health</i></b> |                                                              |                                                                                                                                                                                           |                                            |                                                |                      |
|--------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|----------------------|
| <b>Success Factor 4</b>                                            | <b>Outcome</b>                                               | <b>Tasks</b>                                                                                                                                                                              | <b>DHB Executive Leadership Team Owner</b> | <b>Milestones/ progress</b>                    | <b>Completed by:</b> |
| SF 4.1                                                             | Service changes do not result in further health inequalities | SSHP Implementation Steering Group and Alliance South to ensure proposals for change have considered guidance from Equity of Health Care for Māori: A Framework, and utilisation of HEAT. | CEO                                        | Significant change proposals have HEAT applied | Ongoing              |

| <b><i>SSHP Implementation Governance</i></b> |                |              |                      |                             |                  |
|----------------------------------------------|----------------|--------------|----------------------|-----------------------------|------------------|
| <b>Success</b>                               | <b>Outcome</b> | <b>Tasks</b> | <b>DHB Executive</b> | <b>Milestones/ progress</b> | <b>Completed</b> |

| Factor 5 |                                                                          |                                                                                                                                                                                                                                                    | Leadership Team Owner |                                  | by:       |
|----------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|-----------|
| SF 5.1   | SSHP Implementation Steering Group monitors SSHP implementation progress | Terms of Reference (TOR) for SSHP Implementation Steering Group developed                                                                                                                                                                          | CEO                   | TOR agreed                       | May 2015  |
|          |                                                                          | SSHP Membership formed:<br><ul style="list-style-type: none"> <li>- Invitation to members of Alliance South and the Clinical Council</li> <li>- Two DHB staff positions through EOI process</li> <li>- Consumer representative position</li> </ul> | CEO                   | Members of Steering Group agreed | June 2015 |
|          |                                                                          | Steering Group to devise progress monitoring/status reporting framework for scrutinising overall progress and monitoring and evaluating success                                                                                                    | CEO                   | Monitoring framework in place    | July 2015 |

SOUTHERN DISTRICT HEALTH BOARD

|                                                                                                                                     |                                                                              |           |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------|
| Title:                                                                                                                              | FINANCIAL REPORT                                                             |           |
| Report to:                                                                                                                          | Disability Support and Community & Public Health Advisory Committees         |           |
| Date of Meeting:                                                                                                                    | 01 April 2015                                                                |           |
| Summary:<br>The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ February 2015 Funds result</li> </ul> |                                                                              |           |
| Specific implications for consideration (financial/workforce/risk/legal etc):                                                       |                                                                              |           |
| Financial:                                                                                                                          | As set out in report.                                                        |           |
| Workforce:                                                                                                                          | No specific implications                                                     |           |
| Other:                                                                                                                              | n/a                                                                          |           |
| Document previously submitted to:                                                                                                   | Not applicable, report submitted directly to DSAC/CPHAC                      | Date: n/a |
| Prepared by:<br>James Smith<br>Senior Funder Financial Analyst<br><br>Date: 17/03/2015                                              | Presented by:<br>Glenn Symon<br>Senior Manager Funder Support & Intelligence |           |
| RECOMMENDATION:<br><br>1. That the report be received.                                                                              |                                                                              |           |

## FUNDER FINANCIAL REPORT

### Recommendation:

- That the Committees note the Funder Financial Report.

### 1. DHB Funder Result

The overall Funder result follows:

| Actual<br>\$' 000 | Month             |                     |                         | Year to Date      |                   |                     | Annual<br>Budget<br>\$' 000 |
|-------------------|-------------------|---------------------|-------------------------|-------------------|-------------------|---------------------|-----------------------------|
|                   | Budget<br>\$' 000 | Variance<br>\$' 000 |                         | Actual<br>\$' 000 | Budget<br>\$' 000 | Variance<br>\$' 000 |                             |
| 69,530            | 69,334            | 196                 | Revenue                 | 556,124           | 554,945           | 1,179               | 832,283                     |
| (67,930)          | (67,091)          | (838)               | Less Other Costs        | (557,197)         | (551,442)         | (5,755)             | (825,966)                   |
| 1,601             | 2,243             | (642)               | Net Surplus / (Deficit) | (1,073)           | 3,503             | (4,576)             | 6,317                       |
|                   |                   |                     | <b>Expenses</b>         |                   |                   |                     |                             |
| (48,472)          | (47,895)          | (578)               | Personal Health         | (395,674)         | (393,360)         | (2,314)             | (588,785)                   |
| (7,159)           | (7,090)           | (70)                | Mental Health           | (57,042)          | (56,717)          | (325)               | (85,075)                    |
| (572)             | (624)             | 52                  | Public Health           | (5,142)           | (5,258)           | 117                 | (7,753)                     |
| (10,930)          | (10,605)          | (325)               | Disability Support      | (92,473)          | (89,082)          | (3,391)             | (133,736)                   |
| (71)              | (153)             | 82                  | Maori Health            | (1,063)           | (1,122)           | 159                 | (1,833)                     |
| (725)             | (725)             | 0                   | Other                   | (5,803)           | (5,803)           | 0                   | (8,784)                     |
| (67,930)          | (67,091)          | (838)               | Expenses                | (557,197)         | (551,442)         | (5,755)             | (825,966)                   |

### Summary Comment:

For February the Funder had a surplus of \$1.6m against a budget surplus of \$2.243m which is \$642k unfavourable.

Year to date (YTD) revenue is favourable by \$1.179m and offset by additional costs. Costs overall were unfavourable by \$838k in February and \$5.75m (YTD) with some revenue offsets.

Expenditure for Aged Residential Care Rest Homes is \$0.28m unfavourable and Pharmaceuticals (including PCT & Pharmacy Services) \$518k unfavourable, which are the main contributors to the February overspend. Pharmaceutical expenditure is based on the updated Pharmac forecast for 2014/15 and includes other costs such as pharmacy depot services and medical device funding that are not included in the Pharmac forecast.



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

| Personal Health<br>February 2015          | Current Month     |                   |                     |               | Year to Date      |                   |                     |               | Variance Note |
|-------------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|---------------|
|                                           | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% |               |
| <b>Personal Health - Provider Arm</b>     |                   |                   |                     |               |                   |                   |                     |               |               |
| Child and Youth                           | (348)             | (348)             |                     |               | (2,788)           | (2,788)           |                     |               |               |
| Laboratory                                | -                 | -                 |                     |               | (3)               | (3)               |                     |               |               |
| Infertility Treatment Services            | (92)              | -                 | (92) U              |               | (732)             | (549)             | (183) U             | (33%)         |               |
| Maternity                                 | (42)              | (42)              |                     |               | (332)             | (332)             |                     |               |               |
| Maternity (Tertiary & Secondary)          | (1,380)           | (1,380)           |                     |               | (11,040)          | (11,040)          |                     |               |               |
| Pregnancy and Parenting Education         | (3)               | (3)               |                     |               | (20)              | (20)              |                     |               |               |
| Neo Natal                                 | (660)             | (660)             |                     |               | (5,282)           | (5,282)           |                     |               |               |
| Sexual Health                             | (87)              | (87)              |                     |               | (696)             | (696)             |                     |               |               |
| Adolescent Dental Benefit                 | (26)              | (26)              |                     |               | (211)             | (211)             |                     |               |               |
| Dental - Low Income Adult                 | (22)              | (22)              |                     |               | (178)             | (178)             |                     |               |               |
| Child (School) Dental Services            | (595)             | (595)             |                     |               | (4,759)           | (4,759)           |                     |               |               |
| Secondary / Tertiary Dental               | (116)             | (116)             |                     |               | (929)             | (929)             |                     |               |               |
| Pharmaceuticals                           | (274)             | (292)             | 18 F                | 6%            | (2,157)           | (2,333)           | 176 F               | 8%            | 5             |
| Pharmaceutical Cancer Treatment Drugs     | (122)             | (386)             | 264 F               | 68%           | (2,829)           | (3,085)           | 256 F               | 8%            | 6             |
| Pharmacy Services                         | (9)               | (9)               |                     |               | (69)              | (69)              |                     |               |               |
| Primary Health Care Strategy - Health/SIA | -                 | -                 |                     |               | (103)             | -                 | (103) U             |               | 10            |
| Rural Support for Primary Health Pro      | (71)              | (71)              |                     |               | (566)             | (566)             |                     |               |               |
| Immunisation                              | (70)              | (70)              |                     |               | (558)             | (558)             |                     |               |               |
| Radiology                                 | (268)             | (268)             |                     |               | (2,148)           | (2,148)           |                     |               |               |
| Palliative Care                           | (7)               | (7)               |                     |               | (55)              | (55)              |                     |               |               |
| Meals on Wheels                           | (33)              | (33)              |                     |               | (268)             | (268)             |                     |               |               |
| Domiciliary & District Nursing            | (994)             | (994)             |                     |               | (7,954)           | (7,954)           |                     |               |               |
| Community based Allied Health             | (416)             | (416)             |                     |               | (3,329)           | (3,329)           |                     |               |               |
| Chronic Disease Management and Educa      | (160)             | (160)             |                     |               | (1,283)           | (1,283)           |                     |               |               |
| Medical Inpatients                        | (5,653)           | (5,653)           |                     |               | (45,224)          | (45,224)          |                     |               |               |
| Medical Outpatients                       | (3,272)           | (3,272)           |                     |               | (26,177)          | (26,177)          |                     |               |               |
| Surgical Inpatients                       | (10,628)          | (10,628)          |                     |               | (85,025)          | (85,025)          |                     |               |               |
| Surgical Outpatients                      | (1,548)           | (1,548)           |                     |               | (12,380)          | (12,380)          |                     |               |               |
| Paediatric Inpatients                     | (644)             | (644)             |                     |               | (5,155)           | (5,155)           |                     |               |               |
| Paediatric Outpatients                    | (269)             | (269)             |                     |               | (2,151)           | (2,151)           |                     |               |               |
| Pacific Peoples' Health                   | (10)              | (10)              |                     |               | (79)              | (79)              |                     |               |               |
| Emergency Services                        | (1,478)           | (1,478)           |                     |               | (11,826)          | (11,826)          |                     |               |               |
| Minor Personal Health Expenditure         | (26)              | (26)              |                     |               | (205)             | (205)             |                     |               |               |
| Price adjusters and Premium               | (422)             | (422)             |                     |               | (3,374)           | (3,374)           |                     |               |               |
| Travel & Accommodation                    | (4)               | (4)               |                     |               | (34)              | (34)              |                     |               |               |
|                                           | <b>(29,749)</b>   | <b>(29,939)</b>   | <b>190 F</b>        | <b>1%</b>     | <b>(239,919)</b>  | <b>(240,065)</b>  | <b>146 F</b>        | <b>0%</b>     |               |
| <b>Personal Health NGO</b>                |                   |                   |                     |               |                   |                   |                     |               |               |
| Personal Health to allocate               | -                 | (83)              | 83 F                |               | -                 | (667)             | 667 F               |               | 1             |
| Child and Youth                           | (35)              | (34)              | (1) U               | 3%            | (276)             | (272)             | (5) U               | 2%            |               |
| Laboratory                                | (1,544)           | (1,465)           | (79) U              | 5%            | (12,345)          | (11,718)          | (627) U             | 5%            | 2             |
| Infertility Treatment Services            | -                 | (101)             | 101 F               |               | -                 | (255)             | 255 F               |               |               |
| Maternity                                 | (220)             | (220)             |                     |               | (1,774)           | (1,762)           | (12) U              | 1%            |               |
| Maternity (Tertiary & Secondary)          | (1)               | (14)              | 13 F                | (95%)         | (12)              | (108)             | 97 F                | (89%)         |               |
| Pregnancy and Parenting Education         | (6)               | (10)              | 4 F                 | (36%)         | (60)              | (78)              | 18 F                | (23%)         |               |
| Sexual Health                             | (2)               | (1)               | (1) F               | 1%            | (12)              | (12)              |                     |               |               |
| Adolescent Dental Benefit                 | (133)             | (174)             | 41 F                | (24%)         | (1,248)           | (1,408)           | 160 F               | (11%)         | 3             |
| Dental - Low Income Adult                 | (24)              | (55)              | 32 F                | (57%)         | (437)             | (443)             | 6 F                 | (1%)          |               |
| Child (School) Dental Services            | (18)              | (35)              | 18 F                | (50%)         | (192)             | (278)             | 86 F                | (31%)         |               |
| Secondary / Tertiary Dental               | (139)             | (126)             | (13) U              | 10%           | (1,386)           | (1,008)           | (378) U             | 37%           | 4             |
| Pharmaceuticals                           | (5,734)           | (4,900)           | (834) U             | 17%           | (48,447)          | (47,504)          | (943) U             | 2%            | 5             |
| Pharmaceutical Cancer Treatment Drugs     | -                 | -                 |                     |               | (17)              | -                 | (17) U              |               |               |
| Pharmacy Services                         | (25)              | (61)              | 36 F                | (59%)         | (358)             | (485)             | 127 F               | (26%)         | 7             |
| Management Referred Services              | -                 | 250               | (250) U             |               | -                 | 1,000             | (1,000) U           |               | 8             |
| General Medical Subsidy                   | (43)              | (67)              | 24 F                | (36%)         | (536)             | (646)             | 111 F               | (17%)         | 9             |
| Primary Practice Services - Capitated     | (3,468)           | (3,511)           | 43 F                | (1%)          | (27,983)          | (28,088)          | 106 F               |               |               |
| Primary Health Care Strategy - Care       | (327)             | (318)             | (9) U               | 3%            | (2,566)           | (2,543)           | (23) U              | 1%            | 10            |
| Primary Health Care Strategy - Health     | (358)             | (337)             | (21) U              | 6%            | (2,727)           | (2,694)           | (33) U              | 1%            | 10            |
| Primary Health Care Strategy - Other      | (233)             | (255)             | 22 F                | (9%)          | (1,783)           | (2,038)           | 256 F               | (13%)         | 10            |
| Practice Nurse Subsidy                    | (16)              | (16)              |                     |               | (113)             | (130)             | 17 F                | (13%)         |               |
| Rural Support for Primary Health Pro      | (1,300)           | (1,313)           | 13 F                | (1%)          | (10,433)          | (10,504)          | 70 F                | (1%)          |               |
| Immunisation                              | (103)             | (103)             |                     |               | (689)             | (838)             | 149 F               | (18%)         | 11            |
| Radiology                                 | (215)             | (196)             | (19) U              | 10%           | (1,633)           | (1,569)           | (64) U              | 4%            |               |
| Palliative Care                           | (515)             | (488)             | (26) U              | 5%            | (4,134)           | (3,907)           | (227) U             | 6%            | 12            |
| Meals on Wheels                           | (20)              | (20)              |                     |               | (160)             | (160)             |                     |               |               |
| Domiciliary & District Nursing            | (448)             | (435)             | (12) U              | 3%            | (3,817)           | (3,487)           | (330) U             | 9%            | 13            |
| Community based Allied Health             | (168)             | (168)             | (1) U               |               | (1,346)           | (1,340)           | (6) U               |               |               |
| Chronic Disease Management and Educa      | (97)              | (95)              | (2) U               | 3%            | (811)             | (760)             | (51) U              | 7%            |               |
| Medical Outpatients                       | (413)             | (397)             | (15) U              | 4%            | (3,306)           | (3,179)           | (126) U             | 4%            |               |
| Surgical Inpatients                       | (25)              | (19)              | (6) U               | 35%           | (129)             | (149)             | 20 F                | (14%)         |               |
| Surgical Outpatients                      | (139)             | (146)             | 7 F                 | (5%)          | (1,129)           | (1,171)           | 42 F                | (4%)          |               |
| Paediatric Outpatients                    | -                 | -                 |                     |               | (7)               | -                 | (7) U               |               |               |
| Pacific Peoples' Health                   | (4)               | (12)              | 8 F                 | (68%)         | (64)              | (93)              | 30 F                | (32%)         |               |
| Emergency Services                        | (159)             | (156)             | (4) U               | 2%            | (1,300)           | (1,244)           | (55) U              | 4%            |               |
| Minor Personal Health Expenditure         | (48)              | (74)              | 25 F                | (34%)         | (488)             | (591)             | 103 F               | (17%)         |               |
| Price adjusters and Premium               | (142)             | (83)              | (58) U              | (70%)         | (1,250)           | (668)             | (582) U             | (87%)         | 14            |
| Travel & Accommodation                    | (317)             | (319)             | 2 F                 |               | (3,455)           | (3,301)           | (154) U             | 5%            |               |
| Inter District Flow Personal Health       | (2,285)           | (2,399)           | 114 F               | (5%)          | (19,331)          | (19,192)          | (140) U             | 1%            |               |
|                                           | <b>(18,724)</b>   | <b>(17,956)</b>   | <b>(768) U</b>      | <b>(4%)</b>   | <b>(155,754)</b>  | <b>(153,290)</b>  | <b>(2,464) U</b>    | <b>(2%)</b>   |               |
| <b>Total Personal Health</b>              | <b>(48,473)</b>   | <b>(47,895)</b>   | <b>(578) U</b>      | <b>(1%)</b>   | <b>(395,673)</b>  | <b>(393,355)</b>  | <b>(2,318) U</b>    | <b>(1%)</b>   |               |

**Personal Health expenditure variance notes:**

1. **Personal Health to allocate** - \$667k favourable YTD  
Unallocated budget.
2. **Laboratory** - \$627k unfavourable YTD.  
Due to the budget for send-away tests being set too low.
3. **Adolescent Dental**- \$160k favourable YTD.  
Comparison to 2013/14 YTD spend as at end of February shows that the two financial years are very similar at this stage of the financial year. If this trend continues expenditure would be approximately \$200k under budget at year end.
4. **Secondary/Tertiary Dental** - \$378 unfavourable YTD.  
No accruals in May/June 2013 and therefore current year (2014/15) includes 2013/14 expenditure of \$280k which makes up the majority of the unfavourable variance. A comparison of 2014/15 YTD expenditure (\$280k accrual error excluded) to the corresponding period in 2013/14 indicates that expenditure will be approximately \$150k higher than budget at year end. This means total expenditure will be approximately \$430k over budget.
5. **Pharmaceuticals (Provider & NGO combined)** – \$767k unfavourable YTD.  
Expenditure based on latest Pharmac forecast, plus it also includes accruals for pharmacy depot services, medical device funding, pharmacy operating costs etc that are not included in Pharmac forecast. Some expenditure attributed to this line was budgeted in pharmacy services – see note 7 below.  
  
Provider pharmaceutical expenditure is under budget due to pharmaceuticals dispensed from the hospital dispensary being expensed against the NGO line as part of community pharmaceutical expenditure.
6. **Pharmaceutical Cancer Treatment Drugs (Provider & NGO combined)** - \$239k favourable YTD. The budget is part of the Provider Arm PVS and is subject to a wash-up.
7. **Pharmacy Services** - \$127k favourable YTD.  
Pharmacy depot budget is included in this line but expenditure has been included in pharmaceuticals line – see note 5 above.
8. **Management of Referred Services** - \$1m unfavourable YTD.  
This line is a placeholder for budget savings. Savings are not expected to be made and this line will have a deficit of \$2m at year end.
9. **General Medical Subsidy** - \$111k favourable YTD.  
Demand driven service.
10. **Primary Health Care Strategy (All Provider and NGO lines combined)** - \$97k favourable YTD.  
These service lines are part of the PHO contract. When all lines are consolidated the overall result is \$97k favourable against YTD budget of \$7.27m.
11. **Immunisation** - \$149k favourable YTD.  
The YTD underspend includes accruals to ensure expenditure has matched budget for the last two months. Even though the budget was phased heavily in the latter part of the financial year, we are still below budget. The delayed availability of Flu vaccines may be a contributing factor and expenditure is likely to increase significantly in the last months of the year.
12. **Palliative Care** - \$227k favourable YTD.  
Expenditure includes demand driven Home and Community Support Service (HCSS) expenditure (\$133k YTD) that was not included in the budget. Other palliative care contracts are \$94k unfavourable.
13. **Domiciliary & District Nursing** - \$330k unfavourable YTD.  
Overspend driven by Home & Community Support Services which are \$356k unfavourable YTD.
14. **Price Adjusters & Premiums** - \$582k unfavourable YTD.  
Due to unbudgeted expenditure. The sleepovers settlement is the main driver of the overspend (\$311k). The expenditure is partially offset by unbudgeted revenue of \$223k YTD. Transitional funding and rural premium unbudgeted expenditure (\$159k), is the other main driver of the overspend.

**Mental Health**

| Mental Health                             | Current Month |         |          |          | Year to Date |          |          |          | Variance Note |
|-------------------------------------------|---------------|---------|----------|----------|--------------|----------|----------|----------|---------------|
|                                           | Actual        | Budget  | Variance | Variance | Actual       | Budget   | Variance | Variance |               |
| February 2015                             | \$(000)       | \$(000) | \$(000)  | %        | \$(000)      | \$(000)  | \$(000)  | %        |               |
| <b>Mental Health - Provider Arm</b>       |               |         |          |          |              |          |          |          |               |
| Mental Health to allocate                 | 9             | 9       |          |          | 76           | 76       |          |          |               |
| Acute Mental Health Inpatients            | (1,143)       | (1,143) |          |          | (9,147)      | (9,147)  |          |          |               |
| Sub-Acute & Long Term Mental Health       | (304)         | (304)   |          |          | (2,431)      | (2,431)  |          |          |               |
| Crisis Respite                            | (2)           | (2)     |          |          | (17)         | (17)     |          |          |               |
| Alcohol & Other Drugs - General           | (272)         | (272)   |          |          | (2,178)      | (2,178)  |          |          |               |
| Methadone                                 | (94)          | (94)    |          |          | (754)        | (754)    |          |          |               |
| Dual Diagnosis - Alcohol & Other Drugs    | (8)           | (8)     |          |          | (67)         | (67)     |          |          |               |
| Dual Diagnosis - MH/ID                    | (5)           | (5)     |          |          | (40)         | (40)     |          |          |               |
| Child & Youth Mental Health Services      | (579)         | (579)   |          |          | (4,629)      | (4,629)  |          |          |               |
| Forensic Services                         | (509)         | (509)   |          |          | (4,074)      | (4,074)  |          |          |               |
| Kaupapa Maori Mental Health Services      | (146)         | (146)   |          |          | (1,169)      | (1,169)  |          |          |               |
| Mental Health Community Services          | (1,752)       | (1,752) |          |          | (14,014)     | (14,014) |          |          |               |
| Prison/Court Liaison                      | (45)          | (45)    |          |          | (356)        | (356)    |          |          |               |
| Day Activity & Work Rehabilitation S      | (63)          | (63)    |          |          | (506)        | (506)    |          |          |               |
| Mental Health Funded Services for Older P | (36)          | (36)    |          |          | (286)        | (286)    |          |          |               |
| Advocacy / Peer Support - Consumer        | (35)          | (35)    |          |          | (278)        | (278)    |          |          |               |
| Other Home Based Residential Support      | (58)          | (58)    |          |          | (465)        | (465)    |          |          |               |
|                                           | (5,042)       | (5,042) |          |          | (40,335)     | (40,335) |          |          |               |
| <b>Mental Health - NGO</b>                |               |         |          |          |              |          |          |          |               |
| Mental Health to allocate                 | -             | (38)    | 38 F     |          | -            | (304)    | 304 F    |          | 15            |
| Crisis Respite                            | (2)           | (5)     | 3 F      | (65%)    | (37)         | (37)     | (1) U    | 2%       |               |
| Alcohol & Other Drugs - General           | (55)          | (55)    | -        |          | (438)        | (438)    | -        |          |               |
| Alcohol & Other Drugs - Child & Youth     | (165)         | (102)   | (63) U   | 62%      | (879)        | (816)    | (63) U   | 8%       |               |
| Dual Diagnosis - Alcohol & Other Drugs    | (35)          | (36)    | 1 F      | (3%)     | (287)        | (290)    | 3 F      | (1%)     |               |
| Eating Disorder                           | (14)          | (16)    | 2 F      | (13%)    | (118)        | (129)    | 10 F     | (8%)     |               |
| Maternal Mental Health                    | (4)           | (4)     | -        |          | (29)         | (29)     | -        |          |               |
| Child & Youth Mental Health Services      | (309)         | (241)   | (67) U   | 28%      | (2,385)      | (1,931)  | (454) U  | 24%      | 16            |
| Forensic Services                         | (4)           | (4)     | -        |          | (29)         | (29)     | -        |          |               |
| Kaupapa Maori Mental Health Services      | (6)           | (6)     | -        |          | (49)         | (49)     | -        |          |               |
| Mental Health Community Services          | (96)          | (127)   | 30 F     | (24%)    | (917)        | (1,012)  | 96 F     | (9%)     |               |
| Day Activity & Work Rehabilitation S      | (136)         | (136)   | -        |          | (1,091)      | (1,091)  | -        |          |               |
| Advocacy / Peer Support - Consumer        | (23)          | (23)    | -        | (1%)     | (186)        | (186)    | 1 F      |          |               |
| Other Home Based Residential Support      | (339)         | (315)   | (24) U   | 8%       | (2,738)      | (2,521)  | (217) U  | 9%       | 17            |
| Advocacy / Peer Support - Families        | (52)          | (52)    | -        |          | (419)        | (419)    | -        |          |               |
| Community Residential Beds & Service      | (450)         | (457)   | 6 F      | (1%)     | (3,642)      | (3,652)  | 10 F     |          |               |
| Minor Mental Health Expenditure           | (25)          | (32)    | 7 F      | (21%)    | (243)        | (255)    | 12 F     | (5%)     |               |
| Inter District Flow Mental Health         | (403)         | (399)   | (3) U    | 1%       | (3,221)      | (3,195)  | (26) U   | 1%       |               |
|                                           | (2,118)       | (2,048) | (70) U   | (3%)     | (16,708)     | (16,383) | (325) U  | (2%)     |               |

**Mental Health expenditure variance notes:**

**15. Mental Health to allocate** - \$304k favourable YTD.  
Unallocated budget.

**16. Child & Youth Mental Health Services** - \$454k unfavourable YTD.

This overspend is mainly due to a budgeting error where \$500k was removed from the annual budget, accounting for \$333k of the YTD overspend. An unbudgeted contract plus another contract where the budget was understated, contribute to the rest of the underspend.

**17. Other Home Based Residential Support** - \$217k unfavourable YTD.

Demand driven service.

**Disability Support Services**

| DSS<br>February 2015                              | Current Month   |                 |                   |             | Year to Date    |                 |                   |             | Variance Note |
|---------------------------------------------------|-----------------|-----------------|-------------------|-------------|-----------------|-----------------|-------------------|-------------|---------------|
|                                                   | Actual \$'(000) | Budget \$'(000) | Variance \$'(000) | Variance %  | Actual \$'(000) | Budget \$'(000) | Variance \$'(000) | Variance %  |               |
| <b>Disability Support Services - Provider Arm</b> |                 |                 |                   |             |                 |                 |                   |             |               |
| AT & R (Assessment, Treatment and Re              | (1,688)         | (1,688)         |                   |             | (13,507)        | (13,507)        |                   |             |               |
| Needs Assessment                                  | (138)           | (138)           |                   |             | (1,104)         | (1,104)         |                   |             |               |
| Service Co-ordination                             | (19)            | (19)            |                   |             | (156)           | (156)           |                   |             |               |
| Long Term Chronic Conditions                      | (8)             | (8)             |                   |             | (64)            | (64)            |                   |             |               |
| Ageing in Place                                   | (2)             | (2)             |                   |             | (20)            | (20)            |                   |             |               |
| Environmental Support Services                    | (2)             | (2)             |                   |             | (18)            | (18)            |                   |             |               |
| Minor Disability Support Expenditure              | (8)             | (8)             |                   |             | (67)            | (67)            |                   |             |               |
| Community Health Services & Support               | (21)            | (21)            |                   |             | (168)           | (168)           |                   |             |               |
|                                                   | <b>(1,886)</b>  | <b>(1,886)</b>  |                   |             | <b>(15,104)</b> | <b>(15,104)</b> |                   |             |               |
| <b>Disability Support Services - NGO</b>          |                 |                 |                   |             |                 |                 |                   |             |               |
| AT & R (Assessment, Treatment and Re              | (297)           | (297)           | -                 |             | (2,380)         | (2,380)         | -                 |             |               |
| Information and Advisory                          | (12)            | (12)            | -                 |             | (95)            | (95)            | -                 |             |               |
| Needs Assessment                                  | (31)            | (22)            | (10) U            | 44%         | (332)           | (173)           | (159) U           | 92%         | 18            |
| Service Co-ordination                             | -               | -               | -                 |             | (9)             | -               | (9) U             |             |               |
| Home Support                                      | (1,494)         | (1,423)         | (72) U            | 5%          | (12,188)        | (11,380)        | (808) U           | 7%          | 19            |
| Carer Support                                     | (113)           | (144)           | 31 F              | (22%)       | (1,027)         | (1,154)         | 127 F             | (11%)       |               |
| Residential Care: Rest Homes                      | (2,996)         | (2,709)         | (287) U           | 11%         | (26,388)        | (23,485)        | (2,903) U         | 12%         | 20            |
| Residential Care: Loans Adjustment                | 13              | 23              | (10) U            | 43%         | 122             | 181             | (59) U            | 33%         |               |
| Residential Care: Hospitals                       | (3,606)         | (3,563)         | (42) U            | 1%          | (30,578)        | (30,902)        | 323 F             | (1%)        | 21            |
| Environmental Support Services                    | (101)           | (108)           | 7 F               | (6%)        | (804)           | (861)           | 56 F              | (7%)        |               |
| Day Programmes                                    | (23)            | (43)            | 20 F              | (47%)       | (264)           | (368)           | 104 F             | (28%)       | 22            |
| Minor Disability Support Expenditure              | -               | (9)             | 9 F               |             | -               | (73)            | 73 F              |             |               |
| Respite Care                                      | (82)            | (95)            | 13 F              | (13%)       | (1,019)         | (762)           | (257) U           | 34%         | 23            |
| Community Health Services & Support               | (43)            | (60)            | 17 F              | (28%)       | (317)           | (476)           | 159 F             | (33%)       |               |
| Inter District Flow Disability Support            | (258)           | (256)           | (1) U             | 1%          | (2,089)         | (2,051)         | (38) U            | 2%          |               |
|                                                   | <b>(9,043)</b>  | <b>(8,718)</b>  | <b>(325) U</b>    | <b>(4%)</b> | <b>(77,368)</b> | <b>(73,979)</b> | <b>(3,389) U</b>  | <b>(5%)</b> |               |
| <b>Total Disability Support Services</b>          | <b>(10,929)</b> | <b>(10,604)</b> | <b>(325) U</b>    | <b>(3%)</b> | <b>(92,472)</b> | <b>(89,083)</b> | <b>(3,389) U</b>  | <b>(4%)</b> |               |

**Disability Support Services expenditure variance notes:**

**18. Needs Assessment - \$159k unfavourable YTD.**

The overspend relates to InterRai assessments (\$86k) where there is no budget and a contract where the expenditure exceeded the budget by \$31k YTD.

**19. Home Support - \$808k unfavourable YTD.**

Demand driven service where the budget was significantly understated.

**20. Residential Care: Rest Homes - \$2.9m unfavourable YTD.**

The significant rest home variance for the YTD is the combination of a number of factors:

The first of these is the 5% price increase for which we are receiving \$111k revenue per month. Based on YTD actual volumes and prices, the increase has cost the SDHB \$830k extra YTD, therefore the price increase is costing an extra \$55k per month over and above the additional funding received from the Ministry. The impact of the price variance on the YTD expenditure result however is only \$462k, as the budget was based on a higher price than the actual price we were paying before the price increase was bought in.

Dementia prices have been lower than the budgeted price and have had a favourable impact on the YTD result of \$105k.

Rest Home and Dementia volumes are both up significantly against forecast which has resulted in an unfavourable impact on the budget of \$1.3m YTD. Dementia is unfavourable (\$833k) and is the major contributor.

Long Term Conditions are unfavourable (\$458k) due to the budget being set based on the prior year budget as opposed to prior year actuals.

The 2013/14 year end accruals were understated and therefore \$867k of 2013/14 expenditure is included in the current financial year.

**Disability Support Services expenditure variance notes (continued);**

**21. Residential Care: Hospitals - \$323k favourable YTD.**

The under spend is a mix of price and volume variance in both hospitals and Psycho-geriatric expenditure. Hospital prices are under budget (\$939k) while volumes are over budget (\$1.067m). Psycho-geriatric prices are under budget (\$18k) and volumes are under budget (\$956k). An under accrual of \$283k in June 2014 and unbudgeted BUPA expenditure reduce the under budget variance.

**22. Day Programmes - \$104k favourable YTD.**

Demand driven service. Expenditure reflects actual.

**23. Respite Care - \$257k unfavourable YTD.**

Demand driven service. The year to date position reflects higher expenditure in prior months with February slightly under budget by \$13k.

**Public Health**

| Public Health<br>February 2015      | Current Month     |                   |                     |               | Year to Date      |                   |                     |               | Variance<br>Note |
|-------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|------------------|
|                                     | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% |                  |
| <b>Public Health - Provider Arm</b> |                   |                   |                     |               |                   |                   |                     |               |                  |
| Alcohol & Drug                      | (36)              | (36)              |                     |               | (287)             | (287)             |                     |               |                  |
| Communicable Diseases               | (97)              | (97)              |                     |               | (777)             | (777)             |                     |               |                  |
| Mental Health                       | (22)              | (22)              |                     |               | (178)             | (178)             |                     |               |                  |
| Screening Programmes                | (65)              | (112)             | 46 F                | 41%           | (1,064)           | (1,162)           | 98 F                | 8%            | 24               |
| Nutrition and Physical Activity     | (23)              | (23)              |                     |               | (181)             | (181)             |                     |               |                  |
| Physical Environment                | (36)              | (36)              |                     |               | (287)             | (287)             |                     |               |                  |
| Public Health Infrastructure        | (128)             | (128)             |                     |               | (1,022)           | (1,022)           |                     |               |                  |
| Sexual Health                       | (12)              | (12)              |                     |               | (96)              | (96)              |                     |               |                  |
| Social Environments                 | (38)              | (38)              |                     |               | (303)             | (303)             |                     |               |                  |
| Tobacco Control                     | (81)              | (81)              |                     |               | (651)             | (651)             |                     |               |                  |
|                                     | <b>(538)</b>      | <b>(585)</b>      | <b>46 F</b>         | <b>8%</b>     | <b>(4,846)</b>    | <b>(4,944)</b>    | <b>98 F</b>         | <b>2%</b>     |                  |
| <b>Public Health - NGO</b>          |                   |                   |                     |               |                   |                   |                     |               |                  |
| Nutrition and Physical Activity     | (26)              | (27)              | 1 F                 | (4%)          | (205)             | (214)             | 9 F                 | (4%)          |                  |
| Tobacco Control                     | (8)               | (12)              | 5 F                 | (39%)         | (91)              | (100)             | 9 F                 | (9%)          |                  |
|                                     | <b>(34)</b>       | <b>(39)</b>       | <b>5 F</b>          | <b>13%</b>    | <b>(296)</b>      | <b>(314)</b>      | <b>18 F</b>         | <b>6%</b>     |                  |
| <b>Total Public Health</b>          | <b>(572)</b>      | <b>(624)</b>      | <b>51 F</b>         | <b>8%</b>     | <b>(5,142)</b>    | <b>(5,258)</b>    | <b>116 F</b>        | <b>2%</b>     |                  |

**Public health expenditure variance notes:**

24. **Screening Programmes** - \$98k favourable YTD.

The favourable variance relates to the Provider Arm and is offset by less revenue in the month and YTD.

**Māori Health Expenditure**

| Maori Health<br>February 2015            | Current Month     |                   |                     |               | Year to Date      |                   |                     |               | Variance<br>Note |
|------------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|------------------|
|                                          | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% | Actual<br>\$(000) | Budget<br>\$(000) | Variance<br>\$(000) | Variance<br>% |                  |
| <b>Maori Health - Provider Arm</b>       |                   |                   |                     |               |                   |                   |                     |               |                  |
| Maori Service development                | (16)              | (16)              |                     |               | (126)             | (126)             |                     |               |                  |
| Maori Provider Assistance Infrastructure |                   |                   |                     |               |                   |                   |                     |               |                  |
| Maori Workforce Development              |                   |                   |                     |               |                   |                   |                     |               |                  |
| Minor Maori Health Expenditure           |                   |                   |                     |               |                   |                   |                     |               |                  |
| Whanau Ora Services                      | (8)               | (8)               |                     |               | (63)              | (65)              | 2F                  |               |                  |
| <b>Maori Health Provider Arm Total</b>   | <b>(24)</b>       | <b>(24)</b>       |                     |               | <b>(189)</b>      | <b>(191)</b>      | <b>2F</b>           | <b>1%</b>     |                  |
| <b>Maori Health NGO</b>                  |                   |                   |                     |               |                   |                   |                     |               |                  |
| Maori Service development                | 7                 | (22)              | 29 F                | 132%          | (175)             | (178)             | 3 F                 |               |                  |
| Maori Provider Assistance Infrastructure |                   |                   |                     |               |                   |                   |                     |               |                  |
| Maori Workforce Development              |                   |                   |                     |               |                   |                   |                     |               |                  |
| Minor Maori Health Expenditure           |                   |                   |                     |               |                   |                   |                     |               |                  |
| Whanau Ora Services                      | (54)              | (107)             | 53 F                | 50%           | (698)             | (854)             | 156 F               | 18%           | 25               |
| <b>Maori Health NGO Total</b>            | <b>(47)</b>       | <b>(129)</b>      | <b>82 F</b>         | <b>64%</b>    | <b>(873)</b>      | <b>(1,032)</b>    | <b>159 F</b>        | <b>15%</b>    |                  |
| <b>Maori Health Total</b>                | <b>(71)</b>       | <b>(153)</b>      | <b>82 F</b>         | <b>54%</b>    | <b>(1,062)</b>    | <b>(1,223)</b>    | <b>161 F</b>        | <b>13%</b>    |                  |

**Māori Health Services expenditure variance notes:****25. Whanau Ora Services - \$ 158k favourable YTD.**

Includes \$20k repaid by a provider for an overpayment.

The balance of the underspend relates to a number of payments that do not reflect the payment schedules in the provider contracts. Further analysis and discussion with the providers is required.

SOUTHERN DISTRICT HEALTH BOARD

|                                                                                 |                                                                                                                                    |       |  |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------|--|
| Title:                                                                          | Quarter Two DHB Performance Reporting                                                                                              |       |  |
| Report to:                                                                      | Disability Support and Community & Public Health Advisory Committees                                                               |       |  |
| Date of Meeting:                                                                | 1 April 2015                                                                                                                       |       |  |
| Summary:                                                                        | Overview of DHB Performance Reporting for Quarter Two 2014/15 with brief comments where targets or expectations have not been met. |       |  |
| Specific implications for consideration (financial/workforce/risk/legal etc):   |                                                                                                                                    |       |  |
| Financial:                                                                      | N/A                                                                                                                                |       |  |
| Workforce:                                                                      | N/A                                                                                                                                |       |  |
| Other:                                                                          | N/A                                                                                                                                |       |  |
| Document previously submitted to:                                               |                                                                                                                                    | Date: |  |
| Approved by Chief Executive Officer:                                            |                                                                                                                                    | Date: |  |
| Prepared by:                                                                    | Presented by:                                                                                                                      |       |  |
| Planning & Funding                                                              | Glenn Symon<br>Senior Manager Funder Support & Intelligence                                                                        |       |  |
| Date: 16.03.15                                                                  |                                                                                                                                    |       |  |
| RECOMMENDATION:                                                                 |                                                                                                                                    |       |  |
| That the Committees note the results for Quarter Two DHB performance reporting. |                                                                                                                                    |       |  |

## Summary of DHB Performance Reporting – Quarter 2 2014/15

## Health Targets

| Measure                                |              | Target | Final Rating |        | Comments |        |   |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|--------------|--------|--------------|--------|----------|--------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        |              |        | 13/14        |        | 14/15    |        |   |                                                                                                                                                                                                                                                                                                                                                |
|                                        |              |        | Q3           | Q4     | Q1       | Q2     |   |                                                                                                                                                                                                                                                                                                                                                |
| Better Help for Smokers to Quit        | Primary Care | 90%    | 63.5%        | 71.2%  | 76.2%    | 57.7%  | P | WellSouth Primary Health Network (PHN) advises that the sporadic performance in the Primary Care Health Targets is due to issues with collating the required data from nearly 100 general practices in a timely manner. To improve IT capability and performance, WellSouth have entered into a new joint venture with a number of other PHOs. |
|                                        | Secondary    | 95%    | 95.3%        | 95.1%  | 95.2%    | 95.4%  | A |                                                                                                                                                                                                                                                                                                                                                |
|                                        | Maternity    | 90%    | 96.3%        | 96.3%  | 99.2%    | 93.5%  | A |                                                                                                                                                                                                                                                                                                                                                |
| Improved Access to Elective Surgery    |              | 100%   | 101.9%       | 105.8% | 100.3%   | 101.2% | A |                                                                                                                                                                                                                                                                                                                                                |
| Increased Immunisation                 |              | 95%    | 93.7%        | 93.0%  | 93.8%    | 95.1%  | A |                                                                                                                                                                                                                                                                                                                                                |
| More Heart and Diabetes Checks         |              | 90%    | 69.1%        | 77.6%  | 79.6%    | 80.0%  | P | WellSouth has had a high level of activity over the quarter including use of text reminders, free assessments and follow up for identified high need patients, practice level support for data entry and follow up, increased use of patient dashboard and Dr Info tools.                                                                      |
| Shorter Stays in Emergency Departments |              | 95%    | 93%          | 91%    | 93%      | 93.1%  | N | Southern DHB's performance against the target has been increasing since 2011/12, so have the total number of presentations to our Emergency Departments. The DHB                                                                                                                                                                               |

| Measure                                 | Target | Final Rating |    | Comments |       |   |                                                                                                                         |
|-----------------------------------------|--------|--------------|----|----------|-------|---|-------------------------------------------------------------------------------------------------------------------------|
|                                         |        | 13/14        |    | 14/15    |       |   |                                                                                                                         |
|                                         |        | Q3           | Q4 | Q1       | Q2    |   |                                                                                                                         |
|                                         |        |              |    |          |       |   | has impact initiatives in place to improve performance.                                                                 |
| Faster Cancer Treatment (from Oct 2014) | 85%    |              |    |          | 75.2% | A | An Achieved rating was given as the DHBs volumes are above the 15% minimum - at 19.4% of expected cancer registrations. |

### 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                      | Comments                                                                                                                                                                                                                                        |                                                                                               |
| <b>Policy Priorities Dimension</b>                                                           |                                   | Achieving Government’s priority goals/objectives and targets                                                                                                                                                                                    |                                                                                               |
| PP6 Improving the health status of people with severe mental illness through improved access | A                                 |                                                                                                                                                                                                                                                 |                                                                                               |
| PP7 Improving mental health services using transition (discharge) planning and employment    | A                                 |                                                                                                                                                                                                                                                 |                                                                                               |
| PP8 Shorter waits for non-urgent mental health and addiction services                        | P                                 | The targets were not met due to staff vacancies. These are being recruited to and this should see improvement in the reduction in waiting times. Administrative and clinical triage processes have also been reviewed to facilitate compliance. |                                                                                               |
| PP18 Improving community support to maintain the independence of older people                | A                                 |                                                                                                                                                                                                                                                 |                                                                                               |
| PP20 Improved management for                                                                 | Focus Area 1: LTC & Diabetes Care | N                                                                                                                                                                                                                                               | WellSouth PHN was unable to provide data for Quarter 2 due to issues with accessing reporting |

| Measures of DHB Performance                                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
|--------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure                                                      | Final Rating                               | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |
| long term conditions (CVD, diabetes and Stroke)              | Improvement Programme (DCIP)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
|                                                              | Focus area 2<br>Diabetes Management(HbA1c) | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WellSouth PHN were unable to provide data for Quarter 2 due to issues with accessing reporting information. To improve IT capability and performance, WellSouth have entered into a new joint venture with a number of other PHOs. |
|                                                              | Focus Area 3: Acute Coronary Syndrome      | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |
|                                                              | Focus Area 4: Stroke Services              | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |
| PP21 Immunisation coverage (previous health target)          | A                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
| PP22 Improving System Integration                            | N                                          | Primary care clinicians have full access and can refer for plain film x-ray and ultrasound without restriction. HealthPathways is systematically developing or localising pathways which will improve/introduce guidelines for appropriate referral to diagnostics. Alliance South will have a planning day in early March 2015 to ensure that the current and future work priorities are aligned to the Southern Strategic Health Plan Health Targets, Annual Plan priorities and local priorities. |                                                                                                                                                                                                                                    |
| PP23 Improving Wrap Around Services – Health of Older People | P                                          | The Falls Liaison Service (FLS) working party will meet in mid-February 2015 with the intent to finalise the FLS model of care, define the FLS care pathway, agree on data capture methodology and determine the number of pilot sites to begin in Q4. The business case is being finalised requesting seed funding for Falls and Fracture Liaison Coordinators.                                                                                                                                     |                                                                                                                                                                                                                                    |
| PP24 Improving waiting times - Cancer MDMs                   | A                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
| PP25 Prime Ministers youth mental health project             | A                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |

| Measures of DHB Performance                                                            |                                                       |              |                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure                                                                                |                                                       | Final Rating | Comments                                                                                                                                                                                                                                                  |
| PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan | Focus Area 1 – Rising to the Challenge Implementation | A            |                                                                                                                                                                                                                                                           |
|                                                                                        | Focus Area 2 – Primary Mental Health                  |              |                                                                                                                                                                                                                                                           |
| PP27 Delivery of the children’s action plan                                            |                                                       | A            |                                                                                                                                                                                                                                                           |
| PP28 Reducing Rheumatic Fever                                                          |                                                       | A            |                                                                                                                                                                                                                                                           |
| PP29 Improving waiting times for diagnostic services                                   | Angiography                                           | A            | The DHB is participating in the National Radiology Service Improvement Initiative and are undertaking a district wide review of all Radiology services funded by Southern DHB to improve and enhance performance towards achieving the targets in CT/ MRI |
|                                                                                        | CT / MRI                                              | P            |                                                                                                                                                                                                                                                           |
|                                                                                        | Colonoscopy                                           | A            |                                                                                                                                                                                                                                                           |
| PP30 Faster Cancer Treatment/ Shorter Waits for cancer treatment                       | Part A – faster cancer treatment                      | A            |                                                                                                                                                                                                                                                           |
|                                                                                        | Part B – radiotherapy & chemotherapy                  | A            |                                                                                                                                                                                                                                                           |
| <b>System Integration Dimension</b>                                                    |                                                       |              | Meeting service coverage requirements and supporting sector inter-connectedness                                                                                                                                                                           |
| SI1 Ambulatory sensitive (avoidable) hospital admissions                               |                                                       | A            |                                                                                                                                                                                                                                                           |
| SI2 Delivery of Regional Service plans                                                 |                                                       | P            | SIAPO has responsibility for providing reporting on the South Island Health Services Plan                                                                                                                                                                 |
| SI3 Ensuring delivery of Service Coverage                                              | Cardiac interventions excluded from service coverage  | A            |                                                                                                                                                                                                                                                           |
|                                                                                        | Emergency preparedness                                |              |                                                                                                                                                                                                                                                           |

| Measures of DHB Performance                                                |                                                                     |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure                                                                    | Final Rating                                                        | Comments                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SI4 Standardised Intervention rates                                        | A                                                                   |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Output Dimension</b>                                                    |                                                                     | Purchasing the right mix and level of services within acceptable financial performance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OP1 Mental Health output Delivery against plan                             | A                                                                   |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Ownership Dimension</b>                                                 |                                                                     | Providing quality services efficiently                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OS3 Inpatient average length of stay (ALOS) - days                         | Acute                                                               | A                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                            | Elective                                                            | A                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OS8 Reducing Acute readmissions to hospital                                | Total Population                                                    | N                                                                                      | A major component of the DHB's 6000 bed days' initiative (which covers Medicine, Surgery and Older Person's Health) is to identify and reduce preventable readmissions. The Medical Directorate Performance and Quality Manager is working with the Information Systems team to design a new report for gaining more accurate readmissions data. A district-wide meeting was held in December to plan for a common coordinated way forward in dealing with readmissions and a further meeting is planned for early February. |
|                                                                            | Population aged 75 +                                                | N                                                                                      | Older Persons Health have been working on joint initiatives with Medicine and Surgical services to increase understanding around preventable re-admissions across Southern hospital facilities, with particular emphasis on 75+ age group. Work has commenced on the Dunedin site in partnership with the Medical Directorate to address gaps in discharge education.                                                                                                                                                        |
| OS10 Improving the quality of data provided to national collection systems | Focus area 1: Improving the quality of identity data within the NHI | O                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                            | Focus area 2: Improving the quality                                 | P                                                                                      | The DHB has seen an improvement across the measures. These improvements have resulted in an overall upgrade to Partial Achievement from Not Achieved in the previous quarter.                                                                                                                                                                                                                                                                                                                                                |

| Measures of DHB Performance                                                                           |              |          |
|-------------------------------------------------------------------------------------------------------|--------------|----------|
| Measure                                                                                               | Final Rating | Comments |
| of the data submitted to National Collections                                                         |              |          |
| Focus area 3: Improving the quality of the Programme for the Integration of Mental Health data PRIMHD | A            |          |
| <b>Development Dimension</b>                                                                          |              |          |
| DV4 Improving patient experience                                                                      | A            |          |

### 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) Variations                |              |                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measure                                                  | Final Rating | Comments                                                                                                                                                                                                                                                               |
| Appoint Cancer Nurse Coordinators                        | S            |                                                                                                                                                                                                                                                                        |
| B4 School Check Funding                                  | S            |                                                                                                                                                                                                                                                                        |
| Disability Support Services (DSS) Increase of Funding    | N            | The DHB did not provide data for DSS services due to there currently being a significant variation in DHB versus Ministry volumes. The DHB is working on an audit process to explain the cause of this variance. The DHB will commit to developing reliable reporting. |
| Electives Initiative and Ambulatory Initiative Variation | S            |                                                                                                                                                                                                                                                                        |
| Green Prescription Initiative                            | S            |                                                                                                                                                                                                                                                                        |
| Immunisation Coordination Service                        | S            |                                                                                                                                                                                                                                                                        |

|                                                                                       |   |  |
|---------------------------------------------------------------------------------------|---|--|
| Well Child Tamariki Ora Services                                                      | S |  |
| National Immunisation Register (NIR) On going Administration Services                 | S |  |
| Oral Health Business Case for Investment in Child and Adolescent Oral Health 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 performer/sect or leader | O      | <ol style="list-style-type: none"> <li>1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.</li> <li>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.</li> </ol>                                                                                                         |
| Achieved                             | A      | <ol style="list-style-type: none"> <li>1. Deliverable demonstrates targets / expectations have been met in full.</li> <li>2. In the case of deliverables with multiple requirements, all requirements are met.</li> <li>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.</li> </ol>                                                                                                                           |
| Partial achievement                  | P      | <ol style="list-style-type: none"> <li>1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance.</li> <li>2. A deliverable has been received, but some clarification is required.</li> <li>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.</li> </ol>                                                                                                         |
| Not achieved – escalation required   | N      | <ol style="list-style-type: none"> <li>1. The deliverable is not met.</li> <li>2. There is no resolution plan if deliverable indicates non-compliance.</li> <li>3. A resolution plan is included, but it is significantly deficient.</li> <li>4. A report is provided, but it does not answer the criteria of the performance indicator.</li> <li>5. There are significant gaps in delivery.</li> <li>6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.</li> </ol> |

**CFA Variations**

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          | S      | <ol style="list-style-type: none"> <li>1. The report is assessed as up to expectations</li> <li>2. Information as requested has been submitted in full</li> </ol>     |
| Further work required | B      | <ol style="list-style-type: none"> <li>1. Although the report has been received, clarification is required</li> <li>2. Some expectations are not fully met</li> </ol> |
| Not Acceptable        | N      | <ol style="list-style-type: none"> <li>1. There is no report</li> <li>2. The explanation for no report is not considered valid.</li> </ol>                            |



## Office of Hon Dr Jonathan Coleman

Minister of Health  
 Minister for Sport and Recreation  
 Member of Parliament for Northcote

09 MAR 2015

Mr Joe Butterfield  
 Chair  
 Southern District Health Board  
 Corporate Office (Otago)  
 Private Bag 1921  
 DUNEDIN 9054

Dear Joe

Quarter two health target results are now finalised. Despite the positive overall national results there is still a recurring pattern of poor performance in Southern DHB's target results. I have particular concern about performance in the Better help for smokers to quit primary care target and the More heart and diabetes checks target. I am asking you to make target improvement a key priority for your DHB. Please ensure your clinical leaders are involved and encourage your DHB and PHO to work more closely together for better outcomes for the local population. I intend to maintain regular contact with you to discuss your progress.

This quarter sees the introduction of the new Faster cancer treatment target. The national result for the quarter of 66 percent covers those patients who received their first cancer treatment between July and December 2014. I would like to acknowledge the work undertaken by DHBs to support implementation of the new target.

Overall the sector is also making good progress in other target areas as summarised in the following key national results.

- Both the Improved access to elective surgery and the Better help for smokers to quit hospital target have been met at the national level.
- Although we did not meet the goal of 95 percent of eight-month-olds immunised on time by December 2014, the sector has worked well to achieve 93.5 percent immunisation coverage. The result this quarter is the highest level of coverage that has ever been achieved for any immunisation health target.
- Overall DHBs have performed well in relation to the Shorter stays in emergency departments target with a national result of 94 percent.
- The More heart and diabetes checks target result continues to steadily improve, the national result this quarter is 87 percent.
- The primary care component of the Better help for smokers to quit target result has slightly increased to 89 percent.

Feedback is provided by the Ministry's Target Champions on your results for the quarter in appendix one. More detailed results for your DHB and PHO are provided in appendix two. Angela Pitchford is our new champion for the Shorter stays in emergency departments target. I would like to take this opportunity to acknowledge the significant contribution to performance improvement led by Professor Mike Ardagh as our previous Target Champion.

Please pass on my thanks to everyone who has contributed to the health target results this quarter, and I look forward to seeing each DHB's commitment to continued improvement and delivery of the health targets in your 2015/16 draft Annual Plans due with the Ministry in March.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Jonathan Coleman', with a long horizontal flourish extending to the right.

Hon Dr Jonathan Coleman  
**Minister of Health**

**cc** Ms Carole Heatly, Chief Executive Officer, Southern District Health Board  
PHO Chair  
PHO CEO

## **Appendix one - Feedback from Target Champions on your results for the quarter**

### **Angela Pitchford, Target Champion, Shorter stays in emergency departments**

Although the DHB has not achieved the target again this quarter, there has been a 1.5 percent increase on the same time last year. The initiatives you have underway will contribute to improved acute patient flow, and I encourage continued effort to sustain and manage acute demand.

The annual Emergency Department Workshop, to be held on 23 March 2015 in Wellington, will focus on implementation of the ED Quality Framework developed in 2014. The workshop will provide the opportunity for ED staff to share approaches to implementing the framework and suite of quality measures.

### **Clare Perry, Target Champion, Improved access to elective surgery**

Southern DHB has continued to perform well during the second quarter of 2014/15, delivering 5538 elective surgical discharges as at the end of December. This is 67 discharges (1 percent) more than planned. This is a good result. Well done.

We look forward to seeing members of your team at the Elective Services Forum on 20 March.

### **Andrew Simpson, Target Champion, Faster cancer treatment**

This is the first public reporting on the Faster cancer treatment (FCT) health target. I am aware of the substantial ongoing work in DHBs to ensure FCT data capture and quality, and recognise that there may be some initial variation in performance and volumes as this improves. I expect DHBs to be using their FCT data to engage clinicians, and identify and inform service improvement.

As advised, public reporting of the FCT health target is based on six-months rolling data. For Southern DHB this means your performance for this quarter is 75.2 percent (based on six months data from 1 July – 31 December 2014). During 2014/15 DHBs are expected to improve performance against their baselines, ahead of achieving the 85 percent target by July 2016.

### **Pat Tuohy, Target Champion, Increased immunisation**

Reaching and maintaining 95 percent coverage at eight-months is a Better Public Service target through to 2017. This target is a high priority for the Prime Minister and is reported to the State Services Commission and to Cabinet.

Southern DHB's coverage at 95 percent for the eight-month target made an important contribution to us achieving a national coverage rate of 94 percent. I would like to thank all those involved for their hard work and commitment in reaching the target in your region.

### **Karen Evison, Target Champion, Better help for smokers to quit**

You must be disappointed with this quarter's result of 57.7 percent down 18.5 percent from last quarter. Your DHB is currently ranked last place as a result. It is clear from your reporting and from regular updates that Southern PHO has experienced data collection challenges stemming from a change of provider at the

end of 2014. Needless to say you have a great deal of ground to regain and I suggest that you work closely with Dr John McMenamin and myself in quarter three to identify some clear remedial activities.

Southern DHB achieved the hospital target for the seventh consecutive quarter. Well done. I look forward to seeing Southern DHB achieve both targets in 2014/15.

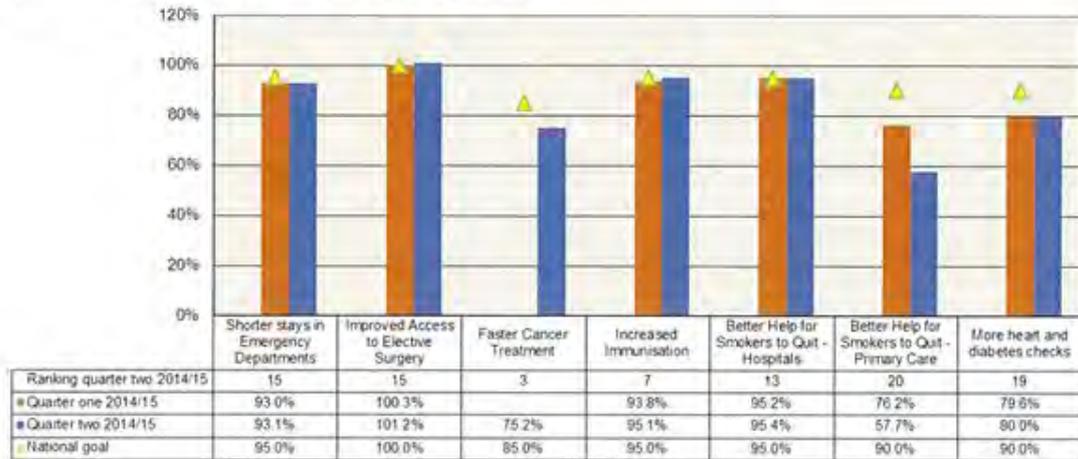
**Bryn Jones, Target Champion, More heart and diabetes checks**

Your result this quarter is 80.0 percent up 0.3 percent from last quarter. Your DHB is ranked 19<sup>th</sup>. Your quarterly report details a wide range of activities to help achieve the target. It is good that you were able to overcome the data collection challenges experienced over quarter two in time for final reporting. I look forward to visiting the DHB and PHO this quarter to provide support.

## Appendix two

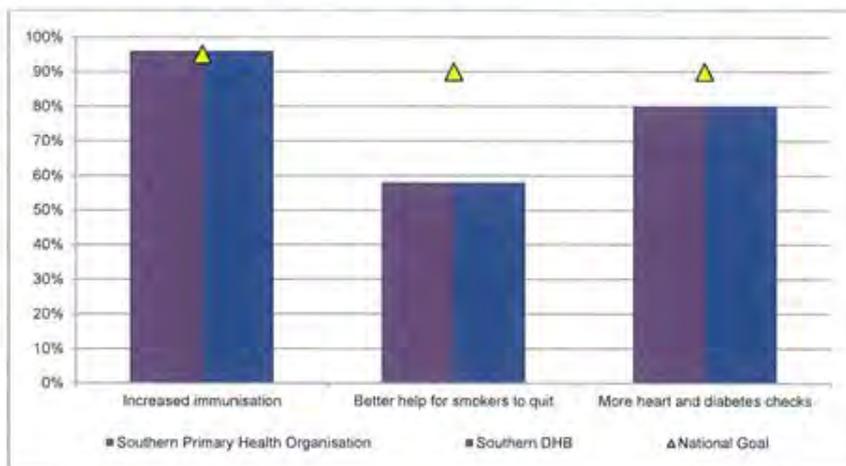
### Quarter two 2014/15 results for your DHB

#### Southern health targets quarter two 2014/15 results



Quarter two PHO results for the PHOs operating within your DHB are also summarised below.

#### Southern DHB primary care health targets: quarter 2 (October–December) 2014/2015 results



|                                      | Increased immunisation | Better help for smokers to quit | More heart and diabetes checks |
|--------------------------------------|------------------------|---------------------------------|--------------------------------|
| Southern Primary Health Organisation | 95%                    | 58%                             | 80%                            |
| Southern DHB                         | 95%                    | 58%                             | 80%                            |
| National Goal                        | 95%                    | 90%                             | 90%                            |

| DSAC / CPHAC Work Plan 2015                                                                                                                                |                                                          |                                                         |          |           |          |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|----------|-----------|----------|---------------------------------------------------------------------------------------------------------------|
| Output                                                                                                                                                     | Timeframe                                                | Reporting Frequency                                     | Progress |           |          | Reports / Presentation Schedule                                                                               |
|                                                                                                                                                            |                                                          |                                                         | Behind   | On Target | Complete |                                                                                                               |
| Annual Plan/ Statement of Intent<br>- Planning Guidance<br>- Proposed Funding Allocation<br>- 1st Draft Annual Plan<br>- Final Annual Plan                 | Feb 2015<br>Feb 2015<br>April 2015<br>June 2015          |                                                         |          |           |          |                                                                                                               |
| Child & Youth<br>Child and Youth Steering Group<br>Social Sector Trials<br><br>Compass<br>Children's Action Plan                                           | On-going<br>On-going<br><br>On-going<br>On-going         | Quarterly<br>Quarterly<br><br>Annual<br>Annual          |          |           |          | A report/presentation will be submitted to the 03 June 2015 DSAC-CPHAC Committee Meeting                      |
| Cancer Services<br>- Cancer Networks (local & SCN)<br>- SDHB Cancer Control Plan                                                                           | On-going<br>On-going                                     | Quarterly<br>Quarterly                                  |          |           |          | A report/presentation will be submitted to the 09 December 2015 DSAC-CPHAC Committee Meeting                  |
| Health of Older Persons<br>- Age Related Residential Care<br>- Home & Community Support Services Alliance<br>- Palliative Care<br>- Dementia               |                                                          | Bimonthly<br><br>Bimonthly<br><br>Annual<br>Annual      |          |           |          | A report/presentation on residential care will be submitted to the February 2016 DSAC-CPHAC Committee Meeting |
| Mental Health<br>- Phased implementation of Raise HOPE<br>- Implementation Prime Ministers Youth Mental Health project initiatives<br>- Suicide prevention | On-going<br><br>On-going<br>On-going                     | Bimonthly update<br><br>Quarterly<br>six monthly        |          |           |          | A report/presentation will be submitted to the 01 April 2015 DSAC-CPHAC Committee Meeting                     |
| Primary Care<br>- PHO<br>- After Hours Services<br>- Rural Services Alliance<br>- Community Pharmaceuticals<br>- Laboratory Services                       | On-going<br>On-going<br>On-going<br>On-going<br>On-going | Bimonthly<br>Annual<br>Annual<br>Bimonthly<br>Bimonthly |          |           |          | A report/presentation will be submitted to the 01 July 2015 DSAC-CPHAC Committee Meeting                      |
| Southern Health Alliance Leadership Team (SHALT)                                                                                                           | On-going                                                 | BiMonthly                                               |          |           |          | A report/presentation will be submitted to the 01 July 2015 DSAC-CPHAC Committee Meeting                      |
| Rural Health<br>-<br>- Rural hospital trusts – performance monitoring                                                                                      | Ongoing                                                  | Quarterly                                               |          |           |          |                                                                                                               |
| Performance Monitoring<br>- Indicators of DHB Performance<br>- IPIF<br>- Health Targets                                                                    | Ongoing                                                  | Quarterly                                               |          |           |          |                                                                                                               |
| Maori Health<br>- Maori Health Plan<br>- Whanau Ora                                                                                                        |                                                          | Six monthly                                             |          |           |          | A report/presentation will be submitted to the 30 September 2015 DSAC-CPHAC Committee Meeting                 |

| DSAC / CPHAC Work Plan 2015                                                                                           |           |                     |          |           |          |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|-----------|---------------------|----------|-----------|----------|------------------------------------------------------------------------------------------------|
| Output                                                                                                                | Timeframe | Reporting Frequency | Progress |           |          | Reports / Presentation Schedule                                                                |
|                                                                                                                       |           |                     | Behind   | On Target | Complete |                                                                                                |
|                                                                                                                       |           |                     |          |           |          | Meeting.                                                                                       |
| Population Health<br>- Tobacco<br>- Vaccine Preventable Disease<br>- Screening programmes<br>- Sexual health services |           | Six monthly         |          |           |          | A report/presentation will be submitted to the 30 September 2015 DSAC-CPHAC Committee Meeting. |
| Public Health South                                                                                                   | Ongoing   | Bi-Monthly          |          |           |          | A report/presentation will be submitted to the 30 September 2015 DSAC-CPHAC Committee Meeting. |